THE WORKERS' COMPENSATION
RATING AND INSPECTION BUREAU

January 18, 2011

**CIRCULAR LETTER NO. 2168**

To All Members and Subscribers of the WCRIBMA:

**REVISIONS TO PARTS I & II OF THE MASSACHUSETTS WORKERS' COMPENSATION STATISTICAL PLAN**

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On January 10, 2011, the Massachusetts Division of Insurance (DOI) approved revisions to Parts I & II of the Massachusetts Workers' Compensation Statistical Plan.

The revisions for MA Statistical Plan – Part I include:

- Addition of Business Segment Identifier Field
  *(Effective upon approval)*
- Addition of Coding for Gunshot Wound
  (*Effective upon approval)*
- Addition of New Statistical Code for Unity Merit Rating
  (*Effective on Units reported on or after July 1, 2011)*
- Clarification to Exposure Amount Duration of Coverage
  *(Effective upon approval)*
- Clarification to Deductible Type
  *(Effective upon approval)*
- Clarification of Rate Effective Date
  *(Effective upon approval)*
- Clarification to Injury Code Definitions
  *(Effective upon approval)*
- Changes to the Data Quality Incentive Program Language
  *(Effective upon approval)*
- Elimination of Radiation Class Code 9884
  *(Effective upon approval)*
- Elimination of Update Types: Add (A), Change (C), Delete (D)
  *(Effective on Units reported on or after January 1, 2012*).

The revisions for MA Statistical Plan – Part II include:

- Update Policy Years and Accident Years for which Data is Requested
- Addition of DCC on Employers Liability Claims as a listed reconciliation item on Call #4
- Clarification to Residual Market Direct Written Premium on Call #5
- Addition of NCCI Carrier Code on Call #7
- Elimination of Injury Type Code 07: Contract Medical on Call #7
- Addition of a New Edit in the Reconciliation Report Call (Call #4)
- Update Column and Line Numbers to Edit Listing (Call #4 and Call #7)
- Clarification of the Examination Reports
- Update to the Triennial Examination Section

**Note:** All revisions to Part II are effective December 31, 2010.

The filing is attached for your reference. The revised pages will be posted on the web site in due course.

If you have any questions about the revisions to the MA Statistical Plan, Part I, please contact Leah Karvelis at 617-646-7518 or lkarvelis@wcribma.org. If you have any questions about the revisions to the MA Statistical Plan, Part II, please contact Christina Vazakas at 617-646-7539 or cvazakas@wcribma.org.

**LEAH S. KARVELIS, DATA OPERATIONS MANAGER**

**CHRISTINA VAZAKAS, ACTUARIAL ANALYST**

*Attachment*

THE WORKERS' COMPENSATION
RATING AND INSPECTION BUREAU

December 14, 2010

The Honorable Joseph G. Murphy
Commissioner of Insurance
Commonwealth of Massachusetts
Division of Insurance
1000 Washington Street, #810
Boston, MA 02118-4082

**RE: Revisions to the Massachusetts Workers' Compensation Statistical Plan- Parts I & II**

Dear Commissioner Murphy:

Enclosed for your review and approval are revisions to Parts I & II of the Massachusetts Workers' Compensation Statistical Plan ("MA Statistical Plan").

The proposed changes to Part I include:

- Addition of Business Segment Identifier Field
- Addition of Coding for Gunshot Wound
- Addition of New Statistical Code for Unity Merit Rating
- Clarification to Exposure Amount Duration of Coverage
- Clarification to Deductible Type
- Clarification of Rate Effective Date
- Clarification to Injury Code Definitions
- Changes to the Data Quality Incentive Program Language
- Elimination of Radiation Class Code 9884
- Elimination of Update Types Add (A), Change (C), Delete (D)

The proposed changes to Part II include:

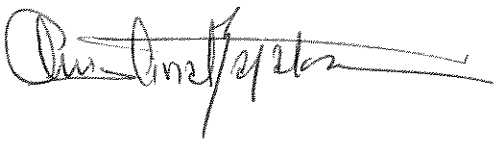
- Update Policy Years and Accident Years for which Data is Requested
- Addition of DCC on Employers Liability Claims
- Clarification to Residual Market Direct Written Premium
- Addition of NCCI Carrier Code
- Elimination of Injury Type Code 07: Contract Medical
- Addition of a New Edit in the Reconciliation Report Call
- Update Column and Line Numbers to Edit Listing
- Clarification to the Examination Reports
- Update to the Triennial Examination Section

Enclosed are brief descriptions of the proposed changes, which are effective upon approval, and the accompanying revised pages to the MA Statistical Plan. The proposed changes are shown in red, bold, italic, Times New Roman font. The shaded gray areas with strikes through the text indicate eliminated text.

If you have any questions about the revisions to the MA Statistical Plan, Part I, please contact Leah Karvelis at 617-646-7518 or lkarvelis@wcribma.org. If you have any questions about the revisions to the MA Statistical Plan, Part II, please contact Christina Vazakas at 617-646-7539 or cvazakas@wcribma.org.

Leah S. Karvelis
Data Operations Manager

Christina Vazakas
Actuarial Analyst



*Attachments*

cc: Kevin Beagan, Director, SRB
Walter Horn, PhD, SRB
Caleb Huntington, SRB
Paul F. Meagher, President, WCRIBMA
Robert McCarthy, Vice President, Actuary, WCRIBMA
Sheila Annis, Vice President, Data Operations, WCRIBMA
Ellen Keefe, Vice President, General Counsel, WCRIBMA
Anthony Salido, Director, Data Operations, WCRIBMA

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Addition of Business Segment Identifier Field

### Proposal

In Part I, Section V, Page 8 of the Statistical Plan, add:
"14. Business Segment Identifier

a. Characteristic: Numeric
b. Length: 7
c. Definition: Any series of identifying codes maintained and reported by the data provider.
d. Requirements: Report the business segment identification number of the data provider."

### Purpose

The Workers' Compensation Insurance Organization (WCIO) approved the recommendation of the Electronic Data Interchange (EDI) subcommittee and the request by the WCRIBMA to add a business segment field (Business Segment Identifier) to the electronic header record of each policy and unit statistical report (USR). This field allows carriers the option to provide a coding device for use in identifying any subset of that carrier's policy and USR data. The insuring carrier can provide or limit access to the data identified with the business segment within the WCRIBMA's Members Area products.

The Business Segment Identifier field is an optional data field on both the USR and Policy header records. When reported by the carrier or TPA, the WCRIBMA will store the reported identifier. The security on the WCRIBMA's website Members Area has been enhanced to accommodate the Business Segment Identifier so that carrier group administrators can provide access to data based not only on the carrier group of the insuring carrier code, but also the Business Segment Identifier.

### Implementation

The change is effective with the approval of this filing.

### Statistical Plan Pages

Part 1, Section IV, Page 8- Item #14

12. State Effective Date

a. Characteristic: Numeric – YYMMDD

b. Length: 6

c. Definition: The date Massachusetts coverage begins. For interstate policies when Massachusetts is added mid-term.

d. Requirement: Report the endorsement effective date if the Massachusetts coverage was endorsed mid-term. Otherwise, leave blank.

13. Federal Employers' Identification Number

a. Characteristic: Numeric

b. Length: 9

c. Definition: A code assigned to the employer by the federal government for federal tax purposes, as reported on the policy information page, or as endorsed.

d. Requirements: Report the federal employers' identification number of the insured as shown on the policy information page, or as endorsed.

***14. Business Segment Identifier***

***a. Characteristic:*** ***Numeric***

***b. Length:*** ***7***

***c. Definition:*** ***Any series of identifying codes maintained and reported by the data provider.***

***d. Requirements:*** ***Report the business segment identification number of the data provider.***

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Addition of Coding for Gunshot Wound

### Proposal

To update Part I, Section VII, Page 30, Cause of Accident X- Miscellaneous Causes to add code 93 for Gunshot.

### Purpose

To update the Cause of Injury table to include the new code recently approved by the Electronic Data Interchange (EDI) Committee of the Workers' Compensation Insurance Organization (WCIO), which maintains country-wide standards for the reporting of workers' compensation information.

### Implementation

The change is effective with the approval of this filing.

### Statistical Plan Pages

Part I, Section VII, Page 30.

| CAUSE OF ACCIDENT continued | |
|---|---|
| 70. Striking Against or Stepping On, NOC | |
| **VIII. STRUCK or INJURED BY** | |
| 74. Fellow Worker, Patient or Other | Not in Act of a Crime, Accidental |
| 75. Falling or Flying Object | |
| 76. Hand Tool or Machine in Use | |
| 77. Motor Vehicle | |
| 78. Moving Part of Machine | |
| 79. Object Being Lifted or Handled | |
| 80. Object Handled By Others | |
| 85. Animal or Insect | |
| 86. Explosion or Flare Back | |
| 81. Struck or Injured, NOC. | Includes Kicked, Stabbed, Bit, Etc., Not in Act of Crime |
| **IX. RUBBED or ABRADED BY** | |
| 94. Repetitive Motion | Callous, Blister, Etc. |
| 95. Rubbed or Abraded, NOC | |
| **X. MISCELLANEOUS CAUSES** | |
| 82. Absorption, Ingestion or Inhalation, NOC | |
| 87. Foreign Matter (Body) in Eye(s) | |
| 88. Natural Disaster | Earthquake, Hurricane, Tornado, etc |
| 89. Person in Act of A Crime | Robbery or Criminal Assault |
| 90. Other Than Physical Cause of Injury | Mental or Physiological only |
| 91. Mold | |
| ***93. Gunshot*** | ***Injury is caused by the discharge of a firearm. Includes instances where injury arises from being struck by the fired projectile, burned by muzzle blast or deafened by report of gunshot.*** |
| 96. Terrorism | Terrorism – for use with assigned catastrophe code only |
| 98. Cumulative, NOC | All Other |
| 99. Other Miscellaneous, NOC | |

20. Occupation Description

a. Characteristic: Alpha/Numeric

b. Length: 18

c. Definition: A narrative description of the regular occupation of the claimant.

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Addition of New Statistical Code for Unity Merit Rating

### Proposal

To update Part I, Section IV, Page 6, Merit Rating- Class Codes 9885 & 9886 to add a new statistical code, 9884, for a unity merit rating.

### Purpose

The introduction of a statistical code to report a unity merit rating makes the carriers intention clearer and our edits that much more effective. Currently, we have to allow a mod factor of 1.00 for DNQ as well as both a Merit and Experience Rating Unity. We can get a more accurate edit if we can provide methods for carriers to report their data to clearly specify whether there is a unity merit. NCCI currently utilizes 9884 for unity merit reporting. We'd like to introduce use of this code as well.

### Implementation

The change is effective on units reported on or after July 1, 2011.

### Statistical Plan Pages

Part I, Section IV, Page 6.
Part I, Section IV, Page 14.

c. Before reporting any of the independent carrier filing codes, notification of the program must be provided to the Bureau's ***Statistical Data Services*** Department.

d. Carrier filed premium adjustments before modification are subject to modification and are components of standard premium.

e. Carrier filed premium adjustments after modification are components of standard premium.

f. Losses can not be coded to class codes 9721, 9722, 9723, or 9724.

11. Loss Constant-Code 0032

The loss constant charge is reported with class code 0032. Loss constant is not subject to experience rating. Loss constant is *not* a component of the standard premium total. Losses can not be coded to class 0032.

12. Merit Rating-Class Codes ***9884,*** 9885 and 9886

***a.*** ***A unity merit rating is reported with class code 9884.***

***b.*** The premium credit due to a merit rating is reported with class code 9885. Merit rating replaces experience rating. The merit rating credit is a component of standard premium. The merit rating credit is assumed to be a negative value.

***c.*** The premium debit due to a merit rating is reported with class code 9886. The merit rating replaces experience rating. The merit rating debit is a component of standard premium.

***d.*** Losses are not to be coded to class codes 9885 or 9886.

*e.* The merit rating factors must not be expressed as an experience rating factor.

13. Minimum Premium-Class Code*s* 0990 and 9849

a. The premium required to bring the policy premium to minimum is reported with class code 0990. The exposure, manual, and modified premium that result from the extension of the exposure must be reported. Class code 0990 is used to report the difference between the policy minimum and the premium resulting from the extension of exposure. The loss constant, expense constant, and employers' liability premium must be reported separately and not included in premium amount reported with class 0990. Code 0990 is not subject to experience rating and is not a component of standard premium. Losses must not be coded to class 0990.

b. The premium required to bring the Admiralty and/or FELA premium to minimum is reported with class code 9849. Class code 9849 is used to report the difference between the Admiralty and/or FELA policy premium and the Code 9849 is not subject to experience rating and is not a component of standard premium. Losses must not be coded to class 9849.

