



Minnesota Statistical Plan Manual

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INTRODUCTION

This Plan contains the necessary instructions for the reporting of experience on the direct Workers' Compensation and Employers' Liability Insurance business (voluntary and assigned risk) written in Minnesota. These instructions apply to all policies and contracts of coverage.

The Minnesota Workers' Compensation Insurers Association, Inc. shall hereinafter be referred to as the "MWCIA." As the only licensed Data Service Organization (DSO) in Minnesota, the MWCIA is required to collect, compile, summarize and distribute data from members or other sources pursuant to a statistical plan approved by the Minnesota Department of Commerce.

Under Minnesota Statute 79 insurers are required to:

- A. Maintain membership in and report loss experience data to a licensed DSO in accordance with the statistical plan and rules of the organization as approved by the Minnesota Department of Commerce; and
- B. Keep a record of the premiums and losses paid under each workers' compensation policy written in Minnesota in the form required by the Minnesota Department of Commerce

This Manual contains only Minnesota statistical data reporting rules and does not apply to other jurisdictions.

PART 1 — GENERAL INSTRUCTIONS

1. Scope of Report

A Unit Statistical Report (USR) must be filed for every Workers' Compensation and Employers' Liability policy including experience under any Voluntary Compensation Endorsement. USRs are not required for policies providing coverage under the National Defense Projects Rating Plan or on Nuclear Regulatory Commission Projects. USRs are not required for Employers' Liability Insurance on residence and farm employees provided in conjunction with other Liability Insurance and Workers' Compensation on domestics provided in conjunction with Homeowners Insurance.

A USR must be filed for every policy written with estimated exposure including those on which no exposure was developed. USRs are also required for policies written on an 'If Any' basis that do not develop exposure, provided that the policy was not cancelled flat.

All USRs required by this Plan shall be filed directly with:

Minnesota Workers' Compensation Insurers Association, Inc.
7701 France Avenue South, Suite 450
Minneapolis, Minnesota 55435-3203

An additional copy of the USRs must be filed with the National Council on Compensation Insurance (NCCI) in those instances where interstate rating is applicable. The MWCIA does not forward USR information to the NCCI.

2. Submission of Data

Unit statistical data should be submitted electronically and in WCSTAT format. The specifications for electronic unit statistical submission are provided in the Workers Compensation Insurance Organizations (WCIO) Data Specifications Manual, under Workers Compensation Statistical Reporting Specifications (WCSTAT). This manual can be found at www.wcio.org.

3. Date of Valuation and Filing

Losses included in the first report of a USR shall be valued during the 18th month after the month in which the policy became effective, and the USR shall be filed no later than 20 months after the effective month of the policy. Subsequent reporting of loss data (2nd-10th) must be valued every 12th month after the valuation of the preceding USR and filed no later than 2 months from that date. The following table displays, on a monthly basis, the correct valuation and filing dates for all first reports. Refer to Part I, Item 13, for instructions on filing USRs on policies covering more than one year. Refer to Part 1, Item 12, for reporting of experience incurred under three-year fixed rate policies. Refer to Part 7, Header Record Codes, Item 1, for a listing of correct valuation dates for filing subsequent USRs.

VALUATION AND FILING DATES

<u>Effective Month</u>	<u>Valuation Month</u> (18 months after policy effective month)	<u>Reporting Month</u> (20 months after policy effective month)
January	July	September
February	August	October
March	September	November
April	October	December
May	November	January
June	December	February
July	January	March
August	February	April
September	March	May
October	April	June
November	May	July
December	June	August

4. Fine System for Late/Missing USRs

The MWCIA will provide fine invoices via the Manage Unit Statistical Reporting System (MUSR) found on the MWCIA's website at www.mwcia.org. Member carriers are required to access MUSR to obtain their fine invoices. Failure to submit timely USR data and failure to respond to these invoices will result in additional fines. See Part 9 for complete details regarding the MWCIA fining program.

5. Uncollectible Premiums

Report all earned premiums for those policies on which an audit has been conducted and the earned premium is known, but uncollectible. Likewise, report the corresponding exposure and losses. Report the estimated earned premium and exposure corresponding to the term of coverage for those policies on which a final audit is not possible and the audited earned premium and exposure is not known. Likewise, report the losses for the corresponding term of coverage.

6. Reinsurance

No deductions shall be made from premiums and losses for or as a result of reinsurance ceded. Premiums and losses arising from reinsurance received by the reporting carrier shall be excluded from the experience. This includes all reinsurance transactions with the Minnesota Workers' Compensation Reinsurance Association (WCRA).

7. Deductible Coverage

Losses incurred on policies written with deductible coverage are to be reported on a gross basis prior to the application of the deductible.

8. Radiation Exposure

Operations involving research, manufacturing, handling, transportation, use of or exposure to radioactive materials, where such operations are not performed for or under the direction of any government agency shall be reported under Statistical Code 9985. The payroll reported for Statistical Code 9985 shall not be added to payrolls shown for other manual classifications in determining the employer payroll total. The payroll, rate and premium shall be entered and only the premium shall be included in the employer total. Similarly, radiation losses on employers where a supplemental loading has been applied shall be assigned to Statistical Code 9985. If no supplemental radiation loading has been applied, any radiation losses shall be assigned to

the appropriate classification. Note, however, that any radiation loss, whether reported under Statistical Code 9985 or a regular classification, must be identified as a disease loss in the Loss Record under Type of Loss Code.

9. National Defense Projects

The experience of policies written under the National Defense Projects Rating Plan shall not be reported on USRs.

10. Reporting of Incidental Foundry Abrasive or Sandblasting Data

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

Dust disease losses must be assigned to the same statistical code as the corresponding premium and must be further identified by the appropriate Type of Loss Code. These losses must be included in the total losses reported.

Refer to Part 7, Exposure Information Codes, 3.A.1. and Part 7, Loss Information Codes, Item 3. Type of Loss Code, for specific coding information.

11. Excess Policies

Experience in connection with excess policies shall not be reported.

12. Three-Year Fixed Rate Policies

Three-year fixed rate policies written in accordance with Rule R40 of the *Minnesota Basic Manual* must be reported as one complete policy. Losses included in the reporting must be valued as of the 42nd month after the month in which the policy became effective, and the reports shall be filed no later than 44 months after the month in which the policy became effective. These reports must be specifically identified as three-year fixed rate policies in the Three-Year Fixed Rate Policy Indicator field of the Header Record.

Second reports shall be filed only on policies where losses or changes of exposure have occurred during the last year of the three-year fixed rate policy period under the following circumstances:

- A. Open Claims
- B. Reopened Claims
- C. Previously Unreported Claims
- D. Changes in Valuation or Exposure

Such second reports shall be filed twelve months after the filing of the original reports. Third and subsequent reports are not required on three-year fixed rate policies.

13. Multiple Year Policies other than Three-Year Fixed Rate

Multiple year policies other than three-year fixed rate shall be considered as made up of separate annual policies for reporting purposes and USRs for each unit of 12 months, or less, shall be filed at the time all other USRs on policies with the same effective date are being filed. Losses shall be valued during the 18th month after the effective date of each unit of experience and at annual periods thereafter.

Examples:

- A. The USRs on a three-year policy effective July 1, 2014 shall be filed with the regular USRs on policies effective in July 2014, July 2015 and July 2016. Losses shall be valued January 2016, January 2017 and January 2018, respectively.
- B. The USRs on a policy covering the period July 1, 2014 to January 1, 2016 with the first six months considered as a unit, shall be filed with the regular USRs on policies effective in July 2014 and January 2015. Losses shall be valued January 2016 and July 2016, respectively.
- C. The USRs on a policy covering the period July 1, 2014 to January 1, 2017 with the last six months considered as a unit, shall be filed with the regular USRs on policies effective in July 2014, July 2015 and July 2016. Losses shall be valued January 2016, January 2017 and January 2018, respectively.

Note: A policy issued for a period no longer than one year and sixteen days is treated as a one-year policy.

14. Self-Insured Experience

Parties who wish to report self-insured data pursuant to Minnesota Statute 79A.32, Subd. 1, shall report data in a manner consistent with this Manual.

PART 2 — REPORTING INSTRUCTIONS — HEADER/POLICY IDENTIFICATION DATA

1. Report Level Code/Report Number

Report the code that corresponds to the report level. This code indicates whether the USR is a first or subsequent report. Losses included in the first reporting of a given policy must be valued as of 18 months after the month in which the policy became effective. Subsequent reporting of loss data (2nd-10th) must be valued 12 months after the valuation date of the preceding USR. Each report level must be filed no later than two months after the respective valuation date. Refer to Part 7, Header Record Codes, Item 1, for specific coding information.

Note: If the unit is rejected it will be removed from our system after 90 days.

2. Correction Sequence Number

Report the number that corresponds to the number of correction USRs submitted within a particular report level. Exposure and loss corrections on the same report level must be numbered consecutively. For non-corrections, report "0". Example: Third correction to a first report = Report Level Code 1, Correction Sequence Number 3.

3. Correction Type Code

Report the code that indicates the type of correction USR being submitted. Refer to Part 7, Header Record Codes, Item 2, for specific coding information.

4. Replacement Report Code

Report an "R" if the USR is replacing a previously submitted USR that was rejected.

5. Carrier Code

Report the code assigned to the reporting carrier by the NCCI.

6. Policy Number Identifier

Report the code that uniquely identifies the policy under which experience occurred excluding blanks, punctuation marks and special characters. This number must be identical to the number as reported on the Policy Information Page or as endorsed. The complete Policy Number Identifier including prefixes or suffixes, if used, must remain the same throughout the life of the policy, and the reporting of experience under that policy.

7. Policy Effective Date

Report the date that the policy became effective. This date must be identical to the date reported on the Policy Information Page or as endorsed. For interstate policies endorsed after the Policy Effective Date to provide coverage for an additional state, report the effective date of the policy. For the second period of extended-term policies, report the effective date as the date the second period began as shown on the Policy Period Endorsement.

8. Policy Expiration or Cancellation Date

Report the date the policy expired or was cancelled. For policies issued no longer than one year and sixteen days (considered standard one-year term policies), report the expiration date as shown on the Policy Information Page. For the first period of extended-term policies, report the expiration date equal to the expiration date of the first period as shown on the Policy Period Endorsement.

9. Exposure State

Report code "22" for Minnesota.

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- 10. State Effective Date**

Report the endorsement effective date if the state coverage was endorsed mid-term. This date should be within the policy period.
- 11. Risk ID Number (Optional)**

Report the Risk Identification Number assigned to the employer by the MWCIA. For interstate rated policies, a carrier may report the NCCI assigned number.
- 12. Name of Insured**

Report the name of the person or business with whom an insurance contract is made and who is specifically designated by name on the Policy Information Page or as endorsed.
- 13. Address of Insured (Optional)**

Report the street address, city, state and zip code of the insured as shown on the Policy Information Page or as endorsed.
- 14. Federal Employer Identification Number (FEIN) (Optional)**

Report the FEIN for the insured as shown on the Policy Information Page.
- 15. Policy Condition Indicators**

Indicate with a “Y” or “N” for each applicable indicator that applies to the statistical data being reported: Three-Year Fixed Rate Policy Indicator, Multi-State Policy Indicator, Interstate Rated Policy Indicator, Estimated Audit Code, Retrospective Rated Policy Indicator, Cancelled Mid-Term Policy Indicator and Managed Care Organization (MCO) Policy Indicator.
- 16. Type of Coverage ID Code**

Report the code that indicates the type of coverage. Refer to Part 7, Header Record Codes, Item 5, for specific coding information.
- 17. Type of Plan ID Code**

Report the code that defines the type of plan used to underwrite the coverage. Refer to Part 7, Header Record Codes, Item 5, for specific coding information.
- 18. Type of Non-Standard ID Code**

Report the code that indicates the type of workers’ compensation policy. Refer to Part 7, Header Record Codes, Item 5, for specific coding information.
- 19. Losses Subject to Deductible Code**

Report the code that identifies the type of deductible being reported. Refer to Part 7, Header Record Codes, Item 6, for specific coding information.
- 20. Basis of Deductible Calculation Code**

Report the code that identifies the type of deductible being reported. Refer to Part 7, Header Record Codes, Item 7, for specific coding information.
- 21. Deductible Percentage**

Report the whole percentage of the deductible to be paid by the insured. This field is applicable only when the Basis of Deductible Calculation Code is “04” or “05”.
- 22. Deductible Amount Per Claim/Accident**

Report the loss amount by claim/accident to be paid by the insured, if applicable, as defined by the carrier’s deductible program.

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23. Deductible Amount—Aggregate

Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the carrier's deductible program. This field is applicable only when the Basis of Deductible Calculation Code is "03".

PART 3 — REPORTING INSTRUCTIONS — EXPOSURE AND PREMIUM

1. **Split Period Code**

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

2. **Experience Modification Effective Date**

Report the effective date of the applicable experience modification. This field is required on all Exposure Records. If no experience modification applies, the Experience Modification Effective Date should equal the Policy Effective Date. In accordance with Minnesota Rule R3.A.2. on page R26 of the *Minnesota Basic Manual*, the anniversary rating date applies only to the application of experience modifications. If the modification changes during the term of the policy, the date must be within the policy period. When multiple split periods exist, they must be reported in chronological order.

3. **Rate Effective Date**

Report the effective date of the applicable rate. This field is required on all Exposure Records. No mid-term rate adjustments are allowed.

4. **Experience Modification Factor**

Report the Experience Modification Factor used to develop the charged premium. If a change in experience modification occurs subsequent to the inception date of the policy, the payrolls and corresponding premium should be split and reported separately. The inception date of each period covered should be reported in the Experience Modification Effective Date field. Report “0000” for policies not subject to experience modification.

5. **Update Type Code**

Report the code that identifies the activity of an Exposure Record. On original first reports, this field is always reported as “R”. Refer to Part 7, Exposure Information Codes, Item 1, for specific coding information.

6. **Exposure Act/Exposure Coverage Code**

Report the code that identifies the type of exposure coverage. An Exposure Act/Exposure Coverage Code is required for all Exposure Records. Statistical codes can be reported as “00”. Refer to Part 7, Exposure Information Codes, Item 2, for specific coding information.

7. **Classification Code**

Report the codes corresponding to the employers’ classifications determined according to the rules of the *Minnesota Basic Manual*. A carrier may report data on USRs under the classification code used to rate the employer if, and only if, the following two conditions are met:

- A. The numeric classification code used to rate the employer must be valid in Minnesota, and
- B. The classification definition contained in the *Minnesota Basic Manual* for the classification code being reported must include, either generally or specifically, the definition used by the carrier to rate the employer under that classification code.

If a carrier deviates from the standard classification plan and the above two conditions are not met, the carrier must convert the data back to the applicable classification codes as contained in the *Minnesota Basic Manual* when reporting data to the MWCIA.

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No claim may be assigned to any classification code unless premium has also been reported for that class. On losses, report the classification code under which the injured employee's premium is assigned, even if, at the time of injury, the employee may have been involved in an activity that would be classified differently.

8. Exposure Amount

Report the amount that represents the basis for determining premium on a per classification level. Exposures are required for all classification codes. The exposure reported shall be the audited exposure corresponding to the charged premium amount. When a final audit has not been made at the time of filing a USR, the Policy Condition Indicator for Estimated Exposure should be reported as "Y" and without further request must be replaced by a correction report as soon as audited payrolls are available. When the exposure reported on the 1st report includes Statistical Code 9757—Audit Noncompliance Charge, report the Estimated Exposure Code as an "N" in the applicable Policy Condition Indicator field. If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with *Minnesota Basic Manual Rule 3.A.13*, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Exposure Policy Condition Indicator must continue to be reported as "N," and the exposure and premium must reflect the final audit. Refer to Part 6, 2. and 3. For instructions on submitting correction reports.

