



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.

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

- 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 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.

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. The disabled life portion of the reserve for a permanent total claim where benefits are payable until age 67 must be calculated using Tables C or D in Part 8.

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.

1. **Allocated Loss Adjustment Expenses (ALAE)** encompass the following costs of a carrier which can be directly allocated to a particular claim:
 - a. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside or staff representative
 - 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 an employer for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. These expenses include:
 - Bill auditing expenses for medical 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 vendor bills
 - Hospital and other treatment utilization reviews, including pre-certification/pre-admission, concurrent or retrospective reviews
 - Preferred provider network/organization expenses
 - Medical fee review panel expenses
 - d. Expenses which are not defined as losses and are directly related to, and directly allocated to, the handling of a particular claim for services which are required to be performed by statute or regulation.
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.

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.

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- 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

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:

- A. The 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.

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.

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.

- 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, or D 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.

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.

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.

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.

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
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)

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
NECK	43. Disc	MULTIPLE BODY PARTS
20. Multiple Neck Injury	44. Chest (Incl: Ribs, Sternum and Soft Tissue)	64. Artificial Appliance
21. Vertebrae	45. Sacrum and Coccyx	65. Insufficient Info to Properly Identify - Unclassified
22. Disc	46. Pelvis	66. No Physical Injury
23. Spinal Cord	47. Spinal Cord	90. Multiple Body Parts (Including Body Systems & Body Parts)
24. Larynx	48. Internal Organs	91. Body Systems and Multiple Body Systems
25. Soft Tissue	49. Heart	99. Whole Body
26. Trachea	60. Lungs	
UPPER EXTREMITIES	61. Abdomen Including Groin	
30. Multiple Upper Extremities	62. Buttocks Soft Tissue	
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
- 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

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. Welding 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
- 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 On or After October 1, 2013**
 - Table D-1 Permanent Total Benefits—Male Lives
 - Table D-2 Permanent Total Benefits—Female Lives
 - Table D-3 Fatal Dependency Benefits—Total Population

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	34.289	12	34.474	13	34.669	14	34.873
12	12	33.854	13	34.027	14	34.208	15	34.401
13	13	33.415	14	33.575	15	33.745	16	33.926
14	14	32.973	15	33.122	16	33.280	17	33.448
15	15	32.528	16	32.665	17	32.812	18	32.968
16	16	32.081	17	32.206	18	32.340	19	32.483
17	17	31.631	18	31.744	19	31.866	20	31.996
18	18	31.178	19	31.279	20	31.388	21	31.505
19	19	30.721	20	30.810	21	30.906	22	31.009
20	20	30.262	21	30.338	22	30.421	23	30.509
21	21	29.799	22	29.862	23	29.930	24	30.002
22	22	29.332	23	29.381	24	29.433	25	29.486
23	23	28.861	24	28.893	25	28.927	26	28.961
24	24	28.383	25	28.397	26	28.412	27	28.427
25	25	27.896	26	27.893	27	27.889	28	27.884
26	26	27.402	27	27.380	28	27.357	29	27.333
27	27	26.899	28	26.858	29	26.816	30	26.774
28	28	26.387	29	26.328	30	26.268	31	26.207
29	29	25.868	30	25.791	31	25.712	32	25.631
30	30	25.341	31	25.246	32	25.148	33	25.048
31	31	24.807	32	24.693	33	24.576	34	24.456
32	32	24.264	33	24.132	34	23.995	35	23.856
33	33	23.714	34	23.563	35	23.407	36	23.247
34	34	23.157	35	22.986	36	22.811	37	22.631
35	35	22.591	36	22.401	37	22.206	38	22.007

+ Based on 2009 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
1st Anniversary of Accident **2nd Anniversary of Accident**