14. No-Massachusetts Exposure-Code 1111

When a policy was issued either on an "if any" basis, or as a multi-state policy, and upon audit it is determined that Massachusetts exposure did not develop on such policy, the first report unit is submitted with a single exposure record employing class code 1111. There are no corresponding exposure totals, or losses for this class code. Class Code 1111 is a device to notify the Bureau of a zero exposure situation for Massachusetts.

15. Non-Ratable Elements-Class Codes 0770, 0773, 0774, 0775, 0776, 0779, 0799, 7445 and 7453

Some classifications require a non-ratable element which is reported with a statistical class code and the rate and premium of the non-ratable element. Non-ratable element class codes must only be reported in conjunction with the corresponding basic classification ratable classes. The payroll for each of the paired classes must be equal. The exposure reported with the non-ratable element is not added into the total standard exposure. However, the exposure reported on the basic manual classification is added into the total standard exposure.

| Class | Phraseology | Assumed to be a Positive Value | Subject to Experience Mod. | Is the Premium added into the Standard Premium Total | How is the Exposure Expressed | Can Losses be Coded to this Class |
|---|---|---|---|---|---|---|
| 9848 | Employers Liability Minimum Premium | Yes | Yes | Yes | Blank | No |
| 9849 | Admiralty/Fela Balance Minimum | Yes | ***No*** | ***No*** | Blank | No |
| 9874 | MCO Credit | No | No | No | Blank | No |
| 9880 | Qualified Loss Management Program Credit | No | No | No | Blank | No |
| ***9884*** | ***Merit Rating Unity*** | ***Must be Zero*** | ***No*** | ***No*** | ***Blank*** | ***No*** |
| 9885 | Merit Rating Credit | No | No | Yes | Blank | No |
| 9886 | Merit Rating Debit | Yes | No | Yes | Blank | No |
| 9887 | Premium Credit for Scheduled Rating Plan-Not Subject to Experience Rating | No | No | No | Blank | No |
| ~~9984~~ | ~~Atomic Energy-Government Projects~~ | ~~Yes~~ | ~~N/A*~~ | ~~N/A*~~ | ~~Payroll~~ | ~~Yes~~ |
| ~~9985~~ | ~~Radiation-Atomic Energy-Other Than Government Projects~~ | ~~Yes~~ | ~~No~~ | ~~Yes~~ | ~~Limited~~ | ~~Yes~~ |

~~*Since rating is by agreement no direction is possible.~~

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Clarification to Exposure Amount Duration of Coverage

### Proposal

In Part I, Section VI, Page 3 of the Statistical Plan, change Exposure Amount – Duration of Coverage to read in all days instead of days and months.

### Purpose

Currently the Duration of Coverage lengths are labeled by days and months. In order to be consistent, the months have been converted to days.

### Implementation

The change is effective with the approval of this filing.

### Statistical Plan Pages

Part 1, Section IV, Page 3- Item #5

5. Exposure Amount

a. Characteristic: Numeric

b. Length: 10

c. Definition: The measurement used to determine how much premium should be charged to the insured. This measurement is generally the final audited payroll amount, in whole dollars, for class codes covered by the policy. Other exposure bases include number of employees (per capita), and number of aircraft passenger seats and number of days.

d. Requirement: Report the exposure amount for all classifications assigned to the policy, except those specifically indicated as exceptions (see below). The entire whole dollar exposure must be reported. Do not truncate.

When reporting a "no exposure developed" unit report, using class code 1111, leave the exposure field blank.

Payroll base: Report the estimated or audited payroll amount in whole dollars.

Per Capita base: (Class Codes 0908, 0909, 0912 and 0913) Report the number of employees(s) covered, based on the duration of coverage for one year intervals. Do not add per capita expense to the total standard exposure.

For example, one employee covered for one year is reported as 1.0. ***Coverage for one employee working less than a year is rounded and reported to the nearest tenth position.*** ~~For coverage less than one year, report the exposure by multiplying the factor shown below by the number of employees.~~
***Note: Table is for 365 day year.***

| Duration of Coverage | Factor |
|---|---|
| 1 day - 17 days | .0 |
| 18 days ~~– 1 month 23 days~~ ***52 days*** | .1 |
| ~~1 month 24 days~~ ***53 days*** ~~- 2 months~~ ***89 days*** | .2 |
| ~~3 months~~ ***90 days*** ~~- 4 months 5 days~~ ***125 days*** | .3 |
| ~~4 months 6 days~~ ***126 days*** ~~- 5 months 11 days~~ ***162 days*** | .4 |
| ~~5 months 12 days~~ ***163 days*** ~~- 6 months 17 days~~ ***198 days*** | .5 |
| ~~6 months 18 days~~ ***199 days*** ~~- 7 months 23 days~~ ***235 days*** | .6 |
| ~~7 months 24 days~~ ***236 days*** ~~- 9 months~~ ***271 days*** | .7 |
| ~~9 months~~ ***272 days*** ~~- 10 months 5 days~~ ***308 days*** | .8 |
| ~~10 months 6 days~~ ***309 days*** ~~- 11 months 11 days 365~~ ***344 days*** | .9 |
| ~~11 months 12 days~~ ***345 days*** ~~- 12 months~~ ***365 days*** | 1.0 |

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Clarification to Deductible Type

### Proposal

In Part I, Section V, Page 13 of the Statistical Plan, change description of Deductible Type, Basis of Deductible Calculation Code 01- Per Claim, to include a note "small deductibles only".

Remove note for Deductible Type, Basis of Deductible Calculation Code 12- Variable, "no such programs are currently approved". This will prevent the requirement of a statistical plan change should such a program be approved in the future.

### Purpose

The code is only applicable to small deductibles. Adding the per claim note will provide carriers with clear direction in reporting the deductible codes. The removal of the variable note will prevent the need for a future filing.

### Implementation

The change is effective with the approval of this filing.

### Statistical Plan Pages

Part 1, Section V, Page 13

22. Deductible Type

a. Characteristic: Numeric
b. Length: 4
c. Definition: A code that identifies the way in which a deductible applies to a policy.
d. Requirement:

| Losses Subject to Deductible Code | Code | Description |
|---|---|---|
| Medical | 01 | Deductible applies to the medical portion of the loss only. |
| Indemnity | 02 | Deductible applies to the indemnity portion of the loss only. |
| Medical & Indemnity | 03 | Deductible applies to the total of medical and indemnity portions of the loss. |
| **Basis of Deductible Calculation Code** | **Code** | **Description** |
| Per Claim | 01 | The deductible amount applies to each claim arising from the Policy and there is no aggregate deductible. ***(small deductibles only)*** |
| Per Policy and Accident (Aggregate) | 09 | The deductible amount applies to each accident up to an aggregate limit and there is no per claim deductible. |
| Per Claim and Policy (Aggregate) | 10 | The deductible amount applies to each claim up to an aggregated limit and there is no per accident deductible. |
| | | |
| Variable | 12 | Carrier program not described above. ~~****No such programs are currently approved.***~~ |

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Clarification of Rate Effective Date

### Proposal

In Part I, Section VI, Page 2 of the Statistical Plan update the Definition and Requirements for Rate Effective Date to state that the reported rate effective date should be the effective date of the rate revision applicable to the specific portion of the unit.

### Purpose

Currently, the reported rate effective date is defined, "Normally this is the effective date of the policy. However, when there is an anniversary rating date or outstanding rate change involvement, it is necessary to indicate the effective date on which the rates are effective and applicable to this portion of the unit report." We would like to modify this to read, "This is the effective date of the rate revision that is applicable to this portion of the unit."

The requirement currently states, "Report the rate effective date on which the rates are effective and applicable to this portion of the unit report. If the rate changes in accordance with the manual rules, report the effective date which applies to the reported class code(s) and exposure(s)." We would like to modify this to read, "For each reported class code, report the effective date of the rate revision that is applicable to this portion of the unit."

This field should be used to determine which rates were applied to the policy.

### Implementation

The change is effective with the approval of this filing.

### Statistical Plan Pages

Part 1, Section VI, Page 2.

3. Modification Effective Date

| | | |
|---|---|---|
| a. | Characteristic: | Numeric – YYMMDD |
| b. | Length: | 6 |
| c. | Definition: | Normally this is the effective date of the policy. However, when there is an anniversary rating date or late mod involvement, it is necessary to indicate the effective date on which the mod is effective and applicable to this portion of the unit report. |
| d. | Requirement: | Report the mod effective date on which the mod is effective and applicable to this portion of the unit report. If the modification changes in accordance with Experience Rating Plan Manual rules, report the effective date of the modification which applies to the reported exposure(s).<br><br>Normally this is the effective date of the policy. If the anniversary rating date is different than the inception date then the mod effective date equals the anniversary rating date. |

4. Rate Effective Date

| | | |
|---|---|---|
| a. | Characteristic: | Numeric – YYMMDD |
| b. | Length: | 6 |
| c. | Definition: | ~~Normally this is the effective date of the policy. However, when there is an anniversary rating date or outstanding rate change involvement, it is necessary to indicate the effective date on which the rates are effective and applicable to this portion of the unit report.~~ ***This is the effective date of the rate revision that is applicable to this portion of the unit.*** |
| d. | Requirement: | ~~Report the rate effective date on which the rates are effective and applicable to this portion of the unit report. If the rate changes in accordance with manual rules, report the effective date which applies to the reported class code(s) and exposure(s).~~***For each reported class code, report the effective date of the rate revision that is applicable to this portion of the unit.*** |

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Clarification to Injury Code Definitions

### Proposal

In Part I, Section VII, Page 4 of the Statistical Plan update the Reporting Instructions for Injury Code 9 - Permanent Partial to remove the note under "b. Any case involving lump sum settlement either made or expected to be paid in the judgment of the carrier. Except permanent total or temporary injury."

### Purpose

Lump sum settlements should be reported under the injury code of the claim. Therefore, this note is not accurate. We propose removing the lump sum reference.

### Implementation

The change is effective upon approval of this filing.

### Statistical Plan Pages

Part I, Section VII, Page 4.

| Injury-Code & Description | Reporting Instructions for Injury Code |
|---|---|
| 1 - Death | Enter as death claim, each claim where the injured worker has died, unless it has been established that the carrier has incurred no liability. The amount shall include all paid and outstanding benefits, including compensation paid to the deceased prior to death, burial expense, and payments to the state. |
| 2 - Permanent Total | Enter as permanent total each claim which has been adjudged to constitute permanent total disability or which is defined as such under the law, or which, in the judgment of the carrier will result in permanent total disability. |
| 5 - Temporary | Enter as temporary every case which involves or is expected to involve indemnity benefits but which does not constitute a case of death, permanent total or permanent partial. |
| 6 - Medical | Enter as a medical only claim each claim where there are only medical payments and there are no indemnity losses. |
| | |
| 9 – Permanent Partial | A permanent partial loss is defined as:<br><br>a. Any permanent injury which does not involve permanent total disability.<br><br>~~***b***. Any case involving lump sum settlement either made or expected to be paid in the judgment of the carrier. Except permanent total or temporary injury.~~<br><br>***b.*** Any case where the extent of future payments is indeterminate in the judgment of the carrier. The amount entered as indemnity incurred shall include specific benefits and compensation for temporary disability as well as loss of earning capacity. |

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**December 14, 2010**

## Changes to the Data Quality Incentive (DQI) Program Language

### Proposal

In Part I, Section XI, Page 4 of the Statistical Plan, remove all references to ABACUS under Disciplinary Fines.

Remove all references to implementation dates.

On Page 5, update Commissioner of Insurance from Nonnie Burnes to Joseph Murphy.

Also on Page 5, update the address of the Division of Insurance to:
1000 Washington Street, #804
Boston, MA 02118-4082

### Purpose

The annual summary process is currently referred to as ABACUS. However, this summary process is being replaced in the upcoming year. Therefore, all references to ABACUS should be removed from the statistical plan, leaving the more generic terminology of annual summary.

Removing all references to implementation dates will prevent any possible confusion since this portion of the program has long since been implemented.

The Commissioner of Insurance is now Joseph Murphy and we should therefore update the statistical plan to reflect that.

The address of the Division of Insurance has changed and needs to be updated as well.

### Implementation

The change is effective with the approval of this filing.

### Statistical Plan Pages

Part 1, Section XI, Pages 4 & 5.

If corrective action was taken based on a prior fine or overdue notification and the carrier was not notified of a problem with the correction, the carrier should contact the Bureau in accordance with the appeals process outlined in Section E.