For split unit reports, payrolls must be appropriately separated whenever there is a change in experience modification.

For a number of classifications, the *Minnesota Basic Manual* provides bases of exposure other than payroll. The following method of reporting shall be used in such instances:

A. Per Capita Classifications. Exposure on per capita classifications shall be reported in the Exposure Amount field with the number of persons. An employee covered under a per capita classification for a period of one year shall be reported as an exposure of 10 (there is an assumed decimal between the last two digits). Similarly, if coverage is terminated before the expiration of a year, the exposure reported per person shall be that decimal part of a year, expressed to the nearest tenth, for which the coverage was in effect. Per capita exposure shall not be included in the exposure totals.

B. Aircraft Operation—Passenger Seat Surcharge. For policies effective January 1, 2015 and after, Aircraft Operations—Passenger Seat Surcharge no longer applies because the separate surcharge and Statistical Code 9108 for nonflying crew employees were discontinued.

If applicable, report all exposure and any losses for members of a flying crew to Classification Code 7421—Aviation—Transportation of Personnel in Conduct of Employer's Business—Flying Crew.

For all other employees covered on the policy, all exposure and any losses are reported to the classification code to which the injured worker's payroll is assigned.

For policies effective prior to January 1, 2015, report the number of seats as 10 per seat.

C. Volunteer Firefighters. Report the population to the nearest hundred as determined in accordance with the procedure for Classification Code 7708 in the Classification pages of the *Minnesota Basic Manual*. For example, a population of 425 would be reported as 400 and 450 would be reported as 500. The total exposure for the classification shall not be included in the exposure totals. The premium and losses shall be included in the appropriate totals.

D. Increased Limits. Report any additional premium for increased limits of liability to the appropriate statistical code. When there are increased limits of liability that do not correspond to the limits of a specific statistical code displayed in Part 7, Exposure Information Codes, 3. Statistical Codes, Item 2, one of the following statistical codes must be used based on the described condition:

1. Workers' Compensation and Employers' Liability

When the claim limits or policy limits are less than \$1,000,000/1,000,000/10,000,000 and none are greater than these limits, use Statistical Code 9837—Increased Limits—All Other Limits of Liability.

- a. When the claim limits or policy limits are greater than or equal to 1,000,000/1,000,000/10,000,000 use Statistical Code 9816—Increased Limits With Workers' Compensation Coverage over \$1,000,000/1,000,000/10,000,000.

2. Employers' Liability Only

- a. When the claim limits or policy limits are less than \$1,000,000/1,000,000/10,000,000 and none are greater than these limits, use Statistical Code 9837—Increased Limits—All Other Limits of Liability.

- b. When the claim limits or policy limits are greater than or equal to 1,000,000/1,000,000/10,000,000 use Statistical Code 9836—Increased Limits Without Workers' Compensation Coverage over \$1,000,000/1,000,000/10,000,000.

3. Admiralty or FELA

- a. When the accident limits are over \$500,000, use Statistical Code 9840—Increased Limits for Admiralty or FELA Risks over \$500,000.

- E. **Audit Noncompliance Charge.** Report the Audit Noncompliance Charge to Statistical Code 9757. Refer to the Minnesota Basic Manual Rule 3.A.13 for the method of determining the Audit Noncompliance Charge. Refer to Part 3, 8. For reporting the Estimated Audit Code.

If subsequent to reporting Statistical Code 9757, and the final policy premium is determined in accordance with Minnesota Basic Manual Rule 3.A.13, the statistical code and its accompanying charge must be removed. Additionally, the Estimated Exposure Policy Condition Indicator must continue to be reported as "N," and the exposure and premium must reflect the final audit. Refer to Part 6, 2. and 3. for instructions on submitting correction reports.

- F. **Paid Furloughed Employees.** Paid furloughed employees means employees who continue to receive payments during a temporary layoff or an involuntary leave and are not performing any work duties for an employer. Effective March 1, 2020, payments by an employer or any public governmental entity to paid furloughed employees as a result of federal, state, and/or local emergency orders, laws or regulations, issued due to the COVID-19 (coronavirus) pandemic which impact an employer's staffing or business operations must be reported to Statistical Code 0012—Paid Furloughed Employees. Such payments do not include any appropriated funds or loans received by an employer as authorized by any law or regulation, or public governmental entity, that are used by an employer specifically to retain or hire working employees.

This code will continue to remain in effect and will not expire until determined at a later date as circumstances warrant and in consultation with state regulatory authorities. A future filing will be made to establish an expiration date to this code as determined and approved by the regulator.

Code 0012 may be used as a Statistical Code to report the payments only; or it may be used as a Classification Code to report the payments with a zero rate and zero premium.

Payments reported to Code 0012 are excluded from premium and experience rating calculations only if the employer keeps separate, accurate, and verifiable records.

- G. **COVID-19.** If final premium based on audited exposure cannot be reported due to federal, state, and/or local emergency orders, laws, or regulations issued due to the COVID-19

(coronavirus) pandemic which impact an employer's staffing or business operations, report the applicable exposure and premium in the class code(s) and the Estimated Audit Code as an "N."

This rule is effective March 1, 2020. This rule will continue to remain in effect and will not expire until determined at a later date as circumstances warrant and in consultation with state regulatory authorities. A future filing will be made to establish an expiration date to this rule as determined and approved by the regulator.

9. Manual/Charged Rate

Report the applicable carrier rate (charge per unit of exposure) for each classification.

- A. In the case of split rates due to a flat increase or decrease on an outstanding policy, the additional premium resulting from a flat increase may be reported under Classification Code 0998. The premium credit resulting from a flat decrease may be reported under Classification Code 0994.
- B. In accordance with Minnesota Rule 3.A.2. of the *Minnesota Basic Manual*, the anniversary rating date applies only to the application of experience modifications.

10. Premium Subject to Experience Modification

Report the premium by classification code as determined by:

- A. **Extension of Payroll.** The premium amount for payroll classifications is the result of multiplying the exposure by the Manual/Charged Rate divided by 100 and shall be reported under the appropriate classification code.
- B. **Other Than Extension of Payroll.** This premium does not vary by exposure and shall be reported under the appropriate statistical code. Refer to Part 7, Exposure Information Codes, Item 3. A, for specific coding information.

11. Premium Not Subject to Experience Modification

Report the statistical codes, corresponding exposures, rates (if applicable) and premium amounts for those codes not subject to experience modification. Refer to Part 7, Exposure Information Codes, Item 3. B, for specific coding information.

12. Premium Not Part of Standard Premium

Report the premium credit or debit amount that is not part of standard premium. This premium should be reported separately from classification code exposure premium under the designated classification code or statistical code. This premium would include Premium Discount, Expense Constant and Terrorism. Refer to Part 7, Exposure Information Codes, Item 3. C, for specific coding information.

13. Total Subject Premium Amount

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

14. Total Standard Exposure Amount

Report the sum of all payroll exposures.

15. Total Standard Premium Amount

Report the sum of all premium, both subject and not subject to experience modification, which are to be included in standard premium. This total must exclude the amounts reported for Premium Discount, Terrorism and Expense Constant.

PART 4 — REPORTING INSTRUCTIONS — LOSSES**1. Update Type Code**

Report the code that identifies the activity of a Loss Record. On original first reports, this field should always be reported as “R”. Refer to Part 6, Item 3.C. of this Plan for details regarding subsequent and correction reports.

2. Claim Number

Report the claim number that uniquely identifies the specific claim, excluding blanks, punctuation marks and special characters, which will make it possible to locate the claim records in the carrier files. The complete claim number including suffixes and prefixes, if used, should remain the same throughout the life of the claim. The claim number cannot be changed on subsequent reports. If a change is necessary, a correction to all applicable reports must be submitted.

3. Accident Date

Report the accident date by reporting the month, day and year on which the injury occurred. The accident date cannot be changed on subsequent reports. If a change is necessary, a correction to all applicable reports must be submitted. The accident date must fall within the policy period, but not on the policy expiration date.

4. Number of Claims

Report a “1” for claims which a payment has been made or a reserve established in connection with an indemnity and/or medical loss.

5. Incurred Losses

A. Incurred Indemnity Amount. Report the amount of incurred indemnity costs as of the loss valuation date. These losses consist of all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expenses, payments to the state, employers’ liability losses and related expenses. Allocated loss adjustment expenses for other than employers’ liability coverage must be excluded from reported incurred indemnity losses.

If a deductible program applies, losses are to be reported on a gross basis prior to the application of the deductible.

1. **Death and Permanent Disability Claims.** The outstanding costs shall be the carrier’s individual claim estimates of future payments, with the following exceptions:

- a. The portion of the reserve for death claims where there is no surviving spouse, but a parent, brother or sister receives lifetime benefits must be calculated using Tables A, B, C or D in Part 8.
- b. The disabled life portion of the reserve for a permanent total claim where benefits are payable for life must be calculated using Tables A or B in Part 8.
- c. Tables C or D in Part 8 must be used to calculate the disabled life portion of the reserve for a permanent total claim where benefits are payable until age 67, and Table E in Part 8 must be used for permanent total benefits payable until age 72.

B. Incurred Medical Amount. Report the amount of incurred medical costs associated with each claim as of the loss valuation date. These losses consist of all paid and outstanding benefits.

Incurred medical losses shall include all payments to doctors and hospitals, as well as physical rehabilitation costs and reserves for future payments, but shall not include any claim expense.

If a deductible program applies, losses are to be reported on a gross basis prior to the application of the deductible.

C. Expenses Included in Losses

1. **Medical or Legal Expenses Incurred for the Benefit of the Claimant.** Medical or legal court expenses incurred for the benefit of the claimant, or that the carrier is required to produce for the benefit of the claimant, shall be reported as either an indemnity or medical loss depending on the nature of the expense.
2. **Employers' Liability Loss Adjustment Expenses.** Employers' liability losses must include allocated loss adjustment expenses. The entire amount of losses and allocated loss adjustment expenses must be reported as incurred losses on the USR. If a deductible program applies, both losses and loss adjustment expense must be reported on a gross basis.
3. **Awards.** When an award to a claimant includes the cost of witness fees, attorney fees and other court costs or expert medical witness fees, the amount so awarded shall be considered as part of the cost of benefit and shall be included with the incurred indemnity reported. With respect to claims brought by persons against whom an employee has brought a third party common law action, such special costs shall be reported as an incurred indemnity loss whether or not a recovery is made against the third party by the employee.
4. **Vocational Rehabilitation Evaluation/Testing Expenses.** Vocational Rehabilitation is the prospect of returning an injured worker to gainful employment. Vocational rehabilitation includes all activities performed when acquiring re-employment of a disabled person, such as evaluation, testing, training, job placement, schooling, job modification and part-time employment.

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

Evaluation expenses incurred by carrier personnel may be reported as incurred loss if such expenses are related to the activities of individuals (other than claims supervisors or claims adjusters engaged in efforts to return an injured worker to gainful employment) that, at a minimum, satisfy the qualifications established by the state having jurisdiction over the particular claim.

5. **Physical Rehabilitation.** Physical rehabilitation costs incurred due to the purchase of physical rehabilitation services from outside vendors shall be reported as part of incurred medical losses. For the purposes of this rule, physical rehabilitation includes all medical activities performed and/or services rendered, in the treatment of an industrial injury or disease to achieve maximum recovery, relief and/or cure. The following physical rehabilitation activities by medically trained persons, including registered nurses, performed by outside vendors shall be reported as incurred medical losses:

- a. Various necessary evaluations and therapies including physical, occupational, speech and hearing.
- b. Coordination of services such as necessary medical equipment or special nursing care in a facility or the home.
- c. Necessary consultation(s) with physician(s).
- d. Monitoring the treatment and progress of a claimant's medical condition.
- e. Coordination of family, agency and community services to provide optimal recovery.

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

- a. Physicians
- b. Licensed registered nurses
- c. Licensed speech therapists
- d. Registered physical therapists
- e. Dentists and dental technicians
- f. Occupational therapists
- g. Chiropractors
- h. Podiatrists
- i. Licensed physician assistants
- j. Licensed cardio-pulmonary technicians

D. Expenses Excluded from Losses. Expenses must be excluded from reported losses except as noted in Section C above. Medical or legal expenses incurred for the benefit of the carrier shall be treated as loss adjustment expenses. For expenses developed for the benefit of the claimant, refer to Section C. ALAE expenses must be reported as noted in Section 17 below.

1. **Allocated Loss Adjustment Expenses (ALAE)** encompass the costs of a carrier which can be directly allocated to a particular claim. See Section 17 below for the expenses defined as ALAE.
2. **Unallocated Loss Adjustment Expenses (ULAE)** are loss adjustment expenses that are not defined above. These include, but are not limited to:
 - a. Carrier employees' salaries, overhead and traveling expenses which are considered loss adjustment expenses and are not included while performing activities previously listed as allocated expenses.
 - b. Fees paid to independent claims professionals or attorneys (hired to perform the function of claim investigation normally performed by claim adjusters) for developing and investigating a claim so that a determination can be made of the cause, extent of

responsibility for the injury or disease, including evaluation and settlement of covered claims.

E. Special Compensation Fund (SCF) Reporting. Where the Minnesota Workers' Compensation Law specifies that, in connection with certain types of injury, a specified amount shall be paid into the SCF, the following procedure is to be followed:

1. On no dependent or partial dependent death claims, the law requires payment into the SCF of specific amounts on a case-by-case basis. Include such amounts as incurred indemnity on a case-by-case basis on the USR.
2. In any case where reimbursement has been authorized from the SCF in conjunction with subsequent disability (second injury) claims, only the net indemnity and net medical that the carrier is required to pay shall be reported on the USR. If reimbursement from the SCF has not been authorized, the full incurred indemnity and medical losses shall be reported. When the reimbursement is authorized, the carrier shall file a correction report on the net basis.
3. Supplementary benefit awards in updating permanent total claims are fully reimbursable from the SCF. Exclude such awards from the USR.

Assessments payable to the SCF on paid indemnity losses are to be excluded from the USR.

F. Penalties for Delays in Making Compensation Payments. Penalties for which the carrier is liable for reasons beyond its control and that accrue as benefits to the injured worker or his or her dependents, such as for interest on awards or for penalties imposed upon the employer for improper controversion of awards, shall be chargeable to indemnity losses and so reported. Other penalties shall be chargeable to ULAE. Whenever the reason for a penalty is within the carrier's control, it should be charged to ULAE and not be reported as loss.

G. Subrogation and Third Party Cases.

In all cases where there has been recovery of loss due to subrogation, or where the injured worker or his dependents have recovered from a third party, the amount of loss reported shall be the net incurred losses.

For subrogation cases, the net incurred loss is defined as the gross incurred loss (i.e., the gross evaluation of the claim prior to any actual or expected recovery on which the award was based, whether the claim is still open or not) minus the amount recovered less recovery expenses. When the recovery expenses exceed the amount recovered, report the gross incurred loss instead of the net incurred loss. When the allocation of the recovery to indemnity and medical is not known, the net incurred loss must be divided between indemnity and medical losses in the same proportion as the original gross incurred indemnity and medical amounts.

For cases involving recovery by the injured employee or his dependents, the net incurred loss should be:

1. the deficiency, if any, between the outstanding compensation provided by the Workers' Compensation Law and the net amount of recovery actually collected by the claimant, and
2. any other incurred indemnity and medical losses not recovered by the carrier's lien on the proceeds of the claimant's third party recovery or by a third party action pursued by the insurance carrier.