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	22.018	37	21.809	38	21.594	39	21.375
37	37	21.437	38	21.209	39	20.975	40	20.735
38	38	20.849	39	20.601	40	20.348	41	20.088
39	39	20.253	40	19.987	41	19.713	42	19.433
40	40	19.650	41	19.365	42	19.072	43	18.772
41	41	19.041	42	18.736	43	18.423	44	18.104
42	42	18.424	43	18.100	44	17.768	45	17.429
43	43	17.800	44	17.457	45	17.106	46	16.747
44	44	17.171	45	16.809	46	16.437	47	16.057
45	45	16.535	46	16.153	47	15.761	48	15.359
46	46	15.892	47	15.490	48	15.077	49	14.655
47	47	15.242	48	14.820	49	14.387	50	13.944
48	48	14.584	49	14.143	50	13.690	51	13.225
49	49	13.921	50	13.459	51	12.985	52	12.499
50	50	13.250	51	12.768	52	12.273	53	11.764
51	51	12.573	52	12.070	53	11.553	54	11.020
52	52	11.889	53	11.364	54	10.823	55	10.264
53	53	11.196	54	10.648	55	10.082	56	9.498
54	54	10.495	55	9.922	56	9.331	57	8.719
55	55	9.783	56	9.185	57	8.568	58	7.928
56	56	9.060	57	8.437	58	7.792	59	7.123
57	57	8.327	58	7.676	59	7.002	60	6.302
58	58	7.581	59	6.902	60	6.197	61	5.465
59	59	6.822	60	6.113	61	5.377	62	4.609
60	60	6.048	61	5.309	62	4.538	63	3.734

+ Based on 2009 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	5.259	62	4.486	63	3.680	64	2.838
62	62	4.453	63	3.646	64	2.802	65	1.919
63	63	3.629	64	2.784	65	1.901	66	0.974
64	64	2.784	65	1.901	66	0.974		
65	65	1.901	66	0.974				
66	66	0.974						

+ Based on 2009 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	34.956	12	35.166	13	35.384	14	35.610
12	12	34.532	13	34.728	14	34.931	15	35.143
13	13	34.103	14	34.284	15	34.474	16	34.671
14	14	33.668	15	33.836	16	34.011	17	34.194
15	15	33.228	16	33.382	17	33.543	18	33.710
16	16	32.783	17	32.923	18	33.069	19	33.221
17	17	32.333	18	32.458	19	32.589	20	32.725
18	18	31.878	19	31.988	20	32.102	21	32.222
19	19	31.416	20	31.511	21	31.609	22	31.712
20	20	30.949	21	31.027	22	31.109	23	31.195
21	21	30.475	22	30.537	23	30.603	24	30.672
22	22	29.994	23	30.041	24	30.090	25	30.141
23	23	29.508	24	29.538	25	29.569	26	29.602
24	24	29.014	25	29.027	26	29.041	27	29.057
25	25	28.514	26	28.510	27	28.506	28	28.503
26	26	28.007	27	27.985	28	27.963	29	27.942
27	27	27.492	28	27.453	29	27.413	30	27.373
28	28	26.971	29	26.913	30	26.855	31	26.796
29	29	26.442	30	26.366	31	26.289	32	26.211
30	30	25.905	31	25.812	32	25.716	33	25.618
31	31	25.362	32	25.250	33	25.135	34	25.018
32	32	24.811	33	24.680	34	24.546	35	24.409
33	33	24.252	34	24.103	35	23.950	36	23.792
34	34	23.686	35	23.518	36	23.345	37	23.167
35	35	23.113	36	22.925	37	22.732	38	22.535