Timeliness Example (effective for data due September, 2009): A unit report corresponding to a policy effective any day during January, 2007, but that has not been successfully submitted to the Bureau, is posted with due status in July, 2008. If the USR is not successfully submitted or other resolution reached, or corrective action is not received by the end of the 20th month, the carrier will incur the first fine in the 21st month, October, 2008, and will be fined each subsequent month until resolution.

4. Correction Reports – Rejected and Subject to Fine (data due September, 2009)

Correction reports which remain in rejected status for three (3) months, following the last day of the month in which the unit was rejected, will be fined at a rate of $100 per month, for 6 consecutive months. The fines then increase to $200 per month, thereafter.

Timeliness Example (effective for data due September, 2009): A USR correction report is received at the Bureau on any day in January, 2010 and is rejected by the Bureau. If the rejected correction is not resolved by the reporting carrier, within the 3 months following the month in which the unit was rejected, (February, March, April) the carrier will incur the first fine on May 1, 2010 and will be fined each subsequent month until resolution.

5. Disciplinary Fines ~~(effective for data due as of June, 2008)~~

A series of disciplinary fines will be issued in correlation to the Annual Summary review ~~(also referred to as ABACUS)~~. Any data which is missing, rejected, or filtered from the Summary will be excluded from ~~ABACUS and~~ the data reconciliation process. Carrier groups will be subject to fines on data that remains missing, rejected, or filtered as of ~~June 30th~~ ***October 1st*** of that review year and each month thereafter until the acceptable threshold is met.

Any data which remains missing, rejected, or filtered will count against the overall data expected to be included in ~~ABACUS~~ ***the summary*** for that carrier group. Carrier groups, who have more than 10 unit reports and more than 1% of their overall data excluded from ~~ABACUS~~ ***the summary***, will be fined each month until they reach the 1% or ***the*** less than 10 unit report threshold. A carrier group will be subject to a disciplinary fine of $500 per unit report with a maximum cap of $50,000 fined each month.

Example: If a carrier group has 10,000 units expected to be included in ~~ABACUS~~ ***the summary***, and 200 units, or 2%, are either missing, rejected or filtered, the

carrier would be fined each month until 100 or fewer units are missing, rejected or filtered.

~~a. Implementation of Disciplinary Fines~~

~~Disciplinary Fines will be implemented for data that is not available for Annual Summary as of 6/30/08, which includes policies effective 1/1/99 through 6/30/06, Report levels 8 through 1 respectively, valued 1/2007 through 12/2007 and due at the Bureau 3/2007 through 2/2008. These fines will continue through the end of each review year and will be effective each review year.~~

E. Appeal of Penalties Levied under the Data Quality Incentive Program (effective immediately)

If the carrier or carrier group is subject to a fine, which in the opinion of the carrier is inappropriate, the carrier group is encouraged to work with the staff of the Statistical Data Services Department to address such issues. Carrier groups may also submit a written appeal to the Statistical Data Services Department at the following address:

Statistical Data Services Department
WCRIBMA
101 Arch Street, 5th Floor
Boston, MA 02110

The written appeal must be submitted by an officer or senior manager of the carrier group within twenty (20) business days of the Invoice Date on the invoice for the particular fine(s) at issue. The appeal should include copies of the relevant invoice(s), all pertinent written communications and detailed statements that describe why the carrier thinks the fine(s) is inappropriate. The Bureau will provide the carrier with its written decision on the carrier's appeal within twenty (20) business days of its receipt of the appeal.

If the carrier group is not satisfied with the Bureau's decision, it may appeal to the Commissioner of Insurance. Such an appeal shall be filed within thirty (30) days of the carrier group's receipt of the Bureau's written decision. The carrier should provide the Bureau with a copy of any appeal submitted to the Commissioner of Insurance.

The Honorable ~~Nonnie Burnes~~ ***Joseph Murphy***
Commissioner of Insurance
Commonwealth of Massachusetts
Division of Insurance
~~One South Station~~
~~Boston, MA 02110-2208~~
***1000 Washington Street, #810***
***Boston, MA 02118-4082***

**PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN**

**January 6, 2011**

## Elimination of Radiation Class Code 9984

### Proposal

In Part I, Section IV, Page 8 of the Statistical Plan, remove:

"a) Radiation Exposure - Government Atomic Energy Projects - Code 9984"

### Purpose

All work, either construction or operation, performed for or under the direction of the Nuclear Regulatory Commission or any government agency may be rated on an individual risk basis. The rate shall be agreed upon by the carrier, the contractor and the Nuclear Regulatory Commission or government agency. The WCRIBMA provides no guidance as to how the premiums for class code 9984 should be calculated.

Moreover, the experience for this class code is not used for experience rating and the WCRIBMA has not received any unit statistical reports with class code 9984 in the past 10 years. Lastly, the elimination of USR reporting for class code 9984 would be consistent with NCCI's treatment of class 9984.

### Implementation

The change is effective with the approval of this filing.

### Statistical Plan Pages

Part I, Section IV, Page 8 - Item #17
Part I, Section IV, Page 14

The non-ratable elements and corresponding ratable elements are as follows:

| Non-Ratable Element | Basic Classification | Phraseology |
|---|---|---|
| 0770 | 4770 | Bag Loading Explosives or Ammo Mfg. and Drivers |
| 0773 | 4773 | High Explosive Mfg. and Drivers |
| 0774 | 4774 | Smokeless Powder-1 Base and Drivers |
| 0775 | 4775 | Explosives or Ammo Base Loading |
| 0776 | 4776 | Projective, Bomb, etc., Loading and Drivers |
| 0779 | 4779 | Cap, Fuse, etc., Explosive or Ammo Mfg. and Drivers |
| 0799 | 4799 | Black Powder, Mfg. and Drivers |
| 7445 | 7405 | Air Carrier-Other Flying Crew |
| 7453 | 7431 | Air Carrier, Commuter Flying Crew |

The non-ratable elements are not subject to experience rating, but are a component of standard premium. Losses must be coded to the basic classifications corresponding to non-ratable elements.

16. Qualified Loss Management Program Premium Credit-Class Code 9880

The premium credit associated with the Qualified Loss Management Program is to be reported with class code 9880. The adjustment is assumed to be a negative value. The QLMP credit is not subject to experience rating, and is not a component of standard premium. Losses can not be coded to class 9880.

17. Radiation Exposure-Class Codes ~~9984 and~~ 9985

~~a. Radiation Exposure-Government Atomic Energy Projects-Code 9984~~

~~Experience both premium and loss in connection with atomic energy projects performed for or under the direction of any government agency shall be reported under this plan. Code 9984 used in connection with the above type of projects. The rating for class 9984 is dependent upon agreement of the insured, the carrier and appropriate government agencies. No direction can be provided pertaining to the premium placement in relation to experience rating or standard premium.~~

a. ~~b.~~ Other Than Government Agency Atomic Energy Projects-Code 9985

The Massachusetts Workers' Compensation & Employers' Liability Insurance Manual provides that a supplemental rate, subject to the approval of the Bureau, may be applied to operations involving research, manufacturing, handling, transportation, use of, exposure to radioactive materials, where such operations are not performed for or under the direction of a government agency. The

| Class | Phraseology | Assumed to be a Positive Value | Subject to Experience Mod. | Is the Premium added into the Standard Premium Total | How is the Exposure Expressed | Can Losses be Coded to this Class |
|---|---|---|---|---|---|---|
| 9848 | Employers Liability Minimum Premium | Yes | Yes | Yes | Blank | No |
| 9849 | Admiralty/Fela Balance Minimum | Yes | No | No | Blank | No |
| 9874 | MCO Credit | No | No | No | Blank | No |
| 9880 | Qualified Loss Management Program Credit | No | No | No | Blank | No |
| 9885 | Merit Rating Credit | No | No | Yes | Blank | No |
| 9886 | Merit Rating Debit | Yes | No | Yes | Blank | No |
| 9887 | Premium Credit for Scheduled Rating Plan-Not Subject to Experience Rating | No | No | No | Blank | No |
| ~~9984~~ | ~~Atomic Energy-Government Projects~~ | ~~Yes~~ | ~~N/A*~~ | ~~N/A*~~ | ~~Payroll~~ | ~~Yes~~ |
| 9985 | Radiation-Atomic Energy-Other Than Government Projects | Yes | No | Yes | Limited | Yes |

~~*Since rating is by agreement no direction is possible.~~

# PROPOSED REVISON TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN

**December 14, 2010**

## Elimination of Update Types Add, Change and Delete

### Proposal

Update Part I, Sections III, VI and VII to eliminate update types Add, Change and Delete for reporting loss and exposure data on unit statistical reports.

### Purpose

Currently the MA statistical plan allows carriers to use either update types Add (A), Change (C), Delete (D) or update types Previous (P) and Revised (R) when reporting unit statistical loss and exposure data. The WCRIBMA's statistical data processing system uses update types P and R. When update types A, C or D are reported, the WCRIBMA's system converts them to P and R. The Bureau plans to eliminate the acceptance of update types A, C, or D.

The conversion of update type C, in particular, to P and R is becoming a maintenance issue for the WCRIBMA's statistical data processing system. The WCRIBMA's automated error correction processing cannot accommodate update type C in most situations, resulting in the need for manual intervention by WCRIBMA staff. As system changes occur over time, the time and cost of maintaining update types A, C, or D in addition to update types P and R will increase.

In addition, carriers use the web applications Manage USR and Bureau Edit and Entry Program (BEEP) to create electronic unit submissions. These applications cannot accommodate update types A, C, or D.

Most MA reporting carriers use update types P and R. Few other rating authorities or data collection organizations accept update types A, C, or D.

### Implementation

The change is effective on units reported on or after 1/1/2012, in order to provide carriers time to update their reporting systems.

### Statistical Plan Pages

Part I, Section III, pages 5 - 7
Part I, Section VI, page 7
Part I, Section VII, page 15

that requires modification of these fields, contact the Bureau Statistical Data Services staff.

c. Since modification effective date and rate effective date are tied to the exposure records by split period indicator, they are updated as an exposure record correction.

***3.*** Update Type for Exposure, Loss and Experience Modification Records

All corrections and subsequent reports must contain Update Type codes. ~~The Bureau processes Add and Delete Update Type codes in the same manner as the Previous and Revised Update Types.~~

i.

| Update Type Code | Function |
|---|---|
| ~~A~~ | ~~Record is added to previously submitted unit.~~ |
| ~~D~~ | ~~Record is deleted from previously submitted unit.~~ |
| P | Record is matched to previously submitted record. The "P" Update Type record locates the record to be revised (when paired with R) or deleted (when alone) in the Bureau's data base. |
| R | When reported as a pair record located by "P" Update Type is revised by the information contained in the "R" Update Type record. When reported alone, the "R" Update Type record is added to the previously submitted data. |
| ~~C~~ | ~~Matching previously reported record is revised with the data on the correction or subsequent unit.~~ |

ii. All Update Types require the full reporting of all fields on the header, total and detail records.

iii. Corrections and re-valuations (subsequent reports through 10) ~~can~~ ***must*** be reported using ~~either the "A/D" or~~ "P/R" pairs ~~or the "C" Update Type~~.

iv. Claims not previously submitted on any prior reports or corrections may be added with a single record with Update Type ~~"A" or~~ "R".

v. Claims may be deleted from a report level by a single record with Update Type ~~"D" or~~ "P" submitted on a correction report. When a claim is removed from a specific report level, the claim remains as reported on prior and subsequent report levels (valuations).

Note: if a claim is being removed due to the claim becoming non compensable, closed without payment, or receipt of recovery, the ~~"A" or~~ "R" record~~s~~ must be reported so that information is coded in the loss condition fields.

E. Offset or Deletions of Detail Loss or Exposure Records

1. Entire units (reports or corrections) are deleted only by contacting the ***WCRIBMA*** ~~Bureau~~.

2. Exposure records are deleted by a correction to the first report with stand alone ~~"D" or~~ "P" records containing the codes and amounts previously submitted.

3. Loss records are deleted by correction reports.

   a. Loss records are deleted from a report level by a correction using the single ~~"D" or~~ "P" Update Type record containing the codes and amounts previously submitted. The claim will be deleted from that specific report level, prior and subsequent reports of the claim will not be impacted without corrections to the prior or subsequent levels.

   b. A subsequent report can not be used to delete a claim in a prior report level. If a claim appeared on the first report, but at the second valuation it is determined that the claim should never have been reported, then a correction to the first report deletes the claim from the first report and that claim is not expressed on the second report. If a claim appropriately appeared on the first, but should not appear on the second report then the second report must contain the claim on a pair of P/R ~~or A/D~~ Update Type records. The "P" ~~or "D"~~ record contains the codes and amounts as previously reported. The "R" ~~or "A"~~ Update Type records contains the codes as previously reported and zero loss amounts and the appropriate coding to indicate non compensable or received recovery. The result is that the claim will contribute to the first report of losses only.