When there is a recovery by an injured worker or his dependents which relieves the carrier of the liability for further compensation benefits as, for example, in the case involving recovery without the consent of the carrier, or where the recovery exceeds all future compensation benefits due, the net incurred loss shall be the sum of all amounts paid and any amounts payable into Special Funds, less

the net reimbursements, if any, received from the claimant or third party. Where reimbursement is received by the carrier, and the allocation of the reimbursement to indemnity and medical is not known, the net liability incurred shall be apportioned to indemnity and medical in the same proportion as existed in the amounts paid and/or payable by the carrier as defined above.

When the carrier is (1) relieved of liability for death benefits to dependents who have made a compromise settlement with a third party without the consent of the carrier, but (2) is liable for payments to the dependents not involved in such settlement, the sum of the net liabilities for dependency groups (1) and (2), each calculated separately in accordance with the foregoing rules, shall be added to any other indemnity and medical losses to determine the total net liability for the case.

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When reimbursement by a third party or a subrogation recovery is received by the carrier subsequent to the first reporting of the claim, a correction report must be filed with the MWCIA revising the incurred cost on the claim to the net incurred loss as defined above. This should be done for all reports which would impact any experience modifications in which the claim has been used. If fourth or any subsequent USRs have been previously filed, corrections of those reports must also be submitted. Refer to Part 6, Items 2, 3 and 4 for further instructions regarding correction reports.

- H. **Lump-Sum Claims.** When the claim involves a lump sum representing the discounted or commuted value of a specific award or benefit, report the actual loss payment.
- I. **Carrier's Obligation to Report Wage Loss Benefits.** Pursuant to Minnesota Statutes 79.61, Subd. 2. and 179.221, Subd. 9., if an employer elects to pay full wages to an injured employee, outside of its insurance policy, the carrier is required under the Minnesota Statistical Plan to report the full amount of wage loss benefits due to the injured worker under that claim.
- J. **Other.** Expenses and any other general allowance for contingencies shall be excluded.

6. Classification Code

- A. Report the codes corresponding to the employer's classifications determined according to the rules of the Minnesota Basic Manual. A carrier may report data on USRs under the classification code used to rate the employer if, and only if, the following two conditions are met:
 1. The classification code used to rate the employer must be valid in Minnesota, and
 2. The classification definition contained in the *Minnesota Basic Manual* for the classification code being reported must include, either generally or specifically, the definition used by the carrier to rate the employer under that classification code.

If a carrier deviates from the standard classification plan and the above two conditions are not met, the carrier must convert the data back to the applicable classification codes as contained in the Minnesota Basic Manual when reporting data to the MWCIA.

No claim may be assigned to any classification code unless premium has also been reported for that class. On losses, report the classification code under which the injured employee's premium is assigned, even if, at the time of injury, the employee may have been involved in an activity that would be classified differently.

- B. **Paid Furloughed Employees.** For any claims attributable to an employee occurring prior to or after a temporary layoff or an involuntary leave, report losses to the classification for work normally performed by the employee that corresponds to the employee's payroll. No claim can be reported to Code 0012—Paid Furloughed Employees.

This rule is effective March 1, 2020. This rule will continue to remain in effect and will not expire until determined at a later date as circumstances warrant and in consultation with state regulatory authorities. A future filing will be made to establish an expiration date to this rule as determined and approved by the regulator.

7. Injury Code (Injury Type)

Report the code that identifies under which provision of the Workers' Compensation Law benefits are paid or are expected to be paid. The injury code must correspond to the carrier's estimate, as of the valuation date, of the ultimate injury type of the claim; it does not have to correspond to the type of benefit being paid on the valuation date. Refer to Part 7, Loss Information Codes, Item 1, for specific coding information.

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- A. Death.** Enter each death claim 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 and payments to the SCF as set forth in Part 4. Item 5.E.
- B. Permanent Total Disability.** Enter as permanent total each case which has been determined 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. In general, permanent total disability includes cases involving the loss, or loss of use of both hands, both arms, both feet, both legs, or both eyes. If a lump sum settlement is made, or in the 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 Annuity Tables A, B, C, D or E shall be used, as found in Part 8.
- C. Temporary Total or Temporary Partial Disability.** Enter as temporary every case that involves or is expected to involve indemnity benefits but which does not constitute a case of death, permanent total, or permanent partial as defined herein.
- D. Medical Only.** Cases that involve medical costs, and for which no indemnity costs have been incurred or are expected to be incurred as of the valuation date, shall be considered as medical only claims. When reporting claims involving medical only losses, make no entry in the Incurred Indemnity Amount field.
- E. Contract Medical or Hospital Allowance.** Contract medical refers to medical costs that have a predetermined total price and are not directly related to services rendered for medical services performed. This may occur when a medical care provider (MCP) and a carrier agree that the MCP will directly treat injured workers for a predetermined fee and amount of time. The contract price is the same regardless of the number of claims that actually occur. The contract price may be determined on a per person or capitated basis, a percentage of premium, or on some other basis. If the medical contract covers more than one policy, report the contract amount allocated to each policyholder, deriving the contract amount in the same manner as the contract is priced.
- Contract medical costs that cannot be allocated to individual claims shall be reported in the aggregate as paid and incurred medical. These medical costs must be designated by the appropriate injury code. Contract medical costs allocated to individual claims must be reported in connection with these claims and must not be included in the amount reported as contract medical. This amount reported as contract medical must be the contract amount and the actual incurred costs to the carrier for such medical contracts, including payment to physicians and hospitals under contract. Bonus or return-to-work incentives paid by the carrier to the MCP must also be reported as medical loss by claim, if available, otherwise, report the contract amount.
- F. Permanent Partial Disability.** A permanent partial loss is defined as:
1. Any permanent injury that does not involve permanent total disability.
 2. Any temporary injury that satisfies any one of the following criteria:
 - a. The duration of disability benefits exceeds or is expected to exceed 130 weeks. No loss is to be reported as temporary total if the duration of total disability exceeds or is expected to exceed 130 weeks.
 - b. A lump sum settlement is made or, in the judgment of the carrier, will be required to settle future benefits.

- c. The extent of the liability for future payments cannot be determined. The amount entered as incurred indemnity shall include specific benefits and compensation for temporary disability as well as loss of earning capacity.

8. Claim/Status Code

Report the code that indicates the status of the claim as of the valuation date. Refer to Part 7, Loss Information Codes, Item 2, for specific coding information.

9. Loss Conditions

Report the loss conditions which include the Loss Coverage Act Code, Type of Loss Code, Type of Recovery Code, Type of Claim Code and Type of Settlement Code for each individual claim. Refer to Part 7, Loss Information Codes, Item 3, for specific coding information.

10. Jurisdiction State Code

Report the state code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that state is not Minnesota.

For Minnesota administered claims, report "22" or "00".

11. Catastrophe Number

Report the number used for reporting all claims (two or more) resulting from one accident.

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

After number "10" is assigned, the next number in the sequence will reprocess to number "01". A separate series of catastrophe numbers, beginning with "01", shall be used for each policy. Each succeeding catastrophe number shall be increased by one.

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

1. **ELE Catastrophe Number 12—COVID-19 (Coronavirus) Pandemic**

ELE Catastrophe Number 12 must be reported for claims attributable to the COVID-19 (coronavirus) pandemic beginning with Accident Dates of 12/1/2019 and subsequent. For claims reported with Catastrophe Number 12, the Nature of Injury Code 83—COVID-19 and Cause of Injury Code 83—Pandemic must also be reported.

12. Managed Care Organization (MCO) Type Code

Report the code that corresponds to the type of organization which will administer the applicable medical losses. Refer to Part 7, Loss Information Codes, Item 4, for specific coding information.

13. Injury Description

Report the Part of Body Code, the Nature of Injury Code and the Cause of Injury Code for a given claim. Refer to Part 7, Loss Information Codes, Items 5, 6 and 7, for specific coding information.

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14. Vocational Rehabilitation Indicator

Report the code that identifies the inclusion of vocational rehabilitation costs in the losses. Refer to Part 7, Loss Information Codes, Item 8, for specific coding information.

15. Paid Indemnity Amount

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 wages or inability to work, including compensation paid to a deceased prior to death, burial expenses, claimant's attorney fees, vocational rehabilitation benefits, payments to the state and employers' liability losses and expenses.

16. Paid Medical Amount

Report the whole dollar amount of medical losses paid for the claim as of the loss valuation date.

17. ALAE Paid Amount

Report the whole dollar amount of Allocated Loss Adjustment Expense (ALAE) that has been allocated and paid for each claim as of the loss valuation date. Employers Liability ALAE and claimant attorney fees are excluded from ALAE Paid Amount and must be included in the indemnity loss. ALAE encompasses the following costs to a carrier, which can be directly allocated to a particular claim:

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

18. ALAE Incurred Amount

Report the whole dollar amount of ALAE Paid and reserved for this claim as of the loss valuation date. Employers Liability ALAE and claimant attorney fees are excluded from ALAE Incurred and must be included in the indemnity loss.

PART 5 — REPORTING INSTRUCTIONS — LOSS TOTALS**1. Total Number of Claims**

Report the total number of claims reported for the policy. In the case of corrections and subsequent reports, this must be the revised total. Contract medical claims are to be included in this total. A case closed without loss payment should not be counted as a claim. A claim on which more than one payment is made shall be counted only once. An accident resulting in two or more reported claims shall have each claim counted separately.

2. Total Incurred Indemnity

Report the total of the incurred indemnity amounts reported for the policy. In the case of corrections and subsequent reports, this must be the revised total.

3. Total Incurred Medical

Report the total of the incurred medical amounts reported for the policy. In the case of corrections and subsequent reports, this must be the revised total.

4. Total Paid Indemnity

Report the total of the paid indemnity amounts reported for the policy. In the case of corrections and subsequent reports, this must be the revised total.

5. Total Paid Medical

Report the total of the paid medical amounts reported for the policy. In the case of corrections and subsequent reports, this must be the revised total.

6. Total ALAE Paid Amount

Report the total of the ALAE paid amounts reported for the policy. In the case of corrections and subsequent reports, this must be the revised total.

7. Total ALAE Incurred Amount

Report the total of the ALAE incurred amounts reported for the policy. In the case of corrections and subsequent reports, this must be the revised total.

PART 6 — REPORTING INSTRUCTIONS — SUBSEQUENT AND CORRECTION REPORTS**1. Subsequent Reports - When Required**

Subsequent reports must be filed with the MWCIA in accordance with the valuation schedule set forth in Part 7, Header Record Codes, Item 1, of this Manual for each policy where one or more claims have either been:

- A. Reported as open on the previous report
- B. Previously reported as closed but are now open
- C. Previously unreported
- D. Previously reported and the current valuation differs in any manner from the previously submitted data

2. Correction Reports - When Required

Correction reports must be filed whenever an error of any kind is discovered on a previously filed report. Correction reports must be filed as soon as the changes are known.

Note: If the unit is rejected it will be removed from our system after 90 days.

- A. Header Corrections.** Corrections to a Header Record are allowed on a first report only.
- B. Exposure Corrections.** A correction to an Exposure Record must be filed when any of the following occur:
 1. A final audit has been made of previously reported estimated exposures.
 2. A clerical error in a classification, exposure amount, premium amount, or experience modification has been discovered.
 3. The experience modification has been revised.
 4. The exposure of the claimant has been reassigned to another classification through the revision of an audit.
 5. Any other adjustment affecting a classification, exposure amount, or premium amount.
- C. Loss Corrections.** A correction to a Loss Record must be filed when any of the following occur between valuation dates:
 1. Loss values are found to have been included or excluded through a mistake other than error of judgment.
 2. One or more claims, or any part thereof, are declared non-compensable as defined in the *Minnesota Experience Rating Plan Manual*.
 - a. Non-compensable Claims Reporting
When a claim has been ruled or declared to be non-compensable, the entire cost of the claim must be net down for unit statistical reporting as follows:
 - If non-compensable prior to the 1st USR, the claim is not to be reported.
 - If non-compensable after the 1st reporting, correction report(s) must be filed. Reduce the incurred cost on the claim to zero.

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

3. The carrier of the claimant has obtained a subrogation recovery in an action against a third party or has received, or anticipates to receive, reimbursement from the Second Injury Fund.
4. A clerical error in either the classification assignment or the injury code assignment of a given claim has been discovered.
5. The determination of an experience modification factor revision for certain closed claims has occurred. Refer to the *Minnesota Experience Rating Plan Manual* Rule 4.B.2. for reporting instructions.

Correction reports shall not be filed to revise values because of developments in the claim amounts and/or injury type between two valuation dates except in cases involving an aggravated inequity. Such developments shall be reported as described in Subsequent Reports above.

3. Correction Reports - Method of Reporting

A. Policy Information

1. Report Number, Carrier Code, Policy Number Identifier and Policy Effective Date cannot be changed via the correction process. These policy elements submitted incorrectly will result in a rejection of the entire USR.
2. When correcting other Header Record data elements, all required policy information, including data not changing, must be reported.
3. When changing the Experience Modification Effective Date, Rate Effective Date, Policy Condition Indicators, Type of Coverage ID Code, Type of Plan ID Code, Type of Non-Standard ID Code, Losses Subject to Deductible Code, or Basis of Deductible Calculation Code, only the revised data shall be reported.

B. Exposure Information

1. **Exposures.** When there is a change in any of the data previously reported for a particular classification code, the corrected report must include all of the data previously reported for the classification code (indicated by the Update Type Code "P"), as well as all of the revised data, including those data which do not change, on the correction report (indicated by the Update Type Code "R").

In the case of split period reports, both the changed and unchanged data must always be reported for all split periods.

2. **Experience Modification.** If the exposure does not change but the employer's total standard premium previously reported is revised due solely to a change in the experience modification, it is necessary to submit a correction report showing only each item affected by the modification change on a previously reported and revised basis. Data not subject to experience modification does not have to be reported unless changes are reported in that section.

In the case of split periods, only report the previously reported and revised data elements being changed.

3. **Statistical Codes.** Revised values for applicable statistical codes (e.g., premium discount, flat increase on outstanding policies) as a result of changes in exposure information must be reported. The correction report must include all of the data previously reported for the statistical code (indicated by the Update Type Code "P"), as well as all of the revised data, on the correction report (indicated by the Update Type Code "R").

- C. **Loss Information.** When there is a change in any of the data previously reported for a particular claim number, the correction report must include all of the data previously reported for the claim record (indicated by the Update Type Code “P”), and all of the revised data, including the data which does not change, on the correction report (indicated by the Update Type Code “R”).
- D. **Totals.** Report the revised insured’s totals resulting from any changes to the exposure and/or loss information.

4. Procedure for Correction of USRs after Subsequent Reports have been Filed

When submitting a correction to a USR for which a subsequent report has been filed, it is also necessary to submit a correction report for each associated USR with a higher report level.

PART 7 — CODING VALUES AND STATISTICAL CODES

Header Record Codes

1. Report Number and Valuation Date

<u>Code</u>	<u>Report Level</u>	<u>Description</u>
1	1 st	Valued 18 months after the month in which the policy became effective.
2	2 nd	Valued 30 months after the month in which the policy became effective.
3	3 rd	Valued 42 months after the month in which the policy became effective.
4	4 th	Valued 54 months after the month in which the policy became effective.
5	5 th	Valued 66 months after the month in which the policy became effective.
6	6 th	Valued 78 months after the month in which the policy became effective.
7	7 th	Valued 90 months after the month in which the policy became effective.
8	8 th	Valued 102 months after the month in which the policy became effective.
9	9 th	Valued 114 months after the month in which the policy became effective.
A	10 th	Valued 126 months after the month in which the policy became effective.