+ Based on 2009 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 Escalation		1st Anniversary of Accident Escalation		2nd Anniversary of Accident Escalation		3rd and Subsequent Accident Anniversaries Escalation	
	Current Age	Deferred 4 Years	Current Age	Deferred 3 Years	Current Age	Deferred 2 Years	Current Age	Deferred 1 Year
36	36	22.531	37	22.325	38	22.112	39	21.894
37	37	21.943	38	21.716	39	21.484	40	21.245
38	38	21.346	39	21.101	40	20.848	41	20.589
39	39	20.743	40	20.477	41	20.204	42	19.924
40	40	20.131	41	19.846	42	19.553	43	19.252
41	41	19.513	42	19.207	43	18.894	44	18.572
42	42	18.886	43	18.561	44	18.227	45	17.885
43	43	18.253	44	17.908	45	17.553	46	17.189
44	44	17.612	45	17.247	46	16.871	47	16.485
45	45	16.964	46	16.578	47	16.181	48	15.772
46	46	16.309	47	15.901	48	15.482	49	15.050
47	47	15.645	48	15.216	49	14.774	50	14.319
48	48	14.973	49	14.522	50	14.057	51	13.579
49	49	14.293	50	13.819	51	13.332	52	12.829
50	50	13.604	51	13.108	52	12.596	53	12.069
51	51	12.907	52	12.387	53	11.851	54	11.297
52	52	12.200	53	11.657	54	11.095	55	10.514
53	53	11.484	54	10.915	55	10.327	56	9.719
54	54	10.757	55	10.163	56	9.548	57	8.911
55	55	10.019	56	9.398	57	8.756	58	8.090
56	56	9.269	57	8.622	58	7.951	59	7.257
57	57	8.508	58	7.833	59	7.133	60	6.409
58	58	7.734	59	7.031	60	6.303	61	5.547
59	59	6.949	60	6.217	61	5.458	62	4.670
60	60	6.150	61	5.388	62	4.597	63	3.776

+ Based on 2009 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
1st Anniversary of Accident **2nd Anniversary of Accident**

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	5.338	62	4.545	63	3.721	64	2.863
62	62	4.511	63	3.685	64	2.826	65	1.931
63	63	3.668	64	2.808	65	1.912	66	0.977
64	64	2.808	65	1.912	66	0.977		
65	65	1.912	66	0.977				
66	66	0.977						

+ Based on 2009 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	43.000	1	43.770	2	44.303	3	44.849
1	1	42.968	2	43.472	3	43.989	4	44.520
2	2	42.676	3	43.164	4	43.667	5	44.185
3	3	42.373	4	42.848	5	43.338	6	43.844
4	4	42.064	5	42.526	6	43.003	7	43.497
5	5	41.748	6	42.198	7	42.663	8	43.145
6	6	41.426	7	41.865	8	42.318	9	42.786
7	7	41.100	8	41.526	9	41.967	10	42.422
8	8	40.768	9	41.182	10	41.610	11	42.052
9	9	40.430	10	40.832	11	41.247	12	41.677
10	10	40.087	11	40.476	12	40.879	13	41.298
11	11	39.739	12	40.116	13	40.508	14	40.916
12	12	39.385	13	39.751	14	40.133	15	40.532
13	13	39.028	14	39.384	15	39.756	16	40.146
14	14	38.668	15	39.015	16	39.378	17	39.757
15	15	38.306	16	38.643	17	38.997	18	39.365
16	16	37.942	17	38.270	18	38.613	19	38.971
17	17	37.575	18	37.894	19	38.226	20	38.574
18	18	37.206	19	37.515	20	37.837	21	38.174
19	19	36.835	20	37.133	21	37.444	22	37.770
20	20	36.461	21	36.748	22	37.049	23	37.362
21	21	36.083	22	36.360	23	36.649	24	36.949
22	22	35.703	23	35.968	24	36.244	25	36.530
23	23	35.319	24	35.571	25	35.833	26	36.104
24	24	34.929	25	35.168	26	35.415	27	35.671

+ Based on 2009 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	34.534	26	34.758	27	34.991	28	35.232
26	26	34.133	27	34.343	28	34.560	29	34.786
27	27	33.725	28	33.920	29	34.124	30	34.335
28	28	33.311	29	33.492	30	33.681	31	33.877
29	29	32.891	30	33.058	31	33.232	32	33.414
30	30	32.466	31	32.619	32	32.778	33	32.944
31	31	32.035	32	32.173	33	32.318	34	32.469
32	32	31.598	33	31.722	34	31.852	35	31.988
33	33	31.156	34	31.265	35	31.380	36	31.501
34	34	30.708	35	30.803	36	30.903	37	31.009
35	35	30.254	36	30.335	37	30.420	38	30.512
36	36	29.796	37	29.862	38	29.933	39	30.010
37	37	29.332	38	29.384	39	29.440	40	29.503
38	38	28.863	39	28.901	40	28.944	41	28.992
39	39	28.390	40	28.414	41	28.442	42	28.477
40	40	27.912	41	27.923	42	27.937	43	27.958
41	41	27.431	42	27.427	43	27.429	44	27.437
42	42	26.945	43	26.929	44	26.918	45	26.913
43	43	26.457	44	26.428	45	26.405	46	26.387
44	44	25.966	45	25.925	46	25.889	47	25.857
45	45	25.472	46	25.419	47	25.370	48	25.325
46	46	24.976	47	24.910	48	24.848	49	24.792
47	47	24.477	48	24.399	49	24.325	50	24.257
48	48	23.976	49	23.886	50	23.800	51	23.721
49	49	23.473	50	23.371	51	23.275	52	23.185