9. Update Type

a. Characteristic: Alphabetic

b. Length: 1

c. Definition: Code that identifies purpose of a correction record within a unit.

d. Requirement: Report the one digit alphabetic code that identifies the activity of the exposure record on all correction reports.

~~The preferred coding will be:~~

| ~~Code~~ | ~~Description~~ |
|---|---|
| ~~A~~ | ~~Add Record~~ |
| ~~C~~ | ~~Change Record~~ |
| ~~D~~ | ~~Delete Record~~ |

~~Also acceptable is the current coding which is as follows:~~

| Code | Description |
|---|---|
| P | Previously Reported Record |
| R | Revised Record |

The Massachusetts Bureau will pair "P" and "R" records to process as a change to previously submitted data. Unpaired Previous and Revised records will be processed as a ~~D~~ ***d***elete from previously reported data, and ~~A~~ ***a***dd to reported data.

Each carrier will be required to select and employ one set of codes.

11. Update Type

a. Characteristic: Alphabetic

b. Length: 1

c. Definition: Code that identifies purpose of a correction or subsequent record within a unit.

d. Requirement: Report the one digit alphabetic code that identifies the activity of the loss record on all correction and subsequent reports.

~~The preferred coding will be:~~

| ~~Code~~ | ~~Description~~ |
|---|---|
| ~~A~~ | ~~Add Record~~ |
| ~~C~~ | ~~Change Record~~ |
| ~~D~~ | ~~Delete Record~~ |

~~Also acceptable is the current coding which is as follows:~~

| Code | Description |
|---|---|
| P | Previously Reported Record |
| R | Revised Record |

The Massachusetts Bureau will pair "P" and "R" records and process as a change to previously submitted data. Unpaired Previous and Revised records will be processed as ~~D~~ *d*elete from previously reported data and ~~A~~ *a*dd to reported data.

~~Each carrier will be required to select and employ one set of codes.~~

**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Update Policy Years and Accident Years for which data is requested

### Proposal

The WCRIBMA annually submits revisions to the various templates contained in the Statistical Plan to reflect the changes in the policy years and accident years for which we request data.

### Purpose

To reflect the most recent year available for the collection of data.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

- Policy Year Calls (Calls #2, #2A, #2C, #2D, #2E)
- Accident Year Calls (Calls #3, #3A, #3C)
- Residual Market Direct Written Premium (Call #5)
- Large Deductible Company Level Written Premium Call (Call #5A)
- Direct Written Premium Call (Call #5B)

# CALL #2 – POLICY YEAR CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) | (5) |
|---|---|---|---|---|---|---|---|
| | | | Policy Year Accumulated Earned Premium | | | Paid | |
| Line | Report Level | Policy Year Being Valued | Standard at Bureau Designated Statistical Reporting Level | Standard at Company Level | Net | Indemnity | Medical |
| A. | All Prior Combined | *Prior to 1990* | | | | | |
| B. | 20th | *1990* | | | | | |
| C. | 19th | *1991* | | | | | |
| D. | 18th | *1992* | | | | | |
| E. | 17th | *1993* | | | | | |
| F. | 16th | *1994* | | | | | |
| G. | 15th | *1995* | | | | | |
| H. | 14th | *1996* | | | | | |
| I. | 13th | *1997* | | | | | |
| J. | 12th | *1998* | | | | | |
| K. | 11th | *1999* | | | | | |
| L. | 10th | *2000* | | | | | |
| M. | 9th | *2001* | | | | | |
| N. | 8th | *2002* | | | | | |
| O. | 7th | *2003* | | | | | |
| P. | 6th | *2004* | | | | | |
| Q. | 5th | *2005* | | | | | |
| R. | 4th | *2006* | | | | | |
| S. | 3rd | *2007* | | | | | |
| T. | 2nd | *2008* | | | | | |
| U. | 1st | *2009* | | | | | |
| V. | Current | *2010* | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | |

# CALL #2 – POLICY YEAR CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|
| | | Policy | Case Reserves | | Indemnity and Medical – Total Losses | | | Policy Year Incurred Indemnity Claim Count | |
| Line | Report Level | Year Being Valued | Indemnity | Medical | Paid (4)+(5) | Case Reserves (6)+(7) | Case Incurred Losses (8)+(9) | Accumulated Closed (with payment) | Open Outstanding |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

# CALL #2 – POLICY YEAR CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (13) | (14) | (15) | (16) | (17) | (18) |
|---|---|---|---|---|---|---|---|---|
| | | | Accumulated Policy Year Defense and Cost Containment Expense | | Premium Adjustments | | | |
| Line | Report Level | Policy Year Being Valued | Paid | Case | Due to ARAP Surcharge | Due to Construction Credit Program | Due to QLMP Credit | Due to Scheduled Rating Plans |
| A. | All Prior Combined | *Prior to 1990* | | | | | | |
| B. | 20th | *1990* | | | | | | |
| C. | 19th | *1991* | | | | | | |
| D. | 18th | *1992* | | | | | | |
| E. | 17th | *1993* | | | | | | |
| F. | 16th | *1994* | | | | | | |
| G. | 15th | *1995* | | | | | | |
| H. | 14th | *1996* | | | | | | |
| I. | 13th | *1997* | | | | | | |
| J. | 12th | *1998* | | | | | | |
| K. | 11th | *1999* | | | | | | |
| L. | 10th | *2000* | | | | | | |
| M. | 9th | *2001* | | | | | | |
| N. | 8th | *2002* | | | | | | |
| O. | 7th | *2003* | | | | | | |
| P. | 6th | *2004* | | | | | | |
| Q. | 5th | *2005* | | | | | | |
| R. | 4th | *2006* | | | | | | |
| S. | 3rd | *2007* | | | | | | |
| T. | 2nd | *2008* | | | | | | |
| U. | 1st | *2009* | | | | | | |
| V. | Current | *2010* | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | |

# CALL #2A – POLICY YEAR RESIDUAL MARKET CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) | (5) |
|---|---|---|---|---|---|---|---|
| | | | Policy Year Accumulated Earned Premium | | | Paid | |
| Line | Report Level | Policy Year Being Valued | Standard at Bureau Designated Statistical Reporting Level | Standard at Company Level | Net | Indemnity | Medical |
| A. | All Prior Combined | *Prior to 1990* | | | | | |
| B. | 20th | *1990* | | | | | |
| C. | 19th | *1991* | | | | | |
| D. | 18th | *1992* | | | | | |
| E. | 17th | *1993* | | | | | |
| F. | 16th | *1994* | | | | | |
| G. | 15th | *1995* | | | | | |
| H. | 14th | *1996* | | | | | |
| I. | 13th | *1997* | | | | | |
| J. | 12th | *1998* | | | | | |
| K. | 11th | *1999* | | | | | |
| L. | 10th | *2000* | | | | | |
| M. | 9th | *2001* | | | | | |
| N. | 8th | *2002* | | | | | |
| O. | 7th | *2003* | | | | | |
| P. | 6th | *2004* | | | | | |
| Q. | 5th | *2005* | | | | | |
| R. | 4th | *2006* | | | | | |
| S. | 3rd | *2007* | | | | | |
| T. | 2nd | *2008* | | | | | |
| U. | 1st | *2009* | | | | | |
| V. | Current | *2010* | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | |

# CALL #2A – POLICY YEAR RESIDUAL MARKET CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|
| | | | Case Reserves | | Indemnity and Medical – Total Losses | | | Policy Year Incurred Indemnity Claim Count | |
| Line | Report Level | Policy Year Being Valued | Indemnity | Medical | Paid (4)+(5) | Case Reserves (6)+(7) | Incurred Losses Including IBNR (8)+(9) | Accumulated Closed (with payment) | Open Outstanding |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

# CALL #2A – POLICY YEAR RESIDUAL MARKET CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (13) | (14) | (15) | (16) | (17) | (18) |
|---|---|---|---|---|---|---|---|---|
| | | | | | Premium Adjustments | | | |
| Line | Report Level | Policy Year Being Valued | Accumulated Policy Year Defense and Cost Containment Expense | | Due to ARAP Surcharge | Due to Construction Credit Program | Due to QLMP Credit | Due to Scheduled Rating Plans |
| | | | Paid | Case | | | | |
| A. | All Prior Combined | *Prior to 1990* | | | | | | |
| B. | 20th | *1990* | | | | | | |
| C. | 19th | *1991* | | | | | | |
| D. | 18th | *1992* | | | | | | |
| E. | 17th | *1993* | | | | | | |
| F. | 16th | *1994* | | | | | | |
| G. | 15th | *1995* | | | | | | |
| H. | 14th | *1996* | | | | | | |
| I. | 13th | *1997* | | | | | | |
| J. | 12th | *1998* | | | | | | |
| K. | 11th | *1999* | | | | | | |
| L. | 10th | *2000* | | | | | | |
| M. | 9th | *2001* | | | | | | |
| N. | 8th | *2002* | | | | | | |
| O. | 7th | *2003* | | | | | | |
| P. | 6th | *2004* | | | | | | |
| Q. | 5th | *2005* | | | | | | |
| R. | 4th | *2006* | | | | | | |
| S. | 3rd | *2007* | | | | | | |
| T. | 2nd | *2008* | | | | | | |
| U. | 1st | *2009* | | | | | | |
| V. | Current | *2010* | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | |

# CALL #2C – POLICY YEAR LARGE DEDUCTIBLE CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) | (5) |
|---|---|---|---|---|---|---|---|
| | | | Policy Year Accumulated Earned Premium | | | Paid | |
| Line | Report Level | Policy Year Being Valued | Standard at Bureau Designated Statistical Reporting Level | Standard at Company Level | Net | Indemnity | Medical |
| A. | All Prior Combined | *Prior to 1990* | | | | | |
| B. | 20th | *1990* | | | | | |
| C. | 19th | *1991* | | | | | |
| D. | 18th | *1992* | | | | | |
| E. | 17th | *1993* | | | | | |
| F. | 16th | *1994* | | | | | |
| G. | 15th | *1995* | | | | | |
| H. | 14th | *1996* | | | | | |
| I. | 13th | *1997* | | | | | |
| J. | 12th | *1998* | | | | | |
| K. | 11th | *1999* | | | | | |
| L. | 10th | *2000* | | | | | |
| M. | 9th | *2001* | | | | | |
| N. | 8th | *2002* | | | | | |
| O. | 7th | *2003* | | | | | |
| P. | 6th | *2004* | | | | | |
| Q. | 5th | *2005* | | | | | |
| R. | 4th | *2006* | | | | | |
| S. | 3rd | *2007* | | | | | |
| T. | 2nd | *2008* | | | | | |
| U. | 1st | *2009* | | | | | |
| V. | Current | *2010* | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | |

# CALL #2C – POLICY YEAR LARGE DEDUCTIBLE CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|
| | | | Case Reserves | | Indemnity and Medical – Total Losses | | | Policy Year Incurred Indemnity Claim Count | |
| Line | Report Level | Policy Year Being Valued | Indemnity | Medical | Paid (4)+(5) | Case Reserves (6)+(7) | Case Incurred Losses (8)+(9) | Accumulated Closed (with payment) | Open Outstanding |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

# CALL #2C – POLICY YEAR LARGE DEDUCTIBLE CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (13) | (14) | (15) | (16) | (17) | (18) |
|---|---|---|---|---|---|---|---|---|
| | | | Accumulated Policy Year Defense And Cost Containment Expense | | Premium Adjustments | | | |
| Line | Report Level | Policy Year Being Valued | Paid | Case | Due to ARAP Surcharge | Due to Construction Credit Program | Due to QLMP Credit | Due to Scheduled Rating Plans |
| A. | All Prior Combined | *Prior to 1990* | | | | | | |
| B. | 20th | *1990* | | | | | | |
| C. | 19th | *1991* | | | | | | |
| D. | 18th | *1992* | | | | | | |
| E. | 17th | *1993* | | | | | | |
| F. | 16th | *1994* | | | | | | |
| G. | 15th | *1995* | | | | | | |
| H. | 14th | *1996* | | | | | | |
| I. | 13th | *1997* | | | | | | |
| J. | 12th | *1998* | | | | | | |
| K. | 11th | *1999* | | | | | | |
| L. | 10th | *2000* | | | | | | |
| M. | 9th | *2001* | | | | | | |
| N. | 8th | *2002* | | | | | | |
| O. | 7th | *2003* | | | | | | |
| P. | 6th | *2004* | | | | | | |
| Q. | 5th | *2005* | | | | | | |
| R. | 4th | *2006* | | | | | | |
| S. | 3rd | *2007* | | | | | | |
| T. | 2nd | *2008* | | | | | | |
| U. | 1st | *2009* | | | | | | |
| V. | Current | *2010* | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | |

# CALL #2D - POLICY YEAR "F" CLASSIFICATION CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) | (5) |
|---|---|---|---|---|---|---|---|
| | | | Policy Year Accumulated Earned Premium | | | Paid | |
| **Line** | **Report Level** | **Policy Year Being Valued** | **Standard at Bureau Designated Statistical Reporting Level** | **Standard at Company Level** | **Net** | **Indemnity** | **Medical** |
| A. | All Prior Combined | *Prior to 1990* | | | | | |
| B. | 20th | *1990* | | | | | |
| C. | 19th | *1991* | | | | | |
| D. | 18th | *1992* | | | | | |
| E. | 17th | *1993* | | | | | |
| F. | 16th | *1994* | | | | | |
| G. | 15th | *1995* | | | | | |
| H. | 14th | *1996* | | | | | |
| I. | 13th | *1997* | | | | | |
| J. | 12th | *1998* | | | | | |
| K. | 11th | *1999* | | | | | |
| L. | 10th | *2000* | | | | | |
| M. | 9th | *2001* | | | | | |
| N. | 8th | *2002* | | | | | |
| O. | 7th | *2003* | | | | | |
| P. | 6th | *2004* | | | | | |
| Q. | 5th | *2005* | | | | | |
| R. | 4th | *2006* | | | | | |
| S. | 3rd | *2007* | | | | | |
| T. | 2nd | *2008* | | | | | |
| U. | 1st | *2009* | | | | | |
| V. | Current | *2010* | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | |

# CALL #2D - POLICY YEAR "F" CLASSIFICATION CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|
| | | Policy | Case Reserves | | Indemnity and Medical– Total Losses | | | Policy Year Incurred Indemnity Claim Count | |
| Line | Report Level | Year Being Valued | Indemnity | Medical | Paid (4)+(5) | Case Reserves (6)+(7) | Case Incurred Losses (8)+(9) | Accumulated Closed (with payment) | Open Outstanding |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

# CALL #2D - POLICY YEAR "F" CLASSIFICATION CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (13) | (14) | (15) | (16) | (17) | (18) |
|---|---|---|---|---|---|---|---|---|
| | | | Accumulated Policy Year Defense and Cost Containment Expense | | Premium Adjustments | | | |
| Line | Report Level | Policy Year Being Valued | Paid | Case | Due to ARAP Surcharge | Due to Construction Credit Program | Due to QLMP Credit | Due to Scheduled Rating Plans |
| A. | All Prior Combined | *Prior to 1990* | | | | | | |
| B. | 20th | *1990* | | | | | | |
| C. | 19th | *1991* | | | | | | |
| D. | 18th | *1992* | | | | | | |
| E. | 17th | *1993* | | | | | | |
| F. | 16th | *1994* | | | | | | |
| G. | 15th | *1995* | | | | | | |
| H. | 14th | *1996* | | | | | | |
| I. | 13th | *1997* | | | | | | |
| J. | 12th | *1998* | | | | | | |
| K. | 11th | *1999* | | | | | | |
| L. | 10th | *2000* | | | | | | |
| M. | 9th | *2001* | | | | | | |
| N. | 8th | *2002* | | | | | | |
| O. | 7th | *2003* | | | | | | |
| P. | 6th | *2004* | | | | | | |
| Q. | 5th | *2005* | | | | | | |
| R. | 4th | *2006* | | | | | | |
| S. | 3rd | *2007* | | | | | | |
| T. | 2nd | *2008* | | | | | | |
| U. | 1st | *2009* | | | | | | |
| V. | Current | *2010* | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | |

# CALL #2E - POLICY YEAR MARITIME CLASSIFICATION CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) | (5) |
|---|---|---|---|---|---|---|---|
| | | | Policy Year Accumulated Earned Premium | | | Paid | |
| Line | Report Level | Policy Year Being Valued | Standard at Bureau Designated Statistical Reporting Level | Standard at Company Level | Net | Indemnity | Medical |
| A. | All Prior Combined | *Prior to 1990* | | | | | |
| B. | 20th | *1990* | | | | | |
| C. | 19th | *1991* | | | | | |
| D. | 18th | *1992* | | | | | |
| E. | 17th | *1993* | | | | | |
| F. | 16th | *1994* | | | | | |
| G. | 15th | *1995* | | | | | |
| H. | 14th | *1996* | | | | | |
| I. | 13th | *1997* | | | | | |
| J. | 12th | *1998* | | | | | |
| K. | 11th | *1999* | | | | | |
| L. | 10th | *2000* | | | | | |
| M. | 9th | *2001* | | | | | |
| N. | 8th | *2002* | | | | | |
| O. | 7th | *2003* | | | | | |
| P. | 6th | *2004* | | | | | |
| Q. | 5th | *2005* | | | | | |
| R. | 4th | *2006* | | | | | |
| S. | 3rd | *2007* | | | | | |
| T. | 2nd | *2008* | | | | | |
| U. | 1st | *2009* | | | | | |
| V. | Current | *2010* | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | |

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# CALL #2E - POLICY YEAR MARITIME CLASSIFICATION CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|
| | | | Case Reserves | | Indemnity and Medical – Total Losses | | | Policy Year Incurred Indemnity Claim Count | |
| Line | Report Level | Policy Year Being Valued | Indemnity | Medical | Paid (4)+(5) | Case Reserves (6)+(7) | Case Incurred Losses (8)+(9) | Accumulated Closed (with payment) | Open Outstanding |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

# CALL #2E - POLICY YEAR MARITIME CLASSIFICATION CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (13) | (14) | (15) | (16) | (17) | (18) |
|---|---|---|---|---|---|---|---|---|
| | | | Accumulated Policy Year Defense and Cost Containment Expense | | Premium Adjustments | | | |
| Line | Report Level | Policy Year Being Valued | Paid | Case | Due to ARAP Surcharge | Due to Construction Credit Program | Due to QLMP Credit | Due to Scheduled Rating Plans |
| A. | All Prior Combined | *Prior to 1990* | | | | | | |
| B. | 20th | *1990* | | | | | | |
| C. | 19th | *1991* | | | | | | |
| D. | 18th | *1992* | | | | | | |
| E. | 17th | *1993* | | | | | | |
| F. | 16th | *1994* | | | | | | |
| G. | 15th | *1995* | | | | | | |
| H. | 14th | *1996* | | | | | | |
| I. | 13th | *1997* | | | | | | |
| J. | 12th | *1998* | | | | | | |
| K. | 11th | *1999* | | | | | | |
| L. | 10th | *2000* | | | | | | |
| M. | 9th | *2001* | | | | | | |
| N. | 8th | *2002* | | | | | | |
| O. | 7th | *2003* | | | | | | |
| P. | 6th | *2004* | | | | | | |
| Q. | 5th | *2005* | | | | | | |
| R. | 4th | *2006* | | | | | | |
| S. | 3rd | *2007* | | | | | | |
| T. | 2nd | *2008* | | | | | | |
| U. | 1st | *2009* | | | | | | |
| V. | Current | *2010* | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | |

# CALL #3 – ACCIDENT YEAR CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) |
|---|---|---|---|---|---|---|
| | | | Paid | | Case Reserves | |
| Line | Report Level | Accident Year Being Valued | Indemnity | Medical | Indemnity | Medical |
| A. | All Prior Combined | *Prior to 1990* | | | | |
| B. | 20th | *1990* | | | | |
| C. | 19th | *1991* | | | | |
| D. | 18th | *1992* | | | | |
| E. | 17th | *1993* | | | | |
| F. | 16th | *1994* | | | | |
| G. | 15th | *1995* | | | | |
| H. | 14th | *1996* | | | | |
| I. | 13th | *1997* | | | | |
| J. | 12th | *1998* | | | | |
| K. | 11th | *1999* | | | | |
| L. | 10th | *2000* | | | | |
| M. | 9th | *2001* | | | | |
| N. | 8th | *2002* | | | | |
| O. | 7th | *2003* | | | | |
| P. | 6th | *2004* | | | | |
| Q. | 5th | *2005* | | | | |
| R. | 4th | *2006* | | | | |
| S. | 3rd | *2007* | | | | |
| T. | 2nd | *2008* | | | | |
| U. | 1st | *2009* | | | | |
| V. | Current | *2010* | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | |

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# CALL #3 – ACCIDENT YEAR CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
|---|---|---|---|---|---|---|---|---|---|
| | | Accident Year | Indemnity and Medical– Total Losses | | | Accident Year Incurred Indemnity Claim Count | | Accumulated Accident Year Defense and | |
| Line | Report Level | Being Valued | Paid (1)+(2) | Case Reserves (3)+(4) | Case Incurred Losses (5)+(6) | Accumulated Closed (with payment) | Open Outstanding | Paid | Case |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

# CALL #3A – ACCIDENT YEAR RESIDUAL MARKET CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) |
|---|---|---|---|---|---|---|
| | | | Paid | | Case Reserves | |
| Line | Report Level | Accident Year Being Valued | Indemnity | Medical | Indemnity | Medical |
| A. | All Prior Combined | *Prior to 1990* | | | | |
| B. | 20th | *1990* | | | | |
| C. | 19th | *1991* | | | | |
| D. | 18th | *1992* | | | | |
| E. | 17th | *1993* | | | | |
| F. | 16th | *1994* | | | | |
| G. | 15th | *1995* | | | | |
| H. | 14th | *1996* | | | | |
| I. | 13th | *1997* | | | | |
| J. | 12th | *1998* | | | | |
| K. | 11th | *1999* | | | | |
| L. | 10th | *2000* | | | | |
| M. | 9th | *2001* | | | | |
| N. | 8th | *2002* | | | | |
| O. | 7th | *2003* | | | | |
| P. | 6th | *2004* | | | | |
| Q. | 5th | *2005* | | | | |
| R. | 4th | *2006* | | | | |
| S. | 3rd | *2007* | | | | |
| T. | 2nd | *2008* | | | | |
| U. | 1st | *2009* | | | | |
| V. | Current | *2010* | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | |

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# CALL #3A – ACCIDENT YEAR RESIDUAL MARKET CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
|---|---|---|---|---|---|---|---|---|---|
| | | Accident Year | Indemnity and Medical– Total Losses | | | Accident Year Incurred Indemnity Claim Count | | Accumulated Accident Year Defense and Cost Containment Expense | |
| Line | Report Level | Being Valued | Paid (1)+(2) | Case Reserves (3)+(4) | Case Incurred Losses (5)+(6) | Accumulated Closed (with payment) | Open Outstanding | Paid | Case |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

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# CALL #3C – ACCIDENT YEAR LARGE DEDUCTIBLE CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (1) | (2) | (3) | (4) |
|---|---|---|---|---|---|---|
| | | | Paid | | Case Reserves | |
| Line | Report Level | Accident Year Being Valued | Indemnity | Medical | Indemnity | Medical |
| A. | All Prior Combined | *Prior to 1990* | | | | |
| B. | 20th | *1990* | | | | |
| C. | 19th | *1991* | | | | |
| D. | 18th | *1992* | | | | |
| E. | 17th | *1993* | | | | |
| F. | 16th | *1994* | | | | |
| G. | 15th | *1995* | | | | |
| H. | 14th | *1996* | | | | |
| I. | 13th | *1997* | | | | |
| J. | 12th | *1998* | | | | |
| K. | 11th | *1999* | | | | |
| L. | 10th | *2000* | | | | |
| M. | 9th | *2001* | | | | |
| N. | 8th | *2002* | | | | |
| O. | 7th | *2003* | | | | |
| P. | 6th | *2004* | | | | |
| Q. | 5th | *2005* | | | | |
| R. | 4th | *2006* | | | | |
| S. | 3rd | *2007* | | | | |
| T. | 2nd | *2008* | | | | |
| U. | 1st | *2009* | | | | |
| V. | Current | *2010* | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | |

**The Workers Compensation Rating and Inspection Bureau of Massachusetts**
101 ARCH STREET • 5TH FLOOR • Boston, MA 02110
617-439-9030 • FAX 617-439-6055 • www.wcribma.org