2. Correction Type Code

<u>Code</u>	<u>Description</u>
H	Header Record Correction – First Reports Only (Link Data Corrections are not allowed in Minnesota)
E	Exposure Record Correction (First Reports Only)
L	Loss Record Correction (Not due to Aggravated Inequity)
T	Total Record Correction
M	Corrections to Multiple Record Types (Not due to Aggravated Inequity)
A	Loss Record Corrections due to Aggravated Inequity

3. Exposure State

Report state code “22” for Minnesota.

4. Policy Condition Indicators

Report “Y” or “N” for each the policy condition indicators.

A. Three-Year Fixed Rate Policy Indicator

- Y Policy is a three-year fixed rate policy.
- N Policy is not a three-year fixed rate policy.

B. Multi-state Policy Indicator

- Y Policy is a multi-state policy.
- N Policy is not a multi-state policy.

C. Interstate Rated Policy Indicator

- Y Policy is interstate rated.
- N Policy is not interstate rated.

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D. Estimated Exposure Indicator

- Y Exposures expressed on USR are estimated.
- N Exposures expressed on USR are result of the audit.

E. Retrospective Rated Policy Indicator

- Y Policy is retrospective rated.
- N Policy is not retrospective rated.

F. Cancelled Mid-Term Policy Indicator

- Y Policy has been cancelled mid-term.
- N Policy has not been cancelled mid-term.

G. Managed Care Organization (MCO) Policy Indicator

- Y Policy has provisions for the administration of losses under a certified MCO.
- N Policy does not have provisions for the administration of losses by a certified MCO.

5. Policy Type ID Code

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

Type of Coverage ID Code

<u>Code</u>	<u>Description</u>	<u>Definition</u>
01	Standard Workers' Compensation Policy	Coverage contemplated by the manual rate and classification to which the exposure has been assigned under the provisions of the standard Workers' Compensation and Employers' Liability policy.
09	Non-Standard Policy	The standard Workers' Compensation and Employers' Liability policy has been endorsed to either provide additional coverage or to limit the coverage.

Type of Plan ID Code

<u>Code</u>	<u>Description</u>	<u>Definition</u>
01	Voluntary	Policy was written voluntarily by the carrier.
02	Assigned Risk	The insured was unable to secure Workers' Compensation insurance in the voluntary market, and obtains coverage under the Minnesota Workers' Compensation Assigned Risk Plan. The Plan assigns the policy to a servicing carrier who issues the policy and administers the claims.

Type of Non-Standard ID Code

<u>Code</u>	<u>Description</u>	<u>Definition</u>
01	Non-Standard Code Does Not Apply	Coverage as described under the standard Workers' Compensation and Employers' Liability policy without Non-Standard exclusions, endorsements or exceptions.

6. Losses Subject to Deductible Code

Report the code that identifies the losses subject to deductible.

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

7. Basis of Deductible Calculation Code

Report the code that identifies the type of deductible being reported.

<u>Code</u>	<u>Description</u>
00	No Deductible
01	Per Claim Deductible Amount
02	Per Accident Deductible Amount
03	Per Policy Deductible Aggregate Limit
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only Percent with Per Claim Amount Limit
07	Coinsurance Percent with Per Claim Deductible Amount and Coinsurance Limit
08	Coinsurance Percent with Per Accident Deductible Amount and Coinsurance Limit
09	Per Accident Deductible Amount with Per Policy Deductible Aggregate Limit
12	Variable—as per the Advisory Statistical Work Group (ASWG) decision to allow flexibility for reporting deductible programs not otherwise defined.

Exposure Information Codes

1. Update Type Code

Report the code that identifies the activity of an exposure record.

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

2. Exposure Act/Exposure Coverage Code

Report the code indicating the Act (Law) which is associated with the class code's Exposure Record.

<u>Code</u>	<u>Description</u>
00	For Use with Statistical Codes Only
01	State Act or Federal Act, Excluding USL&HW
02	USL&HW F Classes and USL&H Coverage on Non F Classes

3. Statistical Codes

A. Premium Subject to Experience Modification

1. Disease Experience

In Connection with Abrasive Sand Blasting	Code 0059
In Connection with Incidental Foundries—Iron	Code 0067
In Connection with Incidental Foundries—Non-Ferrous Metals	Code 0066
In Connection with Incidental Foundries—Steel	Code 0065

2. Employers' Liability Increased Limits (in 000's)

With Workers' Compensation

\$100/100/1,000	Code 9803
\$100/100/2,500	Code 9804
\$100/100/5,000	Code 9805
\$100/100/10,000	Code 9806
\$500/500/500	Code 9807
\$500/500/1,000	Code 9808
\$500/500/2,500	Code 9809
\$500/500/5,000	Code 9810
\$500/500/10,000	Code 9811
\$1,000/1,000/1,000	Code 9812
\$1,000/1,000/2,500	Code 9813
\$1,000/1,000/5,000	Code 9814
\$1,000/1,000/10,000	Code 9815
Over \$1,000/1,000/10,000	Code 9816

Without Workers' Compensation

\$100/100/1,000	Code 9823
\$100/100/2,500	Code 9824
\$100/100/5,000	Code 9825
\$100/100/10,000	Code 9826
\$500/500/500	Code 9827
\$500/500/1,000	Code 9828
\$500/500/2,500	Code 9829
\$500/500/5,000	Code 9830
\$500/500/10,000	Code 9831
\$1,000/1,000/1,000	Code 9832
\$1,000/1,000/2,500	Code 9833
\$1,000/1,000/5,000	Code 9834
\$1,000/1,000/10,000	Code 9835
Over \$1,000/1,000/10,000	Code 9836
All Other Increased Limits	Code 9837

	Admiralty or FELA	
	\$50,000	Code 9817
	\$100,000	Code 9818
	\$200,000	Code 9819
	\$300,000	Code 9820
	\$400,000	Code 9821
	\$500,000	Code 9822
	Over \$500,000	Code 9840
	Additional Premium to Balance Increased Limits to Minimum Premium	Code 9848
3.	Additional Premium From Mandated Flat Increase on Outstanding Policies	
	Premium Credit	Code 0994
	Premium Debit	Code 0998
4.	Deductible Applied to Premium Before Experience Modification	Code 9664
5.	Independent Carrier Filing – Premium Applied Before Experience Modification	
	Credit	Code 9721
	Debit	Code 9723
6.	No Exposure Unit Reports	Code 1111
	When no exposure is developed, the premium must be reported as 0.	
7.	Rate Deviation Premium Adjustment	
	Credit	Code 9037
	Debit	Code 9039
8.	Waiver of Subrogation	Code 0930
9.	Short Rate Penalty Premium	Code 0931
10.	Paid Furloughed Employees	Code 0012
	Refer to Part 4-8-F for details on Paid Furloughed Employees. Code 0012 may be used as a Statistical Code to report the payments only; or it may be used as a Classification Code to report the payments with a zero rate and zero premium.	
	This code will continue to remain in effect and will not expire until determined at a later date as circumstances warrant and in consultation with state regulatory authorities. A future filing will be made to establish an expiration date to this code as determined and approved by the regulator.	
B.	Premium Not Subject to Experience Modification	
1.	Admiralty and/or FELA Coverage	
	Additional Premium to Balance to Minimum Premium	Code 9849
2.	Atomic Energy	
	Radiation Exposure NOC: Operations Involving Research, Manufacture, Handling, Transportation, Use of or Exposure to Radioactive Materials— Other than Government Agency Atomic Energy Project	Code 9985
3.	Collective Bargaining Program Credit	Code 9742

4.	Deductible Applied to Premium After Experience Modification	Code 9663
5.	Drug Free Workplace Premium Credit	Code 9846
6.	Independent Carrier Filing – Premium Applied After Experience Modification	
	Credit	Code 9722
	Debit	Code 9724
7.	Individual Risk Rating Plan Premium Adjustment	
	Credit	Code 9887
	Debit	Code 9889
8.	Managed Care Premium Credit	Code 9874
9.	Merit Rating Credit - Minnesota Assigned Risk Only	
	10% Credit	Code 9885
	33% Credit	Code 9680
	10% Debit	Code 9886
10.	Minimum Premium	Code 0990
11.	Minnesota Contractors Premium Adjustment Program	Code 9046
12.	Minnesota Special Compensation Fund Assessment Premium	Code 0174
13.	Payroll Limitation Transition Program Credit	Code 0076
14.	Pulpwood Transition Program	
	Credit	Code 0147
	Debit	Code 0148
15.	Rate Deviation Premium Adjustment	
	Credit	Code 9034
	Debit	Code 9036
16.	Return to Work Credit	Code 9743
17.	Supplemental Disease Experience	
	In Connection with Asbestos Experience	Code 0133
	Not Otherwise Classified (NOC)	Code 0179
18.	Workplace Safety Premium	
	Credit	Code 9880
	Debit	Code 9879
C.	Premium Not Included in Standard Premium	
1.	Expense Constant	Code 0900
2.	Premium Discount	
	Stock	Code 0063
	Non-Stock	Code 0064
3.	Terrorism	Code 9740
4.	Audit Noncompliance Charge	Code 9757

Loss Information Codes

1. Injury Code (Injury Type)

Report the code that identifies under which provisions of the laws benefits are paid or expected to be paid.

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

2. Claim/Status Code

Report the code that indicates the status of the claim.

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

3. Loss Condition Codes

Report the code for each loss condition.

Loss Coverage Act Code

Report the code that identifies the basis for liability for the claim.

<u>Code</u>	<u>Description</u>
01	State or Federal Act, Excluding USL&HW
02	USL&HW F Classes and USL&H Coverage on Non F Classes

Type of Loss Code

Report the code that identifies the circumstances of the injury.

<u>Code</u>	<u>Description</u>
01	Trauma
02	Occupational Disease (OD)
03	Cumulative Injury other than Disease

Type of Recovery Code

Report the code that corresponds to the type of recovery received or anticipated.

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

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Type of Claim Code

Report the code that corresponds to the type of claim.

<u>Code</u>	<u>Description</u>
01	Workers' Compensation Only
02	Employers' Liability Only
03	Workers' Compensation Including Employers' Liability
04	Liability Over

Type of Settlement Code

<u>Code</u>	<u>Description</u>
00	Claim Not Subject to Settlement
03	Stipulated Award (Insurer/Claimant Settlement)
04	Findings and Award (Judicial Award)
05	Dismissal or Take Nothing (Non-Compensable)
06	Compromise Settlement
09	All Other Settlements

4. Managed Care Organization Type Code

Report the code that corresponds to the type of organization which will administer the applicable medical losses of this claim.

<u>Code</u>	<u>Description</u>
00	The claim is not administrated by an approved certified MCO.
01	The claim's medical losses are administrated by an approved certified MCO.

5. Part of Body Code

Report the code that identifies the injured body part for a given claim.

HEAD		
10. Multiple Head Injury	32. Elbow	63. Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk)
11. Skull	33. Lower Arm	
12. Brain	34. Wrist	LOWER EXTREMITIES
13. Ear(s)	35. Hand	50. Multiple Lower Extremities
14. Eye(s)	36. Finger(s)	51. Hip
15. Nose	37. Thumb	52. Thigh
16. Teeth	38. Shoulder(s)	53. Knee
17. Mouth	39. Wrist(s) and Hand(s)	54. Lower Leg
18. Other Facial Soft Tissue	TRUNK	55. Ankle
19. Facial Bones	40. Multiple Trunk	56. Foot
	41. Upper Back Area (Thoracic Area)	57. Toes
	42. Lower Back Area (Incl: Lumbar and Lumbo—Sacral)	58. Great Toe
	43. Disc	
NECK	44. Chest (Incl: Ribs, Sternum and Soft Tissue)	MULTIPLE BODY PARTS
20. Multiple Neck Injury	45. Sacrum and Coccyx	64. Artificial Appliance
21. Vertebrae	46. Pelvis	65. Insufficient Info to Properly Identify - Unclassified
22. Disc	47. Spinal Cord	66. No Physical Injury
23. Spinal Cord	48. Internal Organs	90. Multiple Body Parts (Including Body Systems & Body Parts)
24. Larynx	49. Heart	91. Body Systems and Multiple Body Systems
25. Soft Tissue	60. Lungs	99. Whole Body
26. Trachea	61. Abdomen Including Groin	
	62. Buttocks Soft Tissue	
UPPER EXTREMITIES		
30. Multiple Upper Extremities		
31. Upper Arm (Incl: Clavicle and Scapula)		

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6. Nature of Injury Code

Report the code that represents the nature of injury for a given claim.

SPECIFIC INJURY

- 01. No Physical Injury
- 02. Amputation
- 03. Angina Pectoris
- 04. Burn
- 07. Concussion
- 10. Contusion
- 13. Crushing
- 16. Dislocation
- 19. Electric Shock
- 22. Enucleation
- 25. Foreign Body
- 28. Fracture
- 30. Freezing
- 31. Hearing Loss (Traumatic Only)
- 32. Heat Prostration
- 34. Hernia
- 36. Infection
- 37. Inflammation
- 38. Adverse reaction to a vaccination or inoculation
- 40. Laceration
- 41. Myocardial Infarction

- 42. Poisoning-General
- 43. Puncture
- 46. Rupture
- 47. Severance
- 49. Sprain
- 52. Strain
- 53. Syncope
- 54. Asphyxiation
- 55. Vascular
- 58. Vision Loss
- 59. All Other

OCCUPATIONAL DISEASE OR CUMULATIVE INJURY

- 60. Dust Disease, NOC (All Other Pneumoconiosis)
- 61. Asbestosis
- 62. Black Lung
- 63. Byssinosis
- 64. Silicosis
- 65. Respiratory Disorders (Gases, Fumes, Chemicals, Etc.)
- 66. Poisoning-Chemical

- 67. Poisoning-Metal
- 68. Dermatitis
- 69. Mental Disorder
- 70. Radiation
- 71. All Other OD
- 72. Loss of Hearing
- 73. Contagious Disease
- 74. Cancer
- 75. AIDS
- 76. VDT - Related Diseases (Other Than Carpal Tunnel Syndrome)
- 77. Psychiatric or Mental Stress
- 78. Carpal Tunnel Syndrome
- 79. Hepatitis C
- 80. All Other Cumulative Injury, NOC
- 83. COVID-19 (Policy Valuation Effective 8-1-2020)

MULTIPLE INJURIES

- 90. Multiple Physical Injuries Only
- 91. Multiple Injuries Including Both Physical and Physiological

7. Cause of Injury Code

Report the code that represents the cause of injury for a given claim.