+ Based on 2009 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	22.969	51	22.857	52	22.749	53	22.647
51	51	22.464	52	22.341	53	22.222	54	22.106
52	52	21.958	53	21.824	54	21.692	55	21.564
53	53	21.451	54	21.305	55	21.160	56	21.019
54	54	20.942	55	20.783	56	20.626	57	20.471
55	55	20.431	56	20.259	57	20.089	58	19.922
56	56	19.917	57	19.733	58	19.551	59	19.372
57	57	19.401	58	19.205	59	19.011	60	18.821
58	58	18.884	59	18.676	60	18.471	61	18.269
59	59	18.365	60	18.146	61	17.930	62	17.716
60	60	17.846	61	17.616	62	17.388	63	17.163
61	61	17.325	62	17.085	63	16.846	64	16.611
62	62	16.805	63	16.553	64	16.304	65	16.059
63	63	16.283	64	16.022	65	15.763	66	15.510
64	64	15.762	65	15.491	66	15.225	67	14.964
65	65	15.242	66	14.963	67	14.689	68	14.421
66	66	14.725	67	14.439	68	14.158	69	13.882
67	67	14.210	68	13.917	69	13.629	70	13.344
68	68	13.699	69	13.399	70	13.101	71	12.809
69	69	13.190	70	12.882	71	12.576	72	12.277
70	70	12.683	71	12.367	72	12.056	73	11.750
71	71	12.178	72	11.856	73	11.539	74	11.230
72	72	11.677	73	11.350	74	11.029	75	10.718
73	73	11.181	74	10.850	75	10.527	76	10.211
74	74	10.690	75	10.357	76	10.030	77	9.711

+ Based on 2009 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	10.207	76	9.870	77	9.540	78	9.220
76	76	9.729	77	9.389	78	9.058	79	8.740
77	77	9.258	78	8.917	79	8.587	80	8.270
78	78	8.794	79	8.455	80	8.127	81	7.811
79	79	8.341	80	8.003	81	7.676	82	7.361
80	80	7.898	81	7.562	82	7.236	83	6.925
81	81	7.465	82	7.129	83	6.808	84	6.504
82	82	7.040	83	6.710	84	6.395	85	6.097
83	83	6.629	84	6.305	85	5.996	86	5.713
84	84	6.231	85	5.913	86	5.619	87	5.347
85	85	5.846	86	5.543	87	5.261	88	5.001
86	86	5.483	87	5.192	88	4.921	89	4.674
87	87	5.137	88	4.858	89	4.600	90	4.365
88	88	4.809	89	4.543	90	4.298	91	4.076
89	89	4.499	90	4.246	91	4.014	92	3.805
90	90	4.207	91	3.967	92	3.748	93	3.551
91	91	3.933	92	3.706	93	3.499	94	3.316
92	92	3.676	93	3.462	94	3.268	95	3.097
93	93	3.435	94	3.234	95	3.053	96	2.893
94	94	3.211	95	3.023	96	2.854	97	2.705
95	95	3.003	96	2.827	97	2.668	98	2.530
96	96	2.809	97	2.645	98	2.497	99	2.366
97	97	2.630	98	2.476	99	2.336	100	2.212
98	98	2.463	99	2.318	100	2.185	101	2.067
99	99	2.307	100	2.168	101	2.042	102	1.932