# CALL #3C – ACCIDENT YEAR LARGE DEDUCTIBLE CALL

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
|---|---|---|---|---|---|---|---|---|---|
| | | Accident Year | Indemnity and Medical– Total Losses | | | Accident Year Incurred Indemnity Claim Count | | Accumulated Accident Year Defense and Cost Containment Expense | |
| Line | Report Level | Being Valued | Paid (1)+(2) | Case Reserves (3)+(4) | Case Incurred Losses (5)+(6) | Accumulated Closed (with payment) | Open Outstanding | Paid | Case |
| A. | All Prior Combined | *Prior to 1990* | | | | | | | |
| B. | 20th | *1990* | | | | | | | |
| C. | 19th | *1991* | | | | | | | |
| D. | 18th | *1992* | | | | | | | |
| E. | 17th | *1993* | | | | | | | |
| F. | 16th | *1994* | | | | | | | |
| G. | 15th | *1995* | | | | | | | |
| H. | 14th | *1996* | | | | | | | |
| I. | 13th | *1997* | | | | | | | |
| J. | 12th | *1998* | | | | | | | |
| K. | 11th | *1999* | | | | | | | |
| L. | 10th | *2000* | | | | | | | |
| M. | 9th | *2001* | | | | | | | |
| N. | 8th | *2002* | | | | | | | |
| O. | 7th | *2003* | | | | | | | |
| P. | 6th | *2004* | | | | | | | |
| Q. | 5th | *2005* | | | | | | | |
| R. | 4th | *2006* | | | | | | | |
| S. | 3rd | *2007* | | | | | | | |
| T. | 2nd | *2008* | | | | | | | |
| U. | 1st | *2009* | | | | | | | |
| V. | Current | *2010* | | | | | | | |
| X. | Total to Current 12/31 Sum (A) to (V) | | | | | | | | |
| Y. | Total to Prior 12/31 Sum (A) to (V) | | | | | | | | |
| Z. | Calendar Year Experience (X-Y) | | | | | | | | |

**CALL #5B – DIRECT WRITTEN PREMIUM – DUE April 1st**
**VALUED AS OF DECEMBER 31st_____**

**REPORTING GROUP NAME:_____** **REPORT ID_____**

| Calendar Year | Direct Written Premium (1) | USL&H Premium (2) | National Defense Plan Premium (3) | Total of Columns (1) through (3) Reconcilable to Exhibit of Premiums and Losses (4) | Large Deductible Direct Written Premium (5) |
|---|---|---|---|---|---|
| *2010* | | | | | |

THE WORKERS' COMPENSATION
RATING AND INSPECTION BUREAU

# Call # 5A – LARGE DEDUCTIBLE COMPANY LEVEL WRITTEN PREMIUMS

## Due April 1st

**VALUED DECEMBER 31st _____**

**REPORTING GROUP NAME:_____** **REPORT ID: _____**

| Calendar Year | Large Deductible Company Level Written Premiums | |
|---|---|---|
| | Standard Premium (1) | ARAP Premium (2) |
| *2010* | | |

# Call # 5 – RESIDUAL MARKET DIRECT WRITTEN PREMIUM

## Due April 1st

**VALUED DECEMBER 31st** _____

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | Residual Market *(including "F" Classification and Maritime experience)* | VDAR (including "F" Classification and Maritime experience) |
|---|---|---|---|---|
| Line | Calendar Year | Policy Year | (1) | (2) |
| A. | *2010* | *Prior to 2006* | | |
| B. | *2010* | *2006* | | |
| C. | *2010* | *2007* | | |
| D. | *2010* | *2008* | | |
| E. | *2010* | *2009* | | |
| F. | *2010* | *2010* | | |
| G. | Total to Current 12/31 Sum (A) to (F) | | | |

**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Addition of DCC on Employers Liability Claims

### Proposal

Update Part II, Section IV, Call #4, Page 4:3 of the Statistical Plan to add Defense and Cost Containment Expense (DCC) on Listed Reconciliation Items (Line 11) of Incurred Loss Reconciliation Report (Call #4, Page 2 of 3).

### Purpose

This change was a result of at least one carrier member who reported DCC on Employers Liability Claims as a write-in item on the Incurred Loss Reconciliation Report. We wish to add this item to the listed reconciliation items because we want other carriers to recognize this potential reconciling item.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

Part II, Section IV, Call #4, Page 4:3 and also the template on Call #4, Page 2 of 3.

**Incurred Loss Reconciliation Report (Page 2 of 3)**

Line 1: Total Market Case Incurred Losses. In column (1) enter the amount from Line Z, column (*10* ~~3~~) of Policy Year Call (Call #2). In column (2) enter the amount from Line Z, column (*7* ~~10~~) of Accident Year Call (Call #3).

Line 2: Large Deductible Case Incurred Losses. In column (1) enter the amount from Line Z, column (*10* ~~3~~) of Policy Year Large Deductible Call (Call #2C). In column (2) enter the amount from Line Z, column (*7* ~~10~~) of Accident Year Large Deductible Call (Call #3C).

Line 3: "F" Classification Case Incurred Losses; Policy Year "F" Classification Call (Call #2D), Line Z, column (*10* ~~3~~).

Line 4: Maritime Classification Case Incurred Losses; Policy Year Maritime Classification Call (Call #2E), Line Z, column (*10* ~~3~~).

Line 5: Sum of Lines 1 through 4

Line 6: National Defense Projects

Line 7: Deductible Reimbursements (Large)

Line 8: Deductible Reimbursements (Small)

Line 9: Sections 7, 8, 10, 13A and 14 penalties

Line 10: Incurred But Not Reported (IBNR) Reserves

*Line 11: DCC on Employers Liability Claims*

Line *12*: Sum of Lines 6 through *11*

Line *13*: Annual Statement Incurred Loss, Exhibit of Premium and Losses (Statutory Page 14 data), Line 16, Column 6.

Line *14*: Difference of (Line *13* – Line *12* – Line 5)

Line *15*: "Write-Ins" Reconciliation Item.

Line *16*: "Write-Ins" Reconciliation Item.

Line *17*: "Write-Ins" Reconciliation Item.

Line *18*: "Write-Ins" Reconciliation Item.

Line *19*: "Write-Ins" Reconciliation Item.

Line *20*: Sum of Lines *15* through *19*.

Line *21*: Difference of (Line *20* – Line *14*)

# Call # 4 – RECONCILIATION REPORT – Due April 1st

**VALUED DECEMBER 31st _____**

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

*This report shows the reconciliation of Incurred Loss data reported to the* WCRIBMA *in response to the current Calls for Experience and the Massachusetts Exhibit of Premiums & Losses data from the current Annual Statement. Enter amounts indicated below:*

## Incurred Loss Reconciliation

| | Policy Year (1) | | Accident Year (2) |
|---|---|---|---|
| I. Indicated ~~2006~~ Calendar Year Results | | | |
| 1. Total Market | | | |
| 2. Large Deductible | | | |
| 3. "F" Classification (from the Policy Year "F" Classification Call) | | | |
| 4. Maritime Classification (from the Policy Year Maritime Call) | | | |
| 5. Subtotal (Lines 1 through 4) | | | |
| II. Listed Reconciliation Items | | | |
| ***6.*** National Defense Projects | | | |
| ***7.*** Deductible Reimbursements (Large) | | | |
| ***8.*** Deductible Reimbursements (Small) | | | |
| ***9.*** Sections 7, 8, 10, 13A, and 14 penalties | | | |
| ***10.*** Incurred But Not Reported (IBNR) Reserves | | | |
| ***11. DCC on Employers Liability Claims*** | | | |
| ***12.*** Subtotal (Lines 6 through ***11***) | | | |
| III. Annual Statement | | | |
| ***13.*** Exhibit of Premium and Losses (Statutory Page 14 Data), Line 16, Column 6 (Incurred Loss) | | | |
| IV. Difference | | | |
| ***14.*** Calculate as indicated (Line ***13*** – Line ***12*** – Line 5) | | | |
| V. "Write-Ins" Reconciliation Items (provide short description below) | | | |
| ***15***. _____ | | | |
| ***16***. _____ | | | |
| ***17***. _____ | | | |
| ***18***. _____ | | | |
| ***19***. _____ | | | |
| ***20***. Subtotal (Lines ***15*** through ***19***) | | | |
| VI. Remaining Variance | | | |
| ***21***. Imbalance (Line ***20*** – Line ***14***) | | | |

**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Clarification to Residual Market Direct Written Premium

### Proposal

In Part II, Section IV, Call #5, Page 5:1 of the Statistical Plan, add the following text to the Column 1 heading: "including "F" Classification and Maritime experience".

### Purpose

This change helps to clarify the reporting requirements for the residual market direct written premium reported on Call #5.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

Part II, Section IV, Call #5, Page 5:1 and also the template on Page 5:2.

# CALL #5 RESIDUAL MARKET DIRECT WRITTEN PREMIUM

**Data Period**: Calendar Year data valued as of December 31
**Due Date:** April 1

A. DESCRIPTION

Report the current calendar year residual market direct written premium, consistent with the reporting on the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14), by policy year.

B. REPORTING REQUIREMENTS

1. For policies effective prior to January 1, 2005, calendar year 2009 residual market direct written premiums are to be summarized and the total should be reported on Line (A) ("Prior to 2005").

2. For policies effective on or after January 1, 2005, calendar year 2009 residual market direct written premiums are to be summarized by policy year. Report the policy year written premium totals on the line having the corresponding policy year.

3. Calculate the calendar year 2009 total on Line (G) as the sum of Lines (A) through (F).

4. Terrorism Insurance Program (Certified Acts of Terrorism) Premium should be included, consistent with the reporting of direct premium on the Annual Statement.

C. COLUMN INSTRUCTIONS

Column 1: Residual Market ***(including "F" Classification and Maritime experience)*** Direct Written Premium

Massachusetts workers' compensation and employers' liability direct written premiums as reported on Column 1, Line 16 Statutory Page 14 of the Annual Statement for residual market policies (i.e., voluntary direct assigned risk policies and servicing carrier policies).

Column 2: VDAR (including "F" Classification and Maritime experience) Direct Written Premium

Massachusetts workers' compensation and employers' liability direct written premiums as reported on Column 1, Line 16 Statutory Page 14 of the Annual Statement for voluntary direct assigned risk policies.

Note that this item refers only to VDAR policy premium. It does not refer to assigned risk premium from policies serviced by servicing carriers.

# Call # 5 – RESIDUAL MARKET DIRECT WRITTEN PREMIUM

## Due April 1st

**VALUED DECEMBER 31st** _____

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| | | | Residual Market *(including "F" Classification and Maritime experience)* | VDAR (including "F" Classification and Maritime experience) |
|---|---|---|---|---|
| Line | Calendar Year | Policy Year | (1) | (2) |
| A. | *2010* | *Prior to 2006* | | |
| B. | *2010* | *2006* | | |
| C. | *2010* | *2007* | | |
| D. | *2010* | *2008* | | |
| E. | *2010* | *2009* | | |
| F. | *2010* | *2010* | | |
| G. | Total to Current 12/31 Sum (A) to (F) | | | |

**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Addition of NCCI Carrier Code

### Proposal

Update Part II, Section IV, Call #7, Page 7:2 of the Statistical Plan to add NCCI Carrier Code, a unique 5 digit numeric code assigned by the National Council on Compensation Insurance (NCCI) to an insurance company.

### Purpose

We added this item so we can reconcile to the Unit Statistical Reporting Data.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

Part II, Section IV, Call #7, Page 7:2 and also Call #7 template.

**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Elimination of Injury Type Code 07: Contract Medical

### Proposal

Update Part II, Section IV, Call #7, Page 7:2 of the Statistical Plan to eliminate Injury Type Code 07: Contract Medical.

### Purpose

This is a code that identifies under which provision(s) of the law benefits are paid or expected to be paid. We are proposing to eliminate Injury Type Code 07 because there are no provisions for the payments of contract medical loss payments in Massachusetts.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

Part II, Section IV, Call #7, Page 7:2.

9. Unlike extraordinary loss event claims, if the case incurred for a large loss claim previously reported on this call drops below $500,000, do not report the claim.

## C. COLUMN INSTRUCTIONS

**Column 1:** Claim Number - A unique number assigned by the insurance company to a claim for the life of that claim. Claim numbers must be reported in a manner consistent with Unit Statistical Reporting (USR).

***Column 2: NCCI Carrier Code - A unique 5 digit numeric code assigned by the National Council on Compensation Insurance (NCCI) to an insurance company.***

**Column** ***3:*** Policy Number – Policy number associated with the claim. Policy Numbers must be reported in a manner consistent with Unit Statistical Reporting (USR).

**Column** ***4*****:** Catastrophe Number – Report Catastrophe Code for all extraordinary loss events assigned a unique catastrophe number (for example, report 48 for all Catastrophe Number 48 claims, regardless of claim size).