BURN OR SCALD-HEAT OR COLD EXPOSURES—CONTACT WITH

- 01. Chemicals
- 02. Contact with Hot Object
- 03. Temperature Extremes
- 04. Fire or Flame
- 05. Steam or Hot Fluids
- 06. Dust, Gases, Fumes or Vapors
- 07. Welding Operations
- 08. Radiation
- 09. Contact With, NOC
- 11. Cold Objects or Substances
- 14. Abnormal Air Pressure
- 84. Contact with Electrical Current

CAUGHT IN, UNDER OR BETWEEN

- 10. Machine or Machinery
- 12. Object Handled
- 13. Caught In, Under or Between, NOC
- 20. Collapsing Materials (Slides of Earth)

CUT, PUNCTURE, SCRAPE, INJURED BY

- 15. Broken Glass
- 16. Hand Tool, Utensil; Not Powered
- 17. Object Being Lifted or Handled
- 18. Powered Hand Tool, Appliance
- 19. Caught, Puncture, Scrape, NOC

FALL, SLIP OR TRIP INJURY

- 25. From Different Level (Elevation)
- 26. From Ladder or Scaffolding
- 27. From Liquid or Grease Spills
- 28. Into Openings
- 29. On Same Level
- 30. Slipped, Did Not Fall
- 31. Fall, Slip or Trip
- 32. Ice or Snow
- 33. On Stairs

MOTOR VEHICLE

- 40. Crash of Water Vehicle
- 41. Crash of Rail Vehicle
- 45. Collision with Another Vehicle
- 46. Collision with a Fixed Object
- 47. Crash of Airplane
- 48. Vehicle Upset
- 50. Motor Vehicle

STRAIN OR INJURY BY

- 52. Continual Noise
- 53. Twisting
- 54. Jumping
- 55. Holding or Carrying
- 56. Lifting
- 57. Pushing or Pulling
- 58. Reaching
- 59. Using Tool or Machinery
- 60. Strain or Injury By
- 61. Wielding or Throwing
- 97. Repetitive Motion

STRIKING AGAINST OR STEPPING ON

- 65. Moving Part of Machine
- 66. Object Being Lifted or Handled
- 67. Sanding, Scraping, Cleaning Operation
- 68. Stationary Object
- 69. Stepping on Sharp Object
- 70. Striking Against or Stepping On

STRUCK OR INJURED BY (INCLUDES KICKED, STABBED, BIT, ETC.)

- 74. Fellow Worker; Patient
- 75. Falling or Flying Object
- 76. Hand Tool or Machine in Use
- 77. Motor Vehicle
- 78. Moving Parts of Machine
- 79. Object Being Lifted or Handled
- 80. Object Handled by Others
- 81. Struck or Injured, NOC
- 85. Animal or Insect
- 86. Explosion or Flare Back

RUBBED OR ABRADED BY

- 94. Repetitive Motion
- 95. Rubbed or Abraded, NOC

MISCELLANEOUS CAUSES

- 82. Absorption, Ingestion or Inhalation, NOC
- 83. Pandemic (Policy Valuation Effective 8-1-2020)
- 87. Foreign Body in Eye
- 88. Natural Disaster
- 89. Crime, Gunshot not Included
- 90. Other Than Physical Cause of Injury
- 91. Mold
- 93. Gunshot
- 96. Terrorism
- 98. Cumulative, (All Other)
- 99. Other

8. Vocational Rehabilitation Indicator

Report the applicable indicator that identifies 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.

PART 8 — ANNUITY TABLES

- 1. Accidents Prior to October 1, 1992**
 - Table A-1 Permanent Total Benefits—Male Lives
 - Table A-2 Permanent Total Benefits—Female Lives
 - Table A-3 Fatal Dependency Benefits—Total Population
- 2. Accidents Between October 1, 1992 and September 30, 1995**
 - Table B-1 Permanent Total Benefits—Male Lives
 - Table B-2 Permanent Total Benefits—Female Lives
 - Table B-3 Fatal Dependency Benefits—Total Population
- 3. Accidents Between October 1, 1995 and September 30, 2013**
 - Table C-1 Permanent Total Benefits—Male Lives
 - Table C-2 Permanent Total Benefits—Female Lives
 - Table C-3 Fatal Dependency Benefits—Total Population
- 4. Accidents Between October 1, 2013 and September 30, 2018**
 - Table D-1 Permanent Total Benefits—Male Lives
 - Table D-2 Permanent Total Benefits—Female Lives
- 5. Accidents on or After October 1, 2013**
 - Table D-3 Fatal Dependency Benefits—Total Population
- 6. Accidents on or After October 1, 2018**
 - Table E-1 Permanent Total Benefits—Male Lives
 - Table E-2 Permanent Total Benefits—Female Lives

Table A-1—Male

Annuity Table +
Permanent Total Benefits

Accidents Prior to October 1, 1992

<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>
11	166.194	31	89.450	51	42.635	71	16.334	91	4.010
12	161.329	32	86.502	52	40.914	72	15.408	92	3.719
13	156.585	33	83.623	53	39.244	73	14.515	93	3.451
14	151.968	34	80.812	54	37.622	74	13.657	94	3.206
15	147.477	35	78.068	55	36.047	75	12.833	95	2.982
16	143.110	36	75.389	56	34.517	76	12.040	96	2.776
17	138.860	37	72.776	57	33.031	77	11.279	97	2.588
18	134.725	38	70.226	58	31.588	78	10.550	98	2.415
19	130.701	39	67.741	59	30.187	79	9.856	99	2.255
20	126.784	40	65.318	60	28.825	80	9.194	100	2.105
21	122.971	41	62.957	61	27.502	81	8.563	101	1.966
22	119.260	42	60.658	62	26.216	82	7.962	102	1.836
23	115.641	43	58.421	63	24.968	83	7.392	103	1.711
24	112.106	44	56.246	64	23.757	84	6.852	104	1.597
25	108.648	45	54.130	65	22.584	85	6.342	105	1.490
26	105.265	46	52.073	66	21.451	86	5.877	106	1.390
27	101.956	47	50.073	67	20.358	87	5.444	107	1.313
28	98.720	48	48.128	68	19.302	88	5.043	108	1.197
29	95.558	49	46.240	69	18.281	89	4.671	109	1.032
30	92.468	50	44.410	70	17.292	90	4.327	110	0.532

- + Based on 2009 U.S. Life Tables for male population
- 3.5% annual interest rate
- 6.0% annual escalation beginning on first anniversary of accident

Table A-2—Female

Annuity Table +
Permanent Total Benefits

Accidents Prior to October 1, 1992

<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>
11	189.065	31	102.719	51	50.107	71	19.567	91	4.801
12	183.664	32	99.406	52	48.140	72	18.483	92	4.432
13	178.393	33	96.173	53	46.225	73	17.437	93	4.093
14	173.252	34	93.019	54	44.360	74	16.429	94	3.781
15	168.239	35	89.941	55	42.543	75	15.459	95	3.495
16	163.352	36	86.938	56	40.771	76	14.525	96	3.234
17	158.585	37	84.009	57	39.045	77	13.625	97	2.994
18	153.935	38	81.153	58	37.366	78	12.760	98	2.773
19	149.398	39	78.368	59	35.733	79	11.933	99	2.570
20	144.970	40	75.654	60	34.147	80	11.142	100	2.381
21	140.648	41	73.009	61	32.608	81	10.386	101	2.206
22	136.431	42	70.432	62	31.114	82	9.661	102	2.043
23	132.314	43	67.922	63	29.664	83	8.973	103	1.893
24	128.295	44	65.480	64	28.256	84	8.322	104	1.750
25	124.373	45	63.103	65	26.890	85	7.708	105	1.616
26	120.543	46	60.788	66	25.568	86	7.131	106	1.487
27	116.804	47	58.535	67	24.288	87	6.595	107	1.341
28	113.155	48	56.341	68	23.050	88	6.096	108	1.171
29	109.592	49	54.206	69	21.851	89	5.631	109	0.929
30	106.114	50	52.128	70	20.690	90	5.200	110	0.491

- + Based on 2009 U.S. Life Tables for female population
- 3.5% annual interest rate
- 6.0% annual escalation beginning on first anniversary of accident

Table A-3—Total Population

**Annuity Table +
Fatal Dependency Benefits
Accidents Prior to October 1, 1992**

<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>	<u>Age</u>	<u>Annuity Value</u>
0	241.663	25	116.797	50	48.487	75	14.364	100	2.346
1	236.514	26	113.189	51	46.588	76	13.500	101	2.182
2	230.070	27	109.663	52	44.743	77	12.669	102	2.031
3	223.745	28	106.217	53	42.950	78	11.873	103	1.888
4	217.554	29	102.851	54	41.207	79	11.111	104	1.751
5	211.497	30	99.564	55	39.510	80	10.384	105	1.623
6	205.580	31	96.355	56	37.859	81	9.689	106	1.495
7	199.799	32	93.221	57	36.253	82	9.025	107	1.344
8	194.151	33	90.162	58	34.692	83	8.394	108	1.165
9	188.633	34	87.176	59	33.175	84	7.796	109	0.937
10	183.241	35	84.261	60	31.702	85	7.232	110	0.472
11	177.975	36	81.417	61	30.271	86	6.707		
12	172.834	37	78.643	62	28.881	87	6.216		
13	167.820	38	75.937	63	27.532	88	5.759		
14	162.933	39	73.298	64	26.223	89	5.334		
15	158.175	40	70.727	65	24.954	90	4.940		
16	153.542	41	68.221	66	23.726	91	4.575		
17	149.029	42	65.780	67	22.540	92	4.238		
18	144.632	43	63.404	68	21.393	93	3.927		
19	140.348	44	61.093	69	20.283	94	3.641		
20	136.172	45	58.844	70	19.208	95	3.378		
21	132.103	46	56.656	71	18.168	96	3.137		
22	128.137	47	54.527	72	17.163	97	2.915		
23	124.267	48	52.456	73	16.194	98	2.712		
24	120.489	49	50.443	74	15.260	99	2.523		

+ Based on 2009 U.S. Life Tables for total population

3.5% annual interest rate

6.0% annual escalation beginning on first anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table B-1—Male
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	73.553	12	75.117
12	12	72.266	13	73.788
13	13	70.988	14	72.472
14	14	69.722	15	71.171
15	15	68.471	16	69.885
16	16	67.235	17	68.613
17	17	66.012	18	67.355
18	18	64.802	19	66.110
19	19	63.605	20	64.879
20	20	62.421	21	63.660
21	21	61.249	22	62.454
22	22	60.089	23	61.257
23	23	58.939	24	60.066
24	24	57.793	25	58.879
25	25	56.652	26	57.694
26	26	55.513	27	56.513
27	27	54.377	28	55.335
28	28	53.244	29	54.162
29	29	52.117	30	52.995
30	30	50.994	31	51.833
31	31	49.877	32	50.677
32	32	48.766	33	49.527
33	33	47.660	34	48.384
34	34	46.561	35	47.247
35	35	45.467	36	46.116
36	36	44.380	37	44.993
37	37	43.301	38	43.879
38	38	42.229	39	42.772
39	39	41.165	40	41.674
40	40	40.109	41	40.586

- + Based on 2009 U.S. Life Tables for male population
- 3.5% annual interest rate
- 4.0% annual escalation beginning on second anniversary of accident date

**Table B-1—Male
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
41	41	39.063	42	39.508
42	42	38.027	43	38.442
43	43	37.001	44	37.387
44	44	35.986	45	36.344
45	45	34.984	46	35.313
46	46	33.993	47	34.294
47	47	33.013	48	33.287
48	48	32.045	49	32.294
49	49	31.090	50	31.316
50	50	30.150	51	30.354
51	51	29.224	52	29.406
52	52	28.313	53	28.472
53	53	27.415	54	27.551
54	54	26.529	55	26.642
55	55	25.655	56	25.746
56	56	24.793	57	24.862
57	57	23.943	58	23.990
58	58	23.105	59	23.130
59	59	22.278	60	22.282
60	60	21.462	61	21.444
61	61	20.657	62	20.618
62	62	19.863	63	19.803
63	63	19.079	64	19.002
64	64	18.308	65	18.214
65	65	17.551	66	17.442
66	66	16.809	67	16.687
67	67	16.082	68	15.948
68	68	15.372	69	15.223
69	69	14.675	70	14.510
70	70	13.990	71	13.811

- + Based on 2009 U.S. Life Tables for male population
- 3.5% annual interest rate
- 4.0% annual escalation beginning on second anniversary of accident date

Table B-1—Male
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
71	71	13.317	72	13.126
72	72	12.658	73	12.455
73	73	12.013	74	11.803
74	74	11.386	75	11.169
75	75	10.777	76	10.551
76	76	10.183	77	9.951
77	77	9.605	78	9.369
78	78	9.046	79	8.808
79	79	8.506	80	8.268
80	80	7.986	81	7.747
81	81	7.485	82	7.245
82	82	7.003	83	6.764
83	83	6.540	84	6.304
84	84	6.098	85	5.865
85	85	5.675	86	5.462
86	86	5.287	87	5.083
87	87	4.923	88	4.729
88	88	4.582	89	4.399
89	89	4.265	90	4.091
90	90	3.969	91	3.806
91	91	3.694	92	3.542
92	92	3.440	93	3.299
93	93	3.206	94	3.074
94	94	2.989	95	2.867
95	95	2.790	96	2.677
96	96	2.607	97	2.503
97	97	2.439	98	2.341
98	98	2.283	99	2.191
99	99	2.138	100	2.049
100	100	2.002	101	1.918

- + Based on 2009 U.S. Life Tables for male population
- 3.5% annual interest rate
- 4.0% annual escalation beginning on second anniversary of accident date

**Table B-1—Male
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
101	101	1.875	102	1.795
102	102	1.757	103	1.677
103	103	1.642	104	1.568
104	104	1.537	105	1.465
105	105	1.437	106	1.370
106	106	1.345	107	1.297
107	107	1.275	108	1.185
108	108	1.167	109	1.027
109	109	1.016	110	0.532
110	110	0.532		

- + Based on 2009 U.S. Life Tables for male population
- 3.5% annual interest rate
- 4.0% annual escalation beginning on second anniversary of accident date

**Table B-2—Female
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	79.775	12	81.558
12	12	78.459	13	80.197
13	13	77.150	14	78.845
14	14	75.850	15	77.503
15	15	74.560	16	76.171
16	16	73.279	17	74.848
17	17	72.007	18	73.534
18	18	70.744	19	72.228
19	19	69.488	20	70.930
20	20	68.239	21	69.639
21	21	66.998	22	68.356
22	22	65.764	23	67.080
23	23	64.538	24	65.811
24	24	63.318	25	64.549
25	25	62.104	26	63.294
26	26	60.897	27	62.046
27	27	59.697	28	60.804
28	28	58.503	29	59.569
29	29	57.316	30	58.341
30	30	56.135	31	57.120
31	31	54.961	32	55.907
32	32	53.794	33	54.700
33	33	52.634	34	53.502
34	34	51.482	35	52.310
35	35	50.336	36	51.127
36	36	49.198	37	49.951
37	37	48.068	38	48.784
38	38	46.946	39	47.626
39	39	45.832	40	46.477
40	40	44.727	41	45.337

- + Based on 2009 U.S. Life Tables for female population
- 3.5% annual interest rate
- 4.0% annual escalation beginning on second anniversary of accident date

**Table B-2—Female
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
41	41	43.631	42	44.206
42	42	42.544	43	43.087
43	43	41.467	44	41.978
44	44	40.401	45	40.881
45	45	39.346	46	39.794
46	46	38.301	47	38.717
47	47	37.266	48	37.651
48	48	36.241	49	36.596
49	49	35.226	50	35.552
50	50	34.222	51	34.519
51	51	33.229	52	33.497
52	52	32.246	53	32.485
53	53	31.273	54	31.482
54	54	30.309	55	30.488
55	55	29.353	56	29.503
56	56	28.406	57	28.526
57	57	27.467	58	27.560
58	58	26.538	59	26.605
59	59	25.619	60	25.663
60	60	24.713	61	24.733
61	61	23.820	62	23.817
62	62	22.938	63	22.913
63	63	22.069	64	22.022
64	64	21.212	65	21.144
65	65	20.368	66	20.280
66	66	19.538	67	19.432
67	67	18.722	68	18.599
68	68	17.921	69	17.781
69	69	17.134	70	16.976
70	70	16.361	71	16.187