+ Based on 2009 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	2.159	101	2.028	102	1.910	103	1.805
101	101	2.020	102	1.898	103	1.785	104	1.682
102	102	1.891	103	1.774	104	1.664	105	1.565
103	103	1.769	104	1.655	105	1.550	106	1.450
104	104	1.651	105	1.542	106	1.436	107	1.310
105	105	1.539	106	1.430	107	1.299	108	1.144
106	106	1.428	107	1.295	108	1.136	109	0.928
107	107	1.294	108	1.134	109	0.924	110	0.472
108	108	1.134	109	0.924	110	0.472		
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

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 On or After October 1, 2013
1st Anniversary
of Accident**

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	43.360	12	43.864	13	44.388
12	12	42.643	13	43.124	14	43.626
13	13	41.924	14	42.384	15	42.866
14	14	41.206	15	41.646	16	42.107
15	15	40.489	16	40.909	17	41.349
16	16	39.774	17	40.174	18	40.593
17	17	39.060	18	39.439	19	39.837
18	18	38.346	19	38.705	20	39.081
19	19	37.634	20	37.972	21	38.327
20	20	36.922	21	37.239	22	37.572
21	21	36.211	22	36.506	23	36.816
22	22	35.499	23	35.772	24	36.056
23	23	34.787	24	35.035	25	35.292
24	24	34.071	25	34.292	26	34.521
25	25	33.350	26	33.545	27	33.746
26	26	32.624	27	32.792	28	32.965
27	27	31.893	28	32.034	29	32.180
28	28	31.157	29	31.272	30	31.391
29	29	30.417	30	30.506	31	30.598
30	30	29.673	31	29.736	32	29.802
31	31	28.926	32	28.962	33	29.001
32	32	28.175	33	28.185	34	28.197
33	33	27.420	34	27.404	35	27.389
34	34	26.662	35	26.620	36	26.578
35	35	25.901	36	25.832	37	25.764

+ Based on 2009 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 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
36	36	25.136	37	25.042	38	24.947
37	37	24.369	38	24.249	39	24.127
38	38	23.599	39	23.453	40	23.305
39	39	22.826	40	22.655	41	22.481
40	40	22.051	41	21.855	42	21.655
41	41	21.275	42	21.053	43	20.828
42	42	20.496	43	20.250	44	20.000
43	43	19.717	44	19.446	45	19.171
44	44	18.936	45	18.641	46	18.341
45	45	18.155	46	17.835	47	17.509
46	46	17.372	47	17.027	48	16.675
47	47	16.587	48	16.218	49	15.841
48	48	15.802	49	15.408	50	15.006
49	49	15.015	50	14.597	51	14.170
50	50	14.228	51	13.786	52	13.333
51	51	13.440	52	12.973	53	12.493
52	52	12.651	53	12.158	54	11.650
53	53	11.859	54	11.339	55	10.803
54	54	11.065	55	10.517	56	9.951
55	55	10.266	56	9.690	57	9.094
56	56	9.463	57	8.858	58	8.231
57	57	8.656	58	8.020	59	7.361
58	58	7.842	59	7.175	60	6.483
59	59	7.022	60	6.323	61	5.596
60	60	6.194	61	5.461	62	4.698

+ Based on 2009 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 On or After October 1, 2013
1st Anniversary
of Accident**

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	5.358	62	4.589	63	3.788
62	62	4.511	63	3.706	64	2.866
63	63	3.654	64	2.811	65	1.928
64	64	2.784	65	1.901	66	0.974
65	65	1.901	66	0.974		
66	66	0.974				

+ Based on 2009 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 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
11	11	44.350	12	44.889	13	45.448
12	12	43.638	13	44.153	14	44.688
13	13	42.923	14	43.415	15	43.926
14	14	42.207	15	42.675	16	43.162
15	15	41.488	16	41.933	17	42.396
16	16	40.768	17	41.190	18	41.628
17	17	40.046	18	40.444	19	40.857
18	18	39.322	19	39.696	20	40.083
19	19	38.596	20	38.944	21	39.306
20	20	37.866	21	38.190	22	38.526
21	21	37.134	22	37.432	23	37.743
22	22	36.398	23	36.672	24	36.956
23	23	35.660	24	35.908	25	36.166
24	24	34.919	25	35.142	26	35.373
25	25	34.174	26	34.371	27	34.576
26	26	33.427	27	33.598	28	33.776
27	27	32.675	28	32.821	29	32.972
28	28	31.921	29	32.040	30	32.165
29	29	31.163	30	31.257	31	31.354
30	30	30.402	31	30.469	32	30.540
31	31	29.638	32	29.679	33	29.723
32	32	28.871	33	28.886	34	28.903
33	33	28.101	34	28.089	35	28.079
34	34	27.328	35	27.290	36	27.253
35	35	26.551	36	26.487	37	26.423