**Column** ***5*****:** Market Type Code – Indicate the market type code for the policy associated with the claim:
0 – Involuntary
2 – Large Deductible
3 – Voluntary (Other than Large Deductible)

**Column** ***6:*** Policy Effective Date – The date of inception for the policy associated with the claim.

**Column** ***7:*** Accident Date – The date on which the large loss or catastrophe occurred.

**Column** ***8:*** Loss Condition Act Code – A code that identifies the basis of liability for the claim.
01 – State Act or Federal Excluding USL&H
02 – USL&H

**Column** ***9:*** Injury Type Code – A code that identifies under which provision(s) of the law benefits are paid or expected to be paid.
01 – Death
02 – Permanent Total Disability
05 – Temporary Injury
06 – Medical Only
~~07 – Contract Medical~~
09 – Permanent Partial Disability

**Column** ***10:*** Claim Status Code
0 – Open
1 – Closed
2 – Reopened

**Column** ***11:*** Paid Indemnity

**Column** ***12:*** Paid Medical

**Column** ***13:*** Case Reserves Indemnity

**Column** ***14:*** Case Reserves Medical

**Column** ***15:*** Defense and Cost Containment Expense – Paid

**Column** ***16:*** Defense and Cost Containment Expense – Case Reserves

# CALL # 7: LARGE LOSS & CATASTROPHE CALL – Due April 15th

**VALUED AS OF DECEMBER 31st _____**

**REPORTING GROUP NAME:**_____ **REPORT ID:** _____

| Claim Number (1) | NCCI Carrier Code (2) | Policy Number (3) | Catastrophe Number (4) | Market Type Code (5) | Policy Effective Date (6) | Accident Date (7) | Loss Condition Act Code (8) | Injury Type Code (9) | Claim Status Code (10) | Accumulated Paid Losses | | Case Reserves | | Accumulated Defense and Cost Containment Expense | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Indemnity (11) | Medical (12) | Indemnity (13) | Medical (14) | Paid (15) | Case (16) |
| | | | | | | | | | | | | | | | |
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**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Update Column and Line Numbers to Edit Listing

### Proposal

In Part II, Section VII, Pages 23 and 26 of the Statistical Plan, update the line or column numbers to reflect the addition of new item in Reconciliation Report Call (Call #4) and new column in Large Loss and Catastrophe Call (Call #7).

### Purpose

This change is due to the fact that we added Line (11) on Incurred Loss Reconciliation Report and Column (2) on Large Loss and Catastrophe Call.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

Part II, Section VII, Pages 23 and 26.

| EDITS EXCLUSIVE TO CALL #2 – Policy Year Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 2.41 | For Lines (F) through (V), if Standard at Bureau Designated Stat Reporting Level (Column (1)) is >=2,500,000, then Premium Adjustments Due to ARAP Surcharge (Column (19)) should be reported. | Actuarial |
| 2.42 | Premium Adjustments Due to Construction Credit Program (Column (20)) should not be reported prior to 1991. | Basic |
| 2.43 | Premium Adjustments Due to QLMP Credit (Column (21)) should not be reported prior to 1990. | Basic |
| ***4.14*** | ***Columns 3, 15 and 17, Line Z should equal Call #4, Page 1, Lines 1, 2 and 3 respectively.***<br>***Column 10, Line Z should equal Call #4, Page 2, Line 1, Column 1.*** | ***Actuarial*** |

| EDITS EXCLUSIVE TO CALL #2A – Policy Year Residual Market Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 2.1 | Total (Line (X)) Indemnity Paid Losses (Column (4)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 2.2 | Total (Line (X)) Medical Paid Losses (Column (5)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 2.4 | For Policy Year 1989 through Line (U), Indemnity Paid Losses (Column (4)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 2.5 | For Policy Year 1989 through Line (U), Medical Paid Losses (Column (5)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 2.6 | For Policy Year 1989 through Line (U), the ratio of the Indemnity Paid Losses + Indemnity Case Reserves (Column (4) + Column (8)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.80 to 1.25 6th & prior<br>.80 to 1.40 5th<br>.80 to 1.40 4th<br>.80 to 1.40 3rd<br>.75 to 1.70 2nd<br>1.00 to 5.00 1st | Actuarial |
| 2.7 | For Policy Year 1989 through Line (U), the ratio of the Medical Paid Losses + Medical Case Reserves (Column (5) + Column (9)) on the Current to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.80 to 1.25 6th & prior<br>.80 to 1.40 5th<br>.80 to 1.40 4th<br>.80 to 1.40 3rd<br>.75 to 1.70 2nd<br>1.00 to 5.00 1st | Actuarial |

**Edit Type Description**:
Basic identifies errors or omissions in data.
Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

| EDITS EXCLUSIVE TO CALL #2C – Policy Year Large Deductible Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 5A.3 | For Call #5A, Column (1), if Standard Written Premium at Company Level is not equal to 0, then Standard Earned Premium at Company Level in Call #2C, Column (2), Line Z should not equal 0. | Actuarial |
| 5A.4 | For Call #5A, Column (2), if ARAP Premium is not equal to 0, then ARAP Surcharge in Call #2C, Column (15), Line Z should not equal 0. | Actuarial |
| ***4.14*** | ***Columns 3 and 15, Line Z should equal Call #4, Page 1, Lines 4 and 5 respectively. Column 10, Line Z should equal Call #4, Page 2, Line 2, Column 1.*** | ***Actuarial*** |

| EDITS EXCLUSIVE TO CALL #2D – Policy Year "F" Classification Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 2.1 | Total (Line (X)) Indemnity Paid Losses (Column (4)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 2.2 | Total (Line (X)) Medical Paid Losses (Column (5)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 2.4 | For Lines (A) through (U), Indemnity Paid Losses (Column (4)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 2.5 | For Lines (A) through (U), Medical Paid Losses (Column (5)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 2.6 | For Lines (A) through (U), the ratio of the Indemnity Paid Losses + Indemnity Case Reserves (Column (4) + Column (8)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.80 to 1.25 6th & prior<br>.80 to 1.40 5th<br>.80 to 1.40 4th<br>.80 to 1.40 3rd<br>.75 to 1.70 2nd<br>1.00 to 5.00 1st | Actuarial |
| 2.7 | For Lines (A) through (U), the ratio of the Medical Paid Losses + Medical Case Reserves (Column (5) + Column (9)) on the Current to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.80 to 1.25 6th & prior<br>.80 to 1.40 5th<br>.80 to 1.40 4th<br>.80 to 1.40 3rd<br>.75 to 1.70 2nd<br>1.00 to 5.00 1st | Actuarial |
| 2.8 | For Lines (A) through (T), the ratio of the Accumulated Closed (Paid) + Open Outstanding (Column (14) + Column (15)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 20.<br>.99 to 1.01 6th & prior<br>.98 to 1.05 5th<br>.98 to 1.05 4th<br>.94 to 1.20 3rd<br>.90 to 1.30 2nd | Actuarial |
| 2.12 | For Policy Year 1994 through Line (V), if Indemnity Paid Losses + Indemnity Case Reserves (Column (4) + Column (8)) are > 0 then Incurred Accumulated Closed (Paid) + Open Outstanding (Column (14) + Column (15)) must be > 0. | Basic |

**Edit Type Description**:
Basic identifies errors or omissions in data.
Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

| EDITS EXCLUSIVE TO CALL #2D – Policy Year "F" Classification Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 2.41 | For Policy Year 1990 through Line (V), if Standard at Bureau Designated Stat Reporting Level (Column (1)) is >=2,500,000, then Premium Adjustments Due to ARAP Surcharge (Column (19)) should be reported. | Actuarial |
| 2.42 | Premium Adjustments Due to Construction Credit Program (Column (20)) should not be reported prior to 1991. | Basic |
| 2.43 | Premium Adjustments Due to QLMP Credit (Column (21)) should not be reported prior to 1990. | Basic |
| ***4.14*** | ***Columns 3, 15 and 17, Line Z should equal Call #4, Page 1, Lines 6, 7 and 8 respectively.***<br>***Column 10, Line Z should equal Call #4, Page 2, Line 3, Column 1.*** | ***Actuarial*** |

| EDITS EXCLUSIVE TO CALL #2E – Policy Year Maritime Classification Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 2.1 | Total (Line (X)) Indemnity Paid Losses (Column (4)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 2.2 | Total (Line (X)) Medical Paid Losses (Column (5)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 2.4 | For Policy Year 2006 through Line (U), Indemnity Paid Losses (Column (4)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 2.5 | For Policy Year 2006 through Line (U), Medical Paid Losses (Column (5)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 2.6 | For Policy Year 2006 through Line (U), the ratio of the Indemnity Paid Losses + Indemnity Case Reserves (Column (4) + Column (8)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.80 to 1.25 6th & prior<br>.80 to 1.40 5th<br>.80 to 1.40 4th<br>.80 to 1.40 3rd<br>.75 to 1.70 2nd<br>1.00 to 5.00 1st | Actuarial |
| 2.7 | For Policy Year 2006 through Line (U), the ratio of the Medical Paid Losses + Medical Case Reserves (Column (5) + Column (9)) on the Current to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.80 to 1.25 6th & prior<br>.80 to 1.40 5th<br>.80 to 1.40 4th<br>.80 to 1.40 3rd<br>.75 to 1.70 2nd<br>1.00 to 5.00 1st | Actuarial |

**Edit Type Description**:
Basic identifies errors or omissions in data.
Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

| EDITS EXCLUSIVE TO CALL #2E – Policy Year Maritime Classification Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 2.37 | For Policy Year 2006 through Line (U), the ratio of the Standard at Company Level (Column (2)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.93 to 1.07 5th & prior<br>.80 to 1.25 4th<br>.80 to 1.25 3rd<br>.75 to 1.33 2nd<br>1.00 to 4.00 1st | Actuarial |
| 2.38 | For Policy Year 2006 through Line (U), the ratio of the Net Premium (Column (3)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.93 to 1.07 5th & prior<br>.80 to 1.25 4th<br>.80 to 1.25 3rd<br>.75 to 1.33 2nd<br>1.00 to 4.00 1st | Actuarial |
| 2.39 | For Policy Year 2006 through Line (V), Standard at Company Level (Column (2)) must be less than or equal to Standard at Bureau Designated Stat. Reporting Level (Column (1)). | Basic |
| 2.41 | For Policy Year 2006 through Line (V), if Standard at Bureau Designated Stat Reporting Level (Column (1)) is >=2,500,000, then Premium Adjustments Due to ARAP Surcharge (Column (19)) should be reported. | Actuarial |
| ***4.14*** | ***Columns 3, 15 and 17, Line Z should equal Call #4, Page 1, Lines 9, 10 and 11 respectively. Column 10, Line Z should equal Call #4, Page 2, Line 4, Column 1.*** | ***Actuarial*** |

| EDITS EXCLUSIVE TO CALL # 3 - Accident Year Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 3.1 | Total (Line (X)) Indemnity Paid Losses (Column (1)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 3.2 | Total (Line (X)) Medical Paid Losses (Column (2)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 3.4 | For Accident Year Lines (A) through (U), Indemnity Paid Losses (Column (1)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 3.5 | For Lines (A) through (U), Medical Paid Losses (Column (2)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 3.6 | For Lines (A) through (U), the ratio of the Indemnity Paid Losses + Indemnity Case Reserves (Column (1) + Column (5)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.75 to 1.33 5th & prior<br>.75 to 1.40 4th<br>.75 to 1.40 3rd<br>.80 to 1.50 2nd<br>.90 to 2.30 1st | Actuarial |

**Edit Type Description**:
Basic identifies errors or omissions in data.
Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

| EDITS EXCLUSIVE TO CALL # 3 - Accident Year Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 3.18 | For Lines (X) and (Z) Accident Year Accumulated Closed (Paid) and Open Outstanding (Column (11), Column (12)) must equal Policy Year Accumulated Closed (Paid) and Open Outstanding (Column (14), Column (15)). | Actuarial |
| 3.19 | Line (V) Accident Year Accumulated Closed (Paid), Open Outstanding (Column (11), Column (12)) should be >= to Line (V) Policy Year Accumulated Closed (Paid), Open Outstanding (Column (14), Column (15)). | Basic |
| 3.20 | Within the same calendar year, for Lines (A) through (V), Accident Year Accumulated Closed (Paid), Open Outstanding (Column (11), Column (12)) should be less than or equal to the corresponding Policy Year Accumulated Closed (Paid), Open Outstanding (Column (14), Column (15)) + the Prior Policy Year Accumulated Closed (Paid), Open Outstanding (Column (14), Column (15)). | Actuarial |
| ***4.14*** | ***Column 7, Line Z should equal Call #4, Page 2, Line 1, Column 2.*** | ***Actuarial*** |

| EDITS EXCLUSIVE TO CALL # 3A - Accident Year Residual Market Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 3.1 | Total (Line (X)) Indemnity Paid Losses (Column (1)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 3.2 | Total (Line (X)) Medical Paid Losses (Column (2)) on the Current call decreased more than 200,000 from the Prior call. | Actuarial |
| 3.4 | For Accident Year 1989 through Line (U), Indemnity Paid Losses (Column (1)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 3.5 | For Accident Year 1989 through Line (U), Medical Paid Losses (Column (2)) on the Current call decreased more than 10,000 from the Prior call. | Actuarial |
| 3.6 | For Accident Year 1989 through Line (U), the ratio of the Indemnity Paid Losses + Indemnity Case Reserves (Column (1) + Column (5)) on the Current call to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.75 to 1.33 5th & prior<br>.75 to 1.40 4th<br>.75 to 1.40 3rd<br>.80 to 1.50 2nd<br>.90 to 2.30 1st | Actuarial |
| 3.7 | For Accident Year 1989 through Line (U), the ratio of the Medical Paid Losses + Medical Case Reserves (Column (2) + Column (6)) on the Current to the Prior call should fall within the ranges listed if the change exceeds 200,000.<br>.75 to 1.33 5th & prior<br>.75 to 1.40 4th<br>.75 to 1.40 3rd<br>.80 to 1.50 2nd<br>.90 to 2.30 1st | Actuarial |