- + Based on 2009 U.S. Life Tables for female population
- 3.5% annual interest rate
- 4.0% annual escalation beginning on second anniversary of accident date

**Table B-2—Female
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
71	71	15.602	72	15.413
72	72	14.858	73	14.656
73	73	14.130	74	13.917
74	74	13.419	75	13.196
75	75	12.726	76	12.492
76	76	12.049	77	11.804
77	77	11.387	78	11.135
78	78	10.744	79	10.486
79	79	10.120	80	9.859
80	80	9.517	81	9.251
81	81	8.932	82	8.661
82	82	8.365	83	8.095
83	83	7.820	84	7.554
84	84	7.300	85	7.037
85	85	6.803	86	6.548
86	86	6.332	87	6.088
87	87	5.890	88	5.656
88	88	5.474	89	5.250
89	89	5.084	90	4.871
90	90	4.719	91	4.517
91	91	4.379	92	4.188
92	92	4.062	93	3.883
93	93	3.769	94	3.601
94	94	3.497	95	3.341
95	95	3.246	96	3.101
96	96	3.015	97	2.880
97	97	2.802	98	2.676
98	98	2.606	99	2.487
99	99	2.424	100	2.310
100	100	2.253	101	2.146

- + Based on 2009 U.S. Life Tables for female population
- 3.5% annual interest rate
- 4.0% annual escalation beginning on second anniversary of accident date

**Table B-2—Female
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
101	101	2.095	102	1.993
102	102	1.947	103	1.850
103	103	1.809	104	1.715
104	104	1.679	105	1.587
105	105	1.556	106	1.464
106	106	1.437	107	1.324
107	107	1.302	108	1.161
108	108	1.144	109	0.924
109	109	0.916	110	0.491
110	110	0.491		

Based on 2009 U.S. Life Tables for female population

3.5% annual interest rate

4.0% annual escalation beginning on second anniversary of accident date

**Table B-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
0	0	90.828	1	93.589
1	1	90.027	2	92.198
2	2	88.690	3	90.802
3	3	87.347	4	89.406
4	4	86.005	5	88.012
5	5	84.665	6	86.624
6	6	83.330	7	85.241
7	7	82.000	8	83.863
8	8	80.675	9	82.491
9	9	79.356	10	81.124
10	10	78.041	11	79.762
11	11	76.732	12	78.408
12	12	75.430	13	77.063
13	13	74.137	14	75.729
14	14	72.854	15	74.407
15	15	71.583	16	73.099
16	16	70.325	17	71.802
17	17	69.078	18	70.516
18	18	67.842	19	69.242
19	19	66.617	20	67.978
20	20	65.401	21	66.725
21	21	64.196	22	65.482
22	22	63.001	23	64.247
23	23	61.814	24	63.019
24	24	60.633	25	61.796
25	25	59.457	26	60.578
26	26	58.286	27	59.364
27	27	57.119	28	58.156
28	28	55.957	29	56.953
29	29	54.801	30	55.757

+ Based on 2009 U.S. Life Tables for total population

3.5% annual interest rate

4.0% annual escalation beginning on the second anniversary of accident date

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table B-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
30	30	53.650	31	54.566
31	31	52.505	32	53.383
32	32	51.367	33	52.205
33	33	50.235	34	51.035
34	34	49.110	35	49.872
35	35	47.991	36	48.715
36	36	46.880	37	47.567
37	37	45.775	38	46.427
38	38	44.679	39	45.295
39	39	43.591	40	44.172
40	40	42.511	41	43.059
41	41	41.441	42	41.956
42	42	40.380	43	40.864
43	43	39.330	44	39.783
44	44	38.290	45	38.714
45	45	37.262	46	37.656
46	46	36.245	47	36.609
47	47	35.239	48	35.574
48	48	34.243	49	34.551
49	49	33.260	50	33.541
50	50	32.289	51	32.545
51	51	31.331	52	31.562
52	52	30.386	53	30.591
53	53	29.452	54	29.631
54	54	28.529	55	28.682
55	55	27.617	56	27.743
56	56	26.714	57	26.815
57	57	25.822	58	25.898
58	58	24.940	59	24.993
59	59	24.070	60	24.100

+ Based on 2009 U.S. Life Tables for total population

3.5% annual interest rate

4.0% annual escalation beginning on the second anniversary of accident date

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table B-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents From October 1, 1992 through September 30, 1995**

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
60	60	23.211	61	23.219
61	61	22.364	62	22.350
62	62	21.528	63	21.494
63	63	20.705	64	20.650
64	64	19.893	65	19.819
65	65	19.094	66	19.004
66	66	18.310	67	18.204
67	67	17.542	68	17.421
68	68	16.788	69	16.652
69	69	16.049	70	15.896
70	70	15.322	71	15.153
71	71	14.608	72	14.427
72	72	13.909	73	13.715
73	73	13.225	74	13.022
74	74	12.558	75	12.347
75	75	11.909	76	11.688
76	76	11.276	77	11.046
77	77	10.659	78	10.423
78	78	10.059	79	9.820
79	79	9.479	80	9.238
80	80	8.919	81	8.674
81	81	8.378	82	8.129
82	82	7.853	83	7.606
83	83	7.350	84	7.106
84	84	6.869	85	6.627
85	85	6.409	86	6.179
86	86	5.977	87	5.756
87	87	5.571	88	5.359
88	88	5.189	89	4.987
89	89	4.830	90	4.638

+ Based on 2009 U.S. Life Tables for total population
3.5% annual interest rate

4.0% annual escalation beginning on the second anniversary of accident date

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table B-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits ***
Accidents From October 1, 1992 through September 30, 1995

Age at Accident	Initial		1st and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
90	90	4.495	91	4.314
91	91	4.183	92	4.012
92	92	3.892	93	3.732
93	93	3.622	94	3.472
94	94	3.373	95	3.232
95	95	3.142	96	3.011
96	96	2.929	97	2.807
97	97	2.732	98	2.618
98	98	2.550	99	2.442
99	99	2.381	100	2.277
100	100	2.222	101	2.123
101	101	2.073	102	1.980
102	102	1.935	103	1.846
103	103	1.805	104	1.716
104	104	1.680	105	1.594
105	105	1.562	106	1.472
106	106	1.445	107	1.327
107	107	1.304	108	1.155
108	108	1.138	109	0.933
109	109	0.924	110	0.472
110	110	0.472		

+ Based on 2009 U.S. Life Tables for total population
3.5% annual interest rate

4.0% annual escalation beginning on the second anniversary of accident date

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table C-1—Male
Annuity Table +
Permanent Total Benefits ***
Accidents From October 1, 1995 through September 30, 2013

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	34.325	12	34.512	13	34.708	14	34.912
12	12	33.891	13	34.065	14	34.247	15	34.439
13	13	33.453	14	33.613	15	33.783	16	33.961
14	14	33.010	15	33.158	16	33.315	17	33.480
15	15	32.564	16	32.699	17	32.843	18	32.996
16	16	32.114	17	32.237	18	32.368	19	32.508
17	17	31.661	18	31.771	19	31.890	20	32.018
18	18	31.204	19	31.303	20	31.410	21	31.525
19	19	30.745	20	30.832	21	30.926	22	31.027
20	20	30.283	21	30.357	22	30.438	23	30.525
21	21	29.818	22	29.879	23	29.946	24	30.016
22	22	29.349	23	29.396	24	29.447	25	29.500
23	23	28.876	24	28.908	25	28.941	26	28.976
24	24	28.396	25	28.411	26	28.428	27	28.445
25	25	27.910	26	27.908	27	27.906	28	27.905
26	26	27.417	27	27.397	28	27.377	29	27.358
27	27	26.915	28	26.878	29	26.841	30	26.803
28	28	26.407	29	26.352	30	26.296	31	26.240
29	29	25.891	30	25.819	31	25.744	32	25.668
30	30	25.368	31	25.277	32	25.184	33	25.089
31	31	24.838	32	24.728	33	24.616	34	24.501
32	32	24.299	33	24.171	34	24.040	35	23.904
33	33	23.753	34	23.606	35	23.455	36	23.299
34	34	23.199	35	23.033	36	22.862	37	22.686
35	35	22.637	36	22.451	37	22.260	38	22.064

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table C-1—Male
Annuity Table +
Permanent Total Benefits ***
Accidents From October 1, 1995 through September 30, 2013

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
36	36	22.067	37	21.861	38	21.650	39	21.433
37	37	21.488	38	21.264	39	21.032	40	20.794
38	38	20.902	39	20.658	40	20.406	41	20.147
39	39	20.308	40	20.043	41	19.771	42	19.491
40	40	19.706	41	19.421	42	19.128	43	18.827
41	41	19.096	42	18.791	43	18.477	44	18.155
42	42	18.478	43	18.153	44	17.819	45	17.476
43	43	17.852	44	17.507	45	17.153	46	16.789
44	44	17.219	45	16.854	46	16.479	47	16.095
45	45	16.579	46	16.194	47	15.798	48	15.393
46	46	15.932	47	15.526	48	15.111	49	14.685
47	47	15.277	48	14.852	49	14.416	50	13.970
48	48	14.616	49	14.171	50	13.715	51	13.247
49	49	13.949	50	13.484	51	13.006	52	12.516
50	50	13.275	51	12.789	52	12.289	53	11.776
51	51	12.594	52	12.086	53	11.564	54	11.027
52	52	11.905	53	11.375	54	10.830	55	10.269
53	53	11.207	54	10.655	55	10.086	56	9.500
54	54	10.501	55	9.926	56	9.333	57	8.721
55	55	9.787	56	9.188	57	8.569	58	7.929
56	56	9.063	57	8.438	58	7.792	59	7.123
57	57	8.328	58	7.677	59	7.003	60	6.303
58	58	7.582	59	6.903	60	6.198	61	5.466
59	59	6.823	60	6.114	61	5.378	62	4.611
60	60	6.049	61	5.310	62	4.540	63	3.737

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table C-1—Male
Annuity Table +
Permanent Total Benefits ***
Accidents From October 1, 1995 through September 30, 2013

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
61	61	5.260	62	4.488	63	3.683	64	2.841
62	62	4.455	63	3.648	64	2.804	65	1.921
63	63	3.631	64	2.787	65	1.902	66	0.975
64	64	2.787	65	1.902	66	0.975		
65	65	1.902	66	0.975				
66	66	0.975						

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

Table C-2—Female

**Annuity Table +
Permanent Total Benefits ***
Accidents From October 1, 1995 through September 30, 2013

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	34.976	12	35.186	13	35.404	14	35.630
12	12	34.552	13	34.748	14	34.951	15	35.163
13	13	34.122	14	34.304	15	34.492	16	34.689
14	14	33.687	15	33.854	16	34.028	17	34.210
15	15	33.246	16	33.399	17	33.558	18	33.725
16	16	32.800	17	32.938	18	33.083	19	33.233
17	17	32.348	18	32.472	19	32.601	20	32.736
18	18	31.891	19	32.000	20	32.113	21	32.232
19	19	31.428	20	31.522	21	31.620	22	31.722
20	20	30.959	21	31.038	22	31.120	23	31.205
21	21	30.485	22	30.547	23	30.613	24	30.682
22	22	30.004	23	30.050	24	30.099	25	30.151
23	23	29.517	24	29.547	25	29.579	26	29.612
24	24	29.023	25	29.037	26	29.051	27	29.067
25	25	28.523	26	28.519	27	28.516	28	28.514
26	26	28.016	27	27.995	28	27.974	29	27.953
27	27	27.502	28	27.463	29	27.424	30	27.385
28	28	26.981	29	26.924	30	26.867	31	26.808
29	29	26.452	30	26.378	31	26.302	32	26.224
30	30	25.917	31	25.824	32	25.729	33	25.632
31	31	25.374	32	25.263	33	25.149	34	25.033
32	32	24.823	33	24.694	34	24.561	35	24.425
33	33	24.266	34	24.117	35	23.965	36	23.809
34	34	23.700	35	23.533	36	23.361	37	23.185
35	35	23.127	36	22.941	37	22.750	38	22.554

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table C-2—Female
Annuity Table +
Permanent Total Benefits ***
Accidents From October 1, 1995 through September 30, 2013

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
36	36	22.547	37	22.342	38	22.131	39	21.914
37	37	21.960	38	21.735	39	21.504	40	21.266
38	38	21.364	39	21.120	40	20.869	41	20.610
39	39	20.762	40	20.497	41	20.225	42	19.946
40	40	20.151	41	19.867	42	19.574	43	19.273
41	41	19.533	42	19.228	43	18.914	44	18.591
42	42	18.907	43	18.581	44	18.246	45	17.901
43	43	18.272	44	17.926	45	17.569	46	17.203
44	44	17.630	45	17.263	46	16.884	47	16.495
45	45	16.980	46	16.591	47	16.191	48	15.779
46	46	16.322	47	15.911	48	15.489	49	15.055
47	47	15.655	48	15.223	49	14.779	50	14.323
48	48	14.980	49	14.527	50	14.061	51	13.581
49	49	14.298	50	13.823	51	13.334	52	12.830
50	50	13.608	51	13.110	52	12.598	53	12.069
51	51	12.909	52	12.388	53	11.851	54	11.297
52	52	12.201	53	11.657	54	11.095	55	10.515
53	53	11.484	54	10.915	55	10.328	56	9.721
54	54	10.757	55	10.163	56	9.549	57	8.915
55	55	10.019	56	9.400	57	8.759	58	8.096
56	56	9.271	57	8.625	58	7.956	59	7.263
57	57	8.511	58	7.838	59	7.140	60	6.416
58	58	7.740	59	7.038	60	6.309	61	5.554
59	59	6.955	60	6.223	61	5.464	62	4.675
60	60	6.157	61	5.394	62	4.603	63	3.780

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table C-2—Female
Annuity Table +
Permanent Total Benefits ***
Accidents From October 1, 1995 through September 30, 2013

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
61	61	5.344	62	4.550	63	3.725	64	2.866
62	62	4.516	63	3.689	64	2.829	65	1.932
63	63	3.672	64	2.811	65	1.914	66	0.978
64	64	2.811	65	1.914	66	0.978		
65	65	1.914	66	0.978				
66	66	0.978						

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table C-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents From October 1, 1995 through September 30, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
0	0	43.141	1	43.893	2	44.428	3	44.977
1	1	43.088	2	43.595	3	44.115	4	44.650
2	2	42.796	3	43.288	4	43.793	5	44.316
3	3	42.495	4	42.973	5	43.466	6	43.977
4	4	42.186	5	42.652	6	43.134	7	43.631
5	5	41.871	6	42.326	7	42.795	8	43.281
6	6	41.552	7	41.994	8	42.451	9	42.924
7	7	41.226	8	41.657	9	42.102	10	42.562
8	8	40.896	9	41.314	10	41.747	11	42.194
9	9	40.560	10	40.966	11	41.386	12	41.821
10	10	40.219	11	40.613	12	41.021	13	41.444
11	11	39.872	12	40.254	13	40.651	14	41.063
12	12	39.521	13	39.891	14	40.277	15	40.679
13	13	39.165	14	39.525	15	39.901	16	40.292
14	14	38.806	15	39.156	16	39.521	17	39.902
15	15	38.444	16	38.784	17	39.139	18	39.509
16	16	38.079	17	38.409	18	38.753	19	39.114
17	17	37.712	18	38.031	19	38.366	20	38.716
18	18	37.342	19	37.652	20	37.976	21	38.315
19	19	36.969	20	37.269	21	37.583	22	37.912
20	20	36.594	21	36.884	22	37.188	23	37.505
21	21	36.217	22	36.497	23	36.789	24	37.093
22	22	35.837	23	36.105	24	36.385	25	36.675
23	23	35.453	24	35.709	25	35.975	26	36.252
24	24	35.065	25	35.308	26	35.560	27	35.822