+ Based on 2009 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 On or After October 1, 2013
1st Anniversary
of Accident**

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	25.772	37	25.682	38	25.591
37	37	24.990	38	24.874	39	24.756
38	38	24.206	39	24.063	40	23.918
39	39	23.419	40	23.250	41	23.078
40	40	22.629	41	22.435	42	22.236
41	41	21.838	42	21.617	43	21.392
42	42	21.044	43	20.798	44	20.546
43	43	20.248	44	19.976	45	19.699
44	44	19.451	45	19.153	46	18.849
45	45	18.652	46	18.328	47	17.996
46	46	17.851	47	17.501	48	17.142
47	47	17.047	48	16.671	49	16.284
48	48	16.241	49	15.838	50	15.424
49	49	15.433	50	15.003	51	14.561
50	50	14.622	51	14.165	52	13.695
51	51	13.809	52	13.325	53	12.825
52	52	12.993	53	12.480	54	11.951
53	53	12.173	54	11.632	55	11.072
54	54	11.349	55	10.778	56	10.188
55	55	10.520	56	9.919	57	9.298
56	56	9.687	57	9.056	58	8.402
57	57	8.848	58	8.186	59	7.502
58	58	8.004	59	7.312	60	6.595
59	59	7.155	60	6.431	61	5.681
60	60	6.300	61	5.544	62	4.760

+ Based on 2009 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 On or After October 1, 2013
1st Anniversary
of Accident**

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	5.439	62	4.650	63	3.830
62	62	4.570	63	3.747	64	2.891
63	63	3.694	64	2.835	65	1.940
64	64	2.808	65	1.912	66	0.977
65	65	1.912	66	0.977		
66	66	0.977				

+ Based on 2009 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	60.276	1	61.765	2	62.935
1	1	60.022	2	61.131	3	62.270
2	2	59.407	3	60.485	4	61.598
3	3	58.780	4	59.832	5	60.919
4	4	58.146	5	59.173	6	60.236
5	5	57.506	6	58.510	7	59.549
6	6	56.862	7	57.843	8	58.858
7	7	56.215	8	57.172	9	58.162
8	8	55.563	9	56.497	10	57.462
9	9	54.907	10	55.817	11	56.758
10	10	54.248	11	55.134	12	56.051
11	11	53.584	12	54.447	13	55.343
12	12	52.918	13	53.760	14	54.634
13	13	52.250	14	53.072	15	53.927
14	14	51.582	15	52.385	16	53.221
15	15	50.916	16	51.699	17	52.516
16	16	50.250	17	51.015	18	51.811
17	17	49.585	18	50.331	19	51.107
18	18	48.921	19	49.647	20	50.402
19	19	48.257	20	48.963	21	49.698
20	20	47.593	21	48.279	22	48.993
21	21	46.929	22	47.595	23	48.287
22	22	46.265	23	46.910	24	47.579
23	23	45.599	24	46.222	25	46.866
24	24	44.932	25	45.530	26	46.149

+ Based on 2009 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	44.260	26	44.834	27	45.429
26	26	43.584	27	44.134	28	44.704
27	27	42.905	28	43.431	29	43.976
28	28	42.222	29	42.724	30	43.245
29	29	41.536	30	42.014	31	42.511
30	30	40.846	31	41.301	32	41.774
31	31	40.155	32	40.586	33	41.035
32	32	39.460	33	39.868	34	40.293
33	33	38.763	34	39.148	35	39.548
34	34	38.064	35	38.425	36	38.802
35	35	37.362	36	37.700	37	38.054
36	36	36.659	37	36.974	38	37.305
37	37	35.954	38	36.247	39	36.554
38	38	35.247	39	35.518	40	35.804
39	39	34.540	40	34.790	41	35.053
40	40	33.832	41	34.061	42	34.303
41	41	33.125	42	33.332	43	33.554
42	42	32.418	43	32.605	44	32.806
43	43	31.711	44	31.879	45	32.061
44	44	31.007	45	31.156	46	31.318
45	45	30.305	46	30.435	47	30.577
46	46	29.604	47	29.715	48	29.837
47	47	28.905	48	28.997	49	29.101
48	48	28.209	49	28.282	50	28.369
49	49	27.515	50	27.571	51	27.641