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Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

| EDITS EXCLUSIVE TO CALL # 3C - Accident Year Large Deductible Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| *4.14* | *Column 7, Line Z should equal Call #4, Page 2, Line 2, Column 2.* | *Actuarial* |

| EDITS EXCLUSIVE TO CALL #4 - Reconciliation Report | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 4.1 | Page 1. If a Write-in value is entered on Lines 19, 20, 21, 22, 23 there should be a note added on the same line. | Basic |
| 4.2 | Page 1. The Imbalance on Line 25 should not be greater than or less than zero. | Actuarial |
| 4.3 | Page 2. If a Write-in value is entered on Lines *15* ~~14~~, *16* ~~15~~, *17* ~~16~~, *18* ~~17~~, *19* ~~18~~ there should be a note added on the same line. | Basic |
| 4.4 | Page 2. The Imbalance on Line *21* ~~20~~ should not be greater than or less than zero. | Actuarial |
| 4.5 | Page 2. (Line 1) Total Market Policy Year Incurred Losses must equal (Line 1) Total Market Accident Year Incurred Losses. | Actuarial |
| 4.6 | Page 2. (Line 2) Large Deductible Policy Year Incurred Losses must equal (Line 2) Large Deductible Accident Year Incurred Losses. | Actuarial |
| 4.7 | Page 3. If a Write-in value is entered on Lines 21, 22, 23, 24, 25 there should be a note added on the same line. | Basic |
| 4.8 | Page 3. If the Imbalance reported on Line 27 is > the absolute value of 500, then an adequate explanation must be included within the Call Notes. | Actuarial |
| 4.9 | Page 2, Line 7. If Deductible Reimbursements (Large) equal 0, then Standard at DSR Level (Column (1)) on Call #2C should equal 0. | Actuarial |
| 4.10 | Page 2, Line 7. If Deductible Reimbursements (Large) is <> ), then Standard at DSR Level (Column (1)) on Call #2C should not equal 0. | Actuarial |
| 4.11 | Page 2, Line 7. If Deductible Reimbursements (Large) <> 0, then Call #2C should not be NIL. | Actuarial |
| 4.12 | Page 3, Line 6. Rate Deviations should not be positive. | Actuarial |
| 4.13 | Page 3, Line 12. Scheduled rating Adjustments should not be positive. | Actuarial |

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Basic identifies errors or omissions in data.
Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

| EDITS EXCLUSIVE TO CALL #4 - Reconciliation Report | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| *4.14* | *Page 1, Lines 1, 2 and 3 should equal Call #2 Columns 3, 15 and 17, Line Z respectively.*<br>*Page 1, Lines 4 and 5 should equal Call #2C Columns 3 and 15, Line Z respectively.*<br>*Page 1, Lines 6, 7 and 8 should equal Call #2D Columns 3, 15 and 17, Line Z respectively.*<br>*Page 1, Lines 9, 10 and 11 should equal Call #2E Columns 3, 15 and 17, Line Z respectively.*<br>*Page 2, Line 1, Column 1 should equal Call #2 Column 10, Line Z.*<br>*Page 2, Line 1, Column 2 should equal Call #3 Column 7, Line Z.*<br>*Page 2, Line 2, Column 1 should equal Call #2C Column 10, Line Z.*<br>*Page 2, Line 2, Column 2 should equal Call #3C Column 7, Line Z.*<br>*Page 2, Line 3 should equal Call #2D Column 10, Line Z.*<br>*Page 2, Line 4 should equal Call #2E Column 10, Line Z.* | *Actuarial* |

| EDITS EXCLUSIVE TO CALL # 5B – Direct Written Premium | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 5B.1 | If Large Deductible Written (Column (5)) is <> 0 Call #2C should not be NIL. | Basic |
| 5B.2 | If Large Deductible Written (Column (5)) <> 0 then Call #2C Net Premium, Column (3), Line Z should not = 0. | Actuarial |
| 5B.3 | If Large Deductible Written (Column (5)) = 0, then Call #2C Net Premium, Column (3), Line Z should =0. | Actuarial |
| 5A.5 | For Call #5A, if Standard Written Premium at Company Level, Column (1) + ARAP Premium, Column (2) is not equal to zero then Large Deductible Written in Call #5B, Column (5), should not equal zero. | Actuarial |
| 5A.6 | For Call #5A, if Standard Written Premium at Company Level, Column (1) + ARAP Premium, Column (2) is equal to zero then Large Deductible Written in Call #5B, Column (5), should equal zero. | Actuarial |

| EDITS EXCLUSIVE TO CALL # 5A – Large Deductible Company Level Written Premiums | | |
|---|---|---|
| Edit # | Edit Description | Edit Type |
| 5A.1 | For Column (1), if Standard Written Premium at Company Level is equal to 0, then Standard Earned Premium at Company Level in Call 2C, Column (2), Line Z should equal zero. | Actuarial |
| 5A.2 | For Column (2), if ARAP Premium is not equal to 0, then ARAP Surcharge in Call 2C, Column (15), Line Z should not equal zero. | Actuarial |
| 5A.3 | For Column (1), if Standard Written Premium at Company Level is not equal to 0, then Standard Earned premium at Company Level in Call #2C, Column (2), Line Z should not equal zero. | Actuarial |

**Edit Type Description**:
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Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

| EDITS EXCLUSIVE TO CALL # 6A – Insurance Expense Exhibit | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 6.1 | MA Data (Call # 6) should be less than or equal to Country Wide Data (Call # 6A) for the following fields: Other Acquisitions, Field Supervisions and Collection Expenses, Adjusting and Other Expenses and General Expenses. | Actuarial |

| EDITS EXCLUSIVE TO CALL # 7 - Large Loss and Catastrophe Call | | |
|---|---|---|
| **Edit #** | **Edit Description** | **Edit Type** |
| 7.1 | Duplicate records should not be reported. | Basic |
| 7.2 | Extraordinary Loss Event claim that reported on previous call must be reported on current call. | Basic |
| 7.3 | Claim reported on current call but not reported on previous call. | Actuarial |
| 7.4 | If a Policy is reported then a Claim Number must be reported. | Basic |
| 7.5 | If a Claim Number is reported then a Policy must be reported. | Basic |
| 7.6 | Incurred Losses must be >= 500,000 if the claim is not an Extraordinary Loss Event claim. | Actuarial |
| 7.7 | Catastrophe Number should be a number that has been classified as an Extraordinary Loss Event. | Basic |
| 7.8 | Market type code (Column (*5* ~~4~~)) must be 0, 2 ***or*** 3. ~~, 4 or 5~~ | Basic |
| 7.9 | Loss Condition Act Code (Column (*8* ~~7~~)) must be 01 or 02. | Basic |
| 7.10 | Injury Type Code (Column (*9* ~~8~~)) must be 01, 02, 05, 06 or 09. | Basic |
| 7.11 | Claim ***S*** ~~s~~tatus ***Code (Column (10)*** must be 0, 1, or 2. | Basic |
| ***7.12*** | Columns ***(****13* ~~12~~***), (****14* ~~13~~***)*** and ***(****16* ~~15~~***)*** – Indemnity Case, Medical Case and DCC Case Respectively – should not be less than zero. | ***Actuarial*** |

**Edit Type Description**:
Basic identifies errors or omissions in data.
Actuarial checks for consistency between calls and related data, also reasonableness in the change between valuations.

**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Clarification to the Examination Reports

### Proposal

In Part II, Section V, Page 5 of the Statistical Plan, indicate in parenthesis the section where carriers can find more information about an on-site targeted examination or a triennial examination.

### Purpose

This note will connect Section V – Data Quality Compliance Programs and Section VI – Examinations and Reconciliations of Part II.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

Part II, Section V, Page 5.

- CALL # 2 : POLICY YEAR CALL
- CALL #2C: POLICY YEAR LARGE DEDUCTIBLE CALL
- CALL #2D: POLICY YEAR "F" CLASSIFICATION CALL
- CALL #2E: POLICY YEAR MARITIME CLASSIFICATION CALL

For calls due in a year XXXX the calendar year earned premium applied in capping will be for year XXXX – 2. For example, calls due to be submitted in 2007 will be subject to a cap based on calendar year 2005 earned premiums at the designated statistical reporting level.

The maximum total fine for all calls due is a given year is limited to the greater of $15,000 or 0.5% of the applicable earned premium at the designated statistical reporting level.

D. Examinations and Reconciliations

The Bureau will annually perform certain reconciliations as mandated by the Massachusetts Commissioner of Insurance.

If the mandated reconciliations identify unexplained data anomalies which are not resolved in accordance with the established timeline, the insurance group to which the carrier belongs is subject to an on-site targeted examination by an auditing firm charged with preparing a Findings Report relative to the data in question. See Section VI for complete details.

Additionally, insurance groups with market shares exceeding a given threshold are subject to a triennial examination requirement. See Section VI for complete details.

Findings Reports related to either an on-site targeted examination ***(Section VI, Part C)*** or a triennial examination ***(Section VI, Part E)*** that are submitted after the due date will accrue fines at a rate of $250 per business day for the first 30 business days. Fines will accrue at the rate of $1,000 per business day for the next 30 business days after which fines will accrue at the rate of $2,500 per business day until such time as the Findings Report has been submitted.

E. Disciplinary Fine

In addition to the fines described above, the Bureau may impose a Disciplinary Fine for any of the following reasons:

1. If, in any filing the Bureau makes with the Division of Insurance, it becomes necessary for the Bureau to adjust, correct, or make allowances for inaccuracies in the data supplied by a carrier or carrier group.

**PROPOSED REVISION TO THE MASSACHUSETTS WORKERS' COMPENSTATION STATISTICAL PLAN – PART II**

**December 14, 2010**

## Update to the Triennial Examination Section

### Proposal

In Part II, Section VI, Page 8 add a paragraph to the triennial section that talks about the time that carrier group has to respond to the findings report.

### Purpose

This revision will specify the time frame the carrier group has to respond to the findings report of the triennial examination.

### Implementation

The change is effective December 31, 2010.

### Statistical Plan Pages

Part II, Section VI, Page 8.

E. ROUTINE ENGAGEMENTS BY INDEPENDENT AUDITING FIRMS

Any carrier group with at least a one percent (1%) market share in any of the three calendar years immediately preceding the latest calendar year for which Annual Statements have been filed, will be required to engage its independent auditing firm (the auditing firm used by the carrier group to audit their most recent year end financial statements) or another independent auditing firm of its choice to perform an on-site AUP Engagement. Carrier group market shares will be based on calendar year earned premiums for the Massachusetts workers' compensation line as reported on Statutory Page 14. The Bureau will notify those carrier groups that will be subject to an AUP for any given year. The carrier groups selected for an AUP Engagement in any given year shall be determined by the Bureau in consultation with the DOI. The routine AUP is to be performed at the carrier group's expense. Carrier groups will not be required to perform a routine on-site AUP Engagement more frequently than once every three years.

The AUP with regard to the underlying internal control environment (premiums and claims systems) governing Aggregate Financial data will be proposed by the Bureau for approval by the DOI and will result in a findings report that will be submitted to the DOI, the Bureau and the carrier group in accordance with the timetable prescribed in Part II, Section I, page 3.

***Upon receipt of the findings report, the carrier group will be given not more than thirty (30) days to make a written submission to the DOI and the Bureau responding to the findings report. The 30 day response period provided to the carrier group shall not prohibit the Bureau from making any determination regarding the appropriateness of the carrier group's data submissions. The DOI will, however, withhold any findings regarding the appropriateness of the carrier group's data submissions for 30 days after the conclusion of the AUP Engagement.***