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table C-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits ***
Accidents From October 1, 1995 through September 30, 2013

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
25	25	34.671	26	34.901	27	35.139	28	35.388
26	26	34.272	27	34.488	28	34.713	29	34.947
27	27	33.868	28	34.070	29	34.281	30	34.500
28	28	33.458	29	33.647	30	33.843	31	34.048
29	29	33.043	30	33.217	31	33.400	32	33.590
30	30	32.622	31	32.783	32	32.951	33	33.126
31	31	32.196	32	32.342	33	32.496	34	32.656
32	32	31.764	33	31.896	34	32.035	35	32.180
33	33	31.327	34	31.444	35	31.568	36	31.698
34	34	30.884	35	30.987	36	31.096	37	31.211
35	35	30.435	36	30.524	37	30.618	38	30.718
36	36	29.981	37	30.056	38	30.135	39	30.220
37	37	29.522	38	29.582	39	29.647	40	29.717
38	38	29.058	39	29.103	40	29.153	41	29.208
39	39	28.588	40	28.619	41	28.654	42	28.694
40	40	28.114	41	28.130	42	28.151	43	28.176
41	41	27.635	42	27.637	43	27.643	44	27.654
42	42	27.151	43	27.139	44	27.131	45	27.128
43	43	26.662	44	26.637	45	26.615	46	26.598
44	44	26.170	45	26.131	46	26.096	47	26.066
45	45	25.675	46	25.622	47	25.574	48	25.531
46	46	25.175	47	25.110	48	25.050	49	24.996
47	47	24.674	48	24.597	49	24.525	50	24.459
48	48	24.170	49	24.082	50	23.999	51	23.922
49	49	23.665	50	23.566	51	23.472	52	23.383

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table C-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents From October 1, 1995 through September 30, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
50	50	23.160	51	23.050	52	22.944	53	22.843
51	51	22.653	52	22.532	53	22.414	54	22.302
52	52	22.145	53	22.013	54	21.884	55	21.761
53	53	21.636	54	21.493	55	21.353	56	21.219
54	54	21.127	55	20.972	56	20.823	57	20.677
55	55	20.617	56	20.452	57	20.291	58	20.135
56	56	20.106	57	19.931	58	19.759	59	19.590
57	57	19.595	58	19.409	59	19.225	60	19.045
58	58	19.084	59	18.886	60	18.690	61	18.497
59	59	18.571	60	18.361	61	18.154	62	17.949
60	60	18.057	61	17.836	62	17.617	63	17.400
61	61	17.541	62	17.309	63	17.078	64	16.849
62	62	17.024	63	16.781	64	16.538	65	16.297
63	63	16.507	64	16.251	65	15.996	66	15.742
64	64	15.987	65	15.720	66	15.453	67	15.186
65	65	15.467	66	15.187	67	14.908	68	14.630
66	66	14.944	67	14.653	68	14.362	69	14.075
67	67	14.420	68	14.118	69	13.818	70	13.523
68	68	13.896	69	13.584	70	13.277	71	12.976
69	69	13.372	70	13.054	71	12.741	72	12.435
70	70	12.852	71	12.528	72	12.211	73	11.900
71	71	12.337	72	12.008	73	11.686	74	11.371
72	72	11.827	73	11.494	74	11.167	75	10.847
73	73	11.322	74	10.985	75	10.654	76	10.328
74	74	10.823	75	10.481	76	10.145	77	9.816

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table C-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents From October 1, 1995 through September 30, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
75	75	10.329	76	9.983	77	9.643	78	9.313
76	76	9.840	77	9.490	78	9.150	79	8.821
77	77	9.357	78	9.007	79	8.667	80	8.341
78	78	8.882	79	8.533	80	8.196	81	7.875
79	79	8.418	80	8.072	81	7.739	82	7.421
80	80	7.965	81	7.623	82	7.294	83	6.979
81	81	7.525	82	7.186	83	6.860	84	6.552
82	82	7.096	83	6.761	84	6.442	85	6.141
83	83	6.679	84	6.351	85	6.039	86	5.746
84	84	6.276	85	5.956	86	5.652	87	5.370
85	85	5.888	86	5.575	87	5.283	88	5.015
86	86	5.514	87	5.214	88	4.934	89	4.679
87	87	5.159	88	4.871	89	4.605	90	4.363
88	88	4.822	89	4.548	90	4.295	91	4.066
89	89	4.504	90	4.243	91	4.004	92	3.789
90	90	4.205	91	3.958	92	3.732	93	3.530
91	91	3.924	92	3.691	93	3.478	94	3.290
92	92	3.661	93	3.441	94	3.243	95	3.067
93	93	3.415	94	3.210	95	3.024	96	2.860
94	94	3.187	95	2.994	96	2.821	97	2.669
95	95	2.975	96	2.795	97	2.634	98	2.492
96	96	2.778	97	2.611	98	2.460	99	2.327
97	97	2.596	98	2.439	99	2.297	100	2.171
98	98	2.427	99	2.280	100	2.144	101	2.025
99	99	2.269	100	2.129	101	2.002	102	1.889

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table C-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents From October 1, 1995 through September 30, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd Anniversary of Accident		3rd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 4 Years	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
100	100	2.120	101	1.988	102	1.868	103	1.761
101	101	1.981	102	1.856	103	1.742	104	1.641
102	102	1.850	103	1.732	104	1.624	105	1.530
103	103	1.727	104	1.616	105	1.514	106	1.419
104	104	1.612	105	1.507	106	1.406	107	1.304
105	105	1.504	106	1.400	107	1.293	108	1.154
106	106	1.398	107	1.289	108	1.146	109	0.901
107	107	1.288	108	1.144	109	0.897	110	0.482
108	108	1.144	109	0.897	110	0.482		
109	109	0.897	110	0.482				
110	110	0.482						

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

2.0% annual escalation beginning on fourth anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table D-1—Male
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 2013 through September 30, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	43.413	12	43.920	13	44.446
12	12	42.697	13	43.180	14	43.683
13	13	41.979	14	42.440	15	42.921
14	14	41.260	15	41.699	16	42.158
15	15	40.541	16	40.959	17	41.396
16	16	39.822	17	40.219	18	40.634
17	17	39.104	18	39.479	19	39.874
18	18	38.386	19	38.741	20	39.115
19	19	37.669	20	38.005	21	38.358
20	20	36.954	21	37.269	22	37.600
21	21	36.240	22	36.534	23	36.842
22	22	35.526	23	35.797	24	36.081
23	23	34.811	24	35.058	25	35.316
24	24	34.093	25	34.316	26	34.547
25	25	33.372	26	33.569	27	33.773
26	26	32.647	27	32.818	28	32.996
27	27	31.919	28	32.064	29	32.215
28	28	31.186	29	31.306	30	31.431
29	29	30.450	30	30.544	31	30.642
30	30	29.710	31	29.779	32	29.850
31	31	28.967	32	29.009	33	29.054
32	32	28.221	33	28.236	34	28.254
33	33	27.470	34	27.460	35	27.450
34	34	26.716	35	26.679	36	26.642
35	35	25.958	36	25.894	37	25.830

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table D-1—Male
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 2013 through September 30, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
36	36	25.196	37	25.106	38	25.015
37	37	24.431	38	24.315	39	24.196
38	38	23.663	39	23.520	40	23.375
39	39	22.891	40	22.722	41	22.550
40	40	22.117	41	21.921	42	21.722
41	41	21.339	42	21.118	43	20.891
42	42	20.559	43	20.312	44	20.059
43	43	19.776	44	19.503	45	19.225
44	44	18.991	45	18.693	46	18.389
45	45	18.205	46	17.882	47	17.551
46	46	17.417	47	17.069	48	16.713
47	47	16.628	48	16.255	49	15.874
48	48	15.837	49	15.440	50	15.034
49	49	15.046	50	14.625	51	14.193
50	50	14.255	51	13.809	52	13.351
51	51	13.462	52	12.990	53	12.505
52	52	12.668	53	12.170	54	11.658
53	53	11.871	54	11.347	55	10.807
54	54	11.072	55	10.521	56	9.954
55	55	10.271	56	9.692	57	9.096
56	56	9.466	57	8.859	58	8.232
57	57	8.657	58	8.021	59	7.362
58	58	7.843	59	7.176	60	6.484
59	59	7.023	60	6.323	61	5.597
60	60	6.195	61	5.462	62	4.700

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table D-1—Male
Annuity Table +
Permanent Total Benefits
Accidents From October 1, 2013 through September 30, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
61	61	5.359	62	4.591	63	3.791
62	62	4.513	63	3.709	64	2.868
63	63	3.656	64	2.813	65	1.930
64	64	2.787	65	1.902	66	0.975
65	65	1.902	66	0.975		
66	66	0.975				

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table D-2—Female
Annuity Table +
Permanent Total Benefits *
Accidents From October 1, 2013 through September 30, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	44.378	12	44.918	13	45.478
12	12	43.666	13	44.182	14	44.717
13	13	42.951	14	43.443	15	43.953
14	14	42.234	15	42.701	16	43.187
15	15	41.514	16	41.958	17	42.419
16	16	40.792	17	41.212	18	41.648
17	17	40.068	18	40.464	19	40.875
18	18	39.341	19	39.713	20	40.100
19	19	38.613	20	38.960	21	39.322
20	20	37.882	21	38.205	22	38.541
21	21	37.149	22	37.447	23	37.757
22	22	36.413	23	36.686	24	36.970
23	23	35.674	24	35.922	25	36.180
24	24	34.932	25	35.155	26	35.387
25	25	34.188	26	34.385	27	34.591
26	26	33.440	27	33.612	28	33.791
27	27	32.689	28	32.835	29	32.987
28	28	31.935	29	32.055	30	32.181
29	29	31.178	30	31.272	31	31.371
30	30	30.418	31	30.486	32	30.558
31	31	29.654	32	29.696	33	29.741
32	32	28.888	33	28.904	34	28.922
33	33	28.118	34	28.108	35	28.099
34	34	27.345	35	27.309	36	27.273
35	35	26.570	36	26.508	37	26.445

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table D-2—Female
Annuity Table +
Permanent Total Benefits *
Accidents From October 1, 2013 through September 30, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
36	36	25.792	37	25.703	38	25.614
37	37	25.011	38	24.896	39	24.780
38	38	24.227	39	24.087	40	23.943
39	39	23.441	40	23.274	41	23.103
40	40	22.653	41	22.459	42	22.261
41	41	21.861	42	21.641	43	21.416
42	42	21.067	43	20.821	44	20.568
43	43	20.270	44	19.997	45	19.717
44	44	19.471	45	19.172	46	18.864
45	45	18.669	46	18.343	47	18.008
46	46	17.865	47	17.512	48	17.150
47	47	17.058	48	16.679	49	16.290
48	48	16.250	49	15.844	50	15.428
49	49	15.439	50	15.008	51	14.564
50	50	14.627	51	14.168	52	13.697
51	51	13.812	52	13.326	53	12.826
52	52	12.994	53	12.481	54	11.951
53	53	12.173	54	11.632	55	11.073
54	54	11.349	55	10.779	56	10.190
55	55	10.521	56	9.921	57	9.302
56	56	9.688	57	9.059	58	8.408
57	57	8.851	58	8.192	59	7.509
58	58	8.009	59	7.318	60	6.602
59	59	7.161	60	6.438	61	5.688
60	60	6.307	61	5.551	62	4.766

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table D-2—Female
Annuity Table +
Permanent Total Benefits *
Accidents From October 1, 2013 through September 30, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
61	61	5.445	62	4.655	63	3.834
62	62	4.576	63	3.751	64	2.894
63	63	3.698	64	2.838	65	1.942
64	64	2.811	65	1.914	66	0.978
65	65	1.914	66	0.978		
66	66	0.978				

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

Benefits terminate at age 67 (note: statute allows benefits to continue beyond age 67 if presumption of retirement is successfully rebutted)

**Table D-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents On or After October 1, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
0	0	60.550	1	62.016	2	63.193
1	1	60.266	2	61.381	3	62.528
2	2	59.650	3	60.735	4	61.855
3	3	59.022	4	60.082	5	61.177
4	4	58.388	5	59.424	6	60.495
5	5	57.750	6	58.762	7	59.809
6	6	57.107	7	58.095	8	59.118
7	7	56.460	8	57.425	9	58.423
8	8	55.809	9	56.750	10	57.725
9	9	55.154	10	56.072	11	57.022
10	10	54.495	11	55.390	12	56.317
11	11	53.833	12	54.705	13	55.609
12	12	53.168	13	54.018	14	54.901
13	13	52.501	14	53.330	15	54.192
14	14	51.833	15	52.642	16	53.483
15	15	51.165	16	51.954	17	52.775
16	16	50.497	17	51.266	18	52.066
17	17	49.829	18	50.579	19	51.359
18	18	49.162	19	49.892	20	50.653
19	19	48.495	20	49.206	21	49.947
20	20	47.829	21	48.521	22	49.241
21	21	47.164	22	47.835	23	48.534
22	22	46.498	23	47.149	24	47.826
23	23	45.832	24	46.461	25	47.114
24	24	45.164	25	45.770	26	46.399

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table D-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents On or After October 1, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
25	25	44.493	26	45.076	27	45.681
26	26	43.820	27	44.379	28	44.961
27	27	43.143	28	43.680	29	44.237
28	28	42.464	29	42.977	30	43.511
29	29	41.782	30	42.272	31	42.781
30	30	41.097	31	41.564	32	42.049
31	31	40.410	32	40.853	33	41.315
32	32	39.720	33	40.140	34	40.577
33	33	39.027	34	39.424	35	39.837
34	34	38.332	35	38.706	36	39.095
35	35	37.635	36	37.985	37	38.351
36	36	36.935	37	37.263	38	37.606
37	37	36.234	38	36.539	39	36.858
38	38	35.531	39	35.813	40	36.109
39	39	34.826	40	35.086	41	35.359
40	40	34.121	41	34.358	42	34.609
41	41	33.414	42	33.629	43	33.858
42	42	32.706	43	32.900	44	33.107
43	43	31.998	44	32.171	45	32.357
44	44	31.290	45	31.443	46	31.608
45	45	30.583	46	30.716	47	30.860
46	46	29.877	47	29.990	48	30.116
47	47	29.173	48	29.267	49	29.376
48	48	28.471	49	28.549	50	28.640
49	49	27.773	50	27.834	51	27.908

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table D-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents On or After October 1, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
50	50	27.079	51	27.123	52	27.179
51	51	26.389	52	26.416	53	26.454
52	52	25.703	53	25.712	54	25.734
53	53	25.019	54	25.013	55	25.018
54	54	24.340	55	24.318	56	24.307
55	55	23.665	56	23.627	57	23.600
56	56	22.995	57	22.941	58	22.897
57	57	22.329	58	22.259	59	22.198
58	58	21.667	59	21.580	60	21.503
59	59	21.008	60	20.905	61	20.810
60	60	20.352	61	20.232	62	20.121
61	61	19.699	62	19.564	63	19.436
62	62	19.050	63	18.899	64	18.755
63	63	18.404	64	18.237	65	18.076
64	64	17.761	65	17.578	66	17.400
65	65	17.121	66	16.922	67	16.727
66	66	16.484	67	16.269	68	16.059
67	67	15.850	68	15.620	69	15.397
68	68	15.220	69	14.977	70	14.743
69	69	14.596	70	14.342	71	14.099
70	70	13.979	71	13.717	72	13.467
71	71	13.373	72	13.103	73	12.846
72	72	12.776	73	12.500	74	12.235
73	73	12.191	74	11.907	75	11.634
74	74	11.614	75	11.323	76	11.042