+ Based on 2009 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	26.824	51	26.865	52	26.917
51	51	26.138	52	26.162	53	26.197
52	52	25.456	53	25.462	54	25.479
53	53	24.777	54	24.765	55	24.763
54	54	24.100	55	24.071	56	24.050
55	55	23.425	56	23.378	57	23.339
56	56	22.753	57	22.688	58	22.632
57	57	22.083	58	22.001	59	21.928
58	58	21.416	59	21.318	60	21.228
59	59	20.752	60	20.638	61	20.532
60	60	20.093	61	19.962	62	19.841
61	61	19.437	62	19.291	63	19.154
62	62	18.785	63	18.624	64	18.472
63	63	18.138	64	17.963	65	17.797
64	64	17.495	65	17.307	66	17.129
65	65	16.858	66	16.658	67	16.469
66	66	16.228	67	16.018	68	15.818
67	67	15.607	68	15.386	69	15.175
68	68	14.993	69	14.762	70	14.539
69	69	14.387	70	14.143	71	13.909
70	70	13.787	71	13.532	72	13.288
71	71	13.193	72	12.930	73	12.677
72	72	12.608	73	12.336	74	12.077
73	73	12.032	74	11.754	75	11.490
74	74	11.466	75	11.183	76	10.913

+ Based on 2009 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	10.912	76	10.623	77	10.347
76	76	10.368	77	10.074	78	9.794
77	77	9.834	78	9.537	79	9.256
78	78	9.313	79	9.015	80	8.734
79	79	8.806	80	8.507	81	8.225
80	80	8.313	81	8.014	82	7.731
81	81	7.834	82	7.534	83	7.254
82	82	7.367	83	7.070	84	6.795
83	83	6.917	84	6.624	85	6.354
84	84	6.483	85	6.196	86	5.939
85	85	6.067	86	5.793	87	5.546
86	86	5.675	87	5.412	88	5.175
87	87	5.304	88	5.051	89	4.826
88	88	4.954	89	4.712	90	4.499
89	89	4.624	90	4.394	91	4.192
90	90	4.315	91	4.096	92	3.906
91	91	4.025	92	3.818	93	3.640
92	92	3.754	93	3.560	94	3.392
93	93	3.502	94	3.319	95	3.163
94	94	3.268	95	3.097	96	2.951
95	95	3.051	96	2.890	97	2.755
96	96	2.850	97	2.700	98	2.573
97	97	2.664	98	2.523	99	2.404
98	98	2.491	99	2.358	100	2.244
99	99	2.330	100	2.203	101	2.095

+ Based on 2009 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
1st Anniversary
of Accident**

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	2.178	101	2.057	102	1.956
101	101	2.036	102	1.922	103	1.825
102	102	1.904	103	1.795	104	1.699
103	103	1.779	104	1.672	105	1.579
104	104	1.658	105	1.556	106	1.461
105	105	1.545	106	1.440	107	1.319
106	106	1.431	107	1.302	108	1.149
107	107	1.296	108	1.137	109	0.930
108	108	1.134	109	0.924	110	0.472
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

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.

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 sponsored by American Cooperative Council on Compensation Technology (ACCCT), a joint venture of independent data collection organizations (DCOs) and advisory organizations. CDX provides the ability for carriers and DCOs to exchange data electronically. For more information on CDX, please visit www.accct.org.

The WCIO publishes a standard for its member organizations to use when exchanging USR data, called Workers' Compensation Statistical Reporting Specifications (WCSTAT). Both MUSR and CDX use 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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