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table D-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents On or After October 1, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
75	75	11.048	76	10.749	77	10.462
76	76	10.490	77	10.186	78	9.896
77	77	9.943	78	9.636	79	9.344
78	78	9.409	79	9.100	80	8.811
79	79	8.889	80	8.582	81	8.294
80	80	8.386	81	8.081	82	7.794
81	81	7.898	82	7.595	83	7.310
82	82	7.427	83	7.125	84	6.845
83	83	6.970	84	6.673	85	6.400
84	84	6.531	85	6.241	86	5.973
85	85	6.111	86	5.827	87	5.570
86	86	5.708	87	5.435	88	5.189
87	87	5.327	88	5.065	89	4.831
88	88	4.967	89	4.717	90	4.495
89	89	4.629	90	4.391	91	4.181
90	90	4.311	91	4.086	92	3.889
91	91	4.015	92	3.802	93	3.617
92	92	3.738	93	3.538	94	3.365
93	93	3.481	94	3.293	95	3.132
94	94	3.242	95	3.066	96	2.917
95	95	3.021	96	2.857	97	2.718
96	96	2.817	97	2.664	98	2.534
97	97	2.629	98	2.485	99	2.363
98	98	2.454	99	2.318	100	2.202
99	99	2.291	100	2.162	101	2.052

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table D-3—Total Population
Annuity Table +
Lifetime Fatal Dependency Benefits *
Accidents On or After October 1, 2013**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
100	100	2.138	101	2.016	102	1.912
101	101	1.996	102	1.879	103	1.780
102	102	1.862	103	1.751	104	1.658
103	103	1.737	104	1.632	105	1.543
104	104	1.619	105	1.520	106	1.430
105	105	1.510	106	1.410	107	1.312
106	106	1.402	107	1.296	108	1.159
107	107	1.290	108	1.147	109	0.903
108	108	1.144	109	0.897	110	0.482
109	109	0.897	110	0.482		
110	110	0.482				

+ Based on 2014 U.S. Life Tables for total population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* This table is to be used for Lifetime Fatal Dependency Benefits only in cases where there is no surviving spouse or children, but there is a dependent parent or sibling eligible for lifetime benefits.

**Table E-1—Male
Annuity Table +
Permanent Total Benefits*
Accidents On or After October 1, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	46.035	12	46.633	13	47.255
12	12	45.331	13	45.907	14	46.506
13	13	44.626	14	45.180	15	45.758
14	14	43.920	15	44.454	16	45.010
15	15	43.215	16	43.728	17	44.263
16	16	42.510	17	43.003	18	43.517
17	17	41.806	18	42.278	19	42.773
18	18	41.103	19	41.556	20	42.031
19	19	40.402	20	40.836	21	41.291
20	20	39.702	21	40.117	22	40.551
21	21	39.004	22	39.398	23	39.810
22	22	38.307	23	38.680	24	39.068
23	23	37.609	24	37.958	25	38.321
24	24	36.909	25	37.234	26	37.571
25	25	36.205	26	36.505	27	36.817
26	26	35.498	27	35.773	28	36.058
27	27	34.787	28	35.037	29	35.297
28	28	34.073	29	34.297	30	34.532
29	29	33.355	30	33.554	31	33.763
30	30	32.633	31	32.808	32	32.991
31	31	31.909	32	32.059	33	32.215
32	32	31.181	33	31.305	34	31.435
33	33	30.450	34	30.548	35	30.652
34	34	29.715	35	29.788	36	29.865
35	35	28.976	36	29.023	37	29.074

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* Benefits terminate at the later of age 72 or five years from when Permanent Total benefit payments begin

**Table E-1—Male
Annuity Table +
Permanent Total Benefits*
Accidents On or After October 1, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
36	36	28.234	37	28.256	38	28.281
37	37	27.489	38	27.486	39	27.485
38	38	26.742	39	26.713	40	26.686
39	39	25.991	40	25.937	41	25.884
40	40	25.238	41	25.159	42	25.080
41	41	24.482	42	24.378	43	24.274
42	42	23.724	43	23.596	44	23.467
43	43	22.965	44	22.812	45	22.659
44	44	22.204	45	22.028	46	21.851
45	45	21.442	46	21.243	47	21.042
46	46	20.680	47	20.457	48	20.233
47	47	19.918	48	19.673	49	19.426
48	48	19.156	49	18.889	50	18.620
49	49	18.395	50	18.106	51	17.815
50	50	17.635	51	17.325	52	17.010
51	51	16.876	52	16.543	53	16.204
52	52	16.117	53	15.761	54	15.399
53	53	15.358	54	14.979	55	14.594
54	54	14.599	55	14.198	56	13.789
55	55	13.840	56	13.416	57	12.982
56	56	13.081	57	12.633	58	12.174
57	57	12.320	58	11.848	59	11.362
58	58	11.558	59	11.060	60	10.546
59	59	10.793	60	10.268	61	9.726
60	60	10.024	61	9.471	62	8.900

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* Benefits terminate at the later of age 72 or five years from when Permanent Total benefit payments begin

**Table E-1—Male
Annuity Table +
Permanent Total Benefits*
Accidents On or After October 1, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
61	61	9.251	62	8.670	63	8.068
62	62	8.473	63	7.861	64	7.227
63	63	7.688	64	7.045	65	6.375
64	64	6.895	65	6.218	66	5.512
65	65	6.092	66	5.380	67	4.636
66	66	5.279	67	4.530	68	3.746
67	67	4.453	68	3.665	69	2.840
68	68	3.614	69	2.786	70	1.916
69	69	2.760	70	1.888	71	0.971
70	70	1.888	71	0.971		
71	71	0.971				

+ Based on 2014 U.S. Life Tables for male population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* Benefits terminate at the later of age 72 or five years from when Permanent Total benefit payments begin

**Table E-2—Female
Annuity Table +
Permanent Total Benefits *
Accidents On or After October 1, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
11	11	47.317	12	47.960	13	48.626
12	12	46.619	13	47.238	14	47.880
13	13	45.919	14	46.514	15	47.133
14	14	45.216	15	45.788	16	46.383
15	15	44.511	16	45.060	17	45.631
16	16	43.804	17	44.330	18	44.877
17	17	43.095	18	43.598	19	44.120
18	18	42.385	19	42.864	20	43.362
19	19	41.672	20	42.127	21	42.601
20	20	40.957	21	41.389	22	41.837
21	21	40.239	22	40.647	23	41.071
22	22	39.520	23	39.903	24	40.302
23	23	38.797	24	39.157	25	39.530
24	24	38.072	25	38.407	26	38.754
25	25	37.345	26	37.654	27	37.976
26	26	36.614	27	36.899	28	37.195
27	27	35.880	28	36.140	29	36.410
28	28	35.144	29	35.378	30	35.622
29	29	34.404	30	34.613	31	34.831
30	30	33.661	31	33.846	32	34.038
31	31	32.916	32	33.075	33	33.241
32	32	32.168	33	32.301	34	32.441
33	33	31.417	34	31.525	35	31.638
34	34	30.663	35	30.745	36	30.833
35	35	29.906	36	29.964	37	30.025

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* Benefits terminate at the later of age 72 or five years from when Permanent Total benefit payments begin

**Table E-2—Female
Annuity Table +
Permanent Total Benefits *
Accidents On or After October 1, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
36	36	29.147	37	29.180	38	29.216
37	37	28.386	38	28.393	39	28.403
38	38	27.623	39	27.605	40	27.589
39	39	26.857	40	26.814	41	26.772
40	40	26.089	41	26.021	42	25.952
41	41	25.319	42	25.225	43	25.131
42	42	24.547	43	24.428	44	24.308
43	43	23.772	44	23.628	45	23.482
44	44	22.996	45	22.827	46	22.655
45	45	22.218	46	22.024	47	21.826
46	46	21.438	47	21.219	48	20.995
47	47	20.657	48	20.412	49	20.164
48	48	19.874	49	19.606	50	19.333
49	49	19.091	50	18.798	51	18.500
50	50	18.307	51	17.990	52	17.665
51	51	17.522	52	17.179	53	16.829
52	52	16.735	53	16.367	54	15.990
53	53	15.947	54	15.553	55	15.149
54	54	15.156	55	14.737	56	14.306
55	55	14.364	56	13.918	57	13.459
56	56	13.568	57	13.096	58	12.609
57	57	12.770	58	12.271	59	11.755
58	58	11.969	59	11.441	60	10.896
59	59	11.164	60	10.607	61	10.032
60	60	10.354	61	9.768	62	9.162

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* Benefits terminate at the later of age 72 or five years from when Permanent Total benefit payments begin

**Table E-2—Female
Annuity Table +
Permanent Total Benefits *
Accidents On or After October 1, 2018**

Age at Accident	Initial		1st Anniversary of Accident		2nd and Subsequent Accident Anniversaries	
	Current Age	Escalation Deferred 3 Years	Current Age	Escalation Deferred 2 Years	Current Age	Escalation Deferred 1 Year
61	61	9.540	62	8.924	63	8.287
62	62	8.720	63	8.074	64	7.405
63	63	7.895	64	7.218	65	6.517
64	64	7.064	65	6.355	66	5.620
65	65	6.226	66	5.485	67	4.714
66	66	5.381	67	4.606	68	3.799
67	67	4.527	68	3.716	69	2.871
68	68	3.664	69	2.816	70	1.931
69	69	2.790	70	1.903	71	0.975
70	70	1.903	71	0.975		
71	71	0.975				

+ Based on 2014 U.S. Life Tables for female population

3.5% annual interest rate

3.0% annual escalation beginning on third anniversary of accident

* Benefits terminate at the later of age 72 or five years from when Permanent Total benefit payments begin

PART 9 — FINE SYSTEM FOR LATE USRs**1. Policy Verification Report – 14 Month Report**

The MWCIA makes available through MUSR a monthly report to all carriers showing policy identification information for those policies recorded in the Manage Policy System (MPS). This report will include all policies with an effective date 14 months prior to the date of the report. This report is intended to assist carriers in the identification of items due for filing in our office. The carrier should review this report and advise the MWCIA via MPS of any discrepancies, such as policies which have been cancelled flat and no cancellation filed with the MWCIA, changes in policy number, or any other appropriate information. All changes should be reported to the MWCIA within 60 days.

2. USR Expected Report – 18 Month Report

This report is available through MUSR and lists all policies with effective dates 18 months prior to the date of report. All corrections received from the carrier in response to the verification report will be included. This report serves as a reminder that USRs are due in the MWCIA offices during the 20th month after the policy effective date.

3. Overdue USR Report – 21 Month Report

This report is available through MUSR at the end of the 20th month during which USRs were due in the MWCIA offices. This report lists all USRs not received which will be subject to a \$100 fine if not received within the next 30 days. Note: Rejected unit reports will be removed from our system after 90 days, and will not appear on any list. Once they have been removed, they may become finable. If an insured is included on the list that the carrier feels should not have been included because the USR was filed, the policy was cancelled flat, or other changes, the carrier should notify MWCIA prior to the issuance of any fines.

4. Carrier Fines Unpaid – Notice of Fines Invoice

All missing USRs, including rejected USRs that are removed from our system, that are not received within 30 days after issuance of the Overdue USR Report will be subject to a \$100 fine payable monthly. Furthermore, all delinquent USRs will continue to incur a \$100 fine for each additional 30 day period that it remains outstanding. Payment of fines does not negate the carrier's obligation to submit the missing data, nor does submitting the missing data negate the carrier's obligation to pay outstanding fines. Notices will be issued and will include delinquent USRs for each group/carrier that are subject to fines. These notices are available through MUSR.

5. Late USRs Report

This report is available through MUSR and shows all late USRs for the most current data up to the 10th report. It includes all missing reports, rejected USRs and unedited reports.

Note: If the unit is rejected it will be removed from our system after 90 days.

6. Fine Notification Schedule

To further assist carriers in the timely submission of USRs, the MWCIA displays a schedule through MUSR outlining the dates when notification reports are available and when USRs are due.

PART 10 — SUBMISSION OF DATA**1. Introduction**

USRs should be submitted electronically to the MWCIA. MUSR is the MWCIA web application used by member carriers and the MWCIA staff to manage carrier USR data. This system allows registered carriers to create and submit new USRs, replacements, corrections, subsequent reports and make revisions to any unsubmitted USR data. Carriers may also use MUSR to view information on expected and overdue USRs and fine invoices. Access to MUSR for carriers is provided through the MWCIA's Web Membership system. For more information on MUSR or Web Membership, visit the MWCIA's website at www.mwcia.org.

The carrier may create, load and submit USRs in MUSR as stated above, or they may choose to use CDX to submit USRs to the MWCIA. Compensation Data Exchange (CDX) is a secure internet application that provides the ability for carriers and DCOs to exchange data electronically. For more information on CDX, please visit www.cdxworkcomp.org.

The WCIO publishes a standard for its member organizations to use when exchanging USR data, called Workers' Compensation Statistical Reporting Specifications (WCSTAT). CDX uses the WCSTAT format for USR data. Complete WCSTAT requirements for electronic USR submissions are provided in the WCIO Data Specifications Manual, under WCSTAT. This manual can be found at www.wcio.org.

2. Testing

Complete testing is required when:

- A. The carrier commences Unit Statistical reporting.
- B. The carrier makes significant changes to their internal computer system.

Partial testing is required when:

- A. The carrier changes from one electronic reporting method to another.
- B. The carrier makes changes which could affect data quality.

For specific testing requirements, please refer to the WCSTAT Testing Requirements document found on the MWCIA's website at www.mwcia.org.

3. General Record Specifications

All records associated with a single policy must be grouped together in the file. If multiple reports for the same policy appear in the same file, such as first and second reports for a single policy, the reports must appear in the file in ascending order by report number.

All records for a particular policy report must appear in ascending order by record type.

The file must be in a text format and record length must adhere to WCSTAT standards.

The file must include a Transmittal Record as the first record in the file.

The file must include a Submission Control Record as the last record in the file.

The file must include all records for the selected USRs, sorted by link data and record type. Link data fields must be populated for every record.

No special or unprintable characters are allowed.

4. Required Record Types

The type of records required on each USR depends on the type of report.

- A. First Reports or Exposure Corrections.** The minimum records required for a first report or exposure correction are:

Record Type 1—Header Record

Record Type 2—Name Record

Record Type 4—Exposure Record

Record Type 6—Unit Total Record

Note: A Record Type 5 – Loss Record is not included in the minimum records required as there may be no losses applicable to a given USR.

- B. Subsequent Reports or Loss Corrections.** The minimum records required for subsequent reports or loss corrections are:

Record Type 1—Header Record

Record Type 2—Name Record

Record Type 5—Loss Record

Record Type 6—Unit Total Record

5. Link Data

All link data is required and must be present on every record for Record Types 1 through 6. Link data must be identical on all record types for a particular policy. Link data corrections are not allowed in Minnesota. Link data consists of Carrier Code, Policy Number Identifier, State Code, Policy Effective Date, Report Number and Correction Sequence Number.

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