



**THE WORKERS' COMPENSATION
RATING AND INSPECTION BUREAU OF MASSACHUSETTS**
101 ARCH STREET - 5TH FLOOR, BOSTON, MA 02110
(617) 439-9030 FAX 439-6055

August 11, 1995

CIRCULAR LETTER NO. 1722

**MASSACHUSETTS TAKE-OUT CREDIT REPORTING
SEMI-ANNUAL REPORTS**

For Calendar Year 1995, carriers will be required to submit two Take-Out Program Credit Reports.

- The first two quarters of Calendar Year 1995 data should be valued as of June 30, 1995, and submitted by September 1, 1995.
- The Aggregate Annual data (four quarters) for Calendar Year 1995 should be valued as of December 31, 1995, and submitted by March 1, 1996.

Beginning with the June 1995 submission, optional diskette reporting is available and all carriers are encouraged to submit their take-out policies via diskette. Diskette reporting eliminates data entry errors and will improve the timeliness of the Bureau's response and approval of the take-out submissions.

Diskette specifications and record formats are attached. Bureau staff are available to assist carriers in the implementation of diskette reporting.

An optional data element is added to both the hard copy form and diskette specifications. The Massachusetts Intra-state Rating ID Number (Bureau File Number) is requested where available. This will assist the Bureau staff in monitoring a take-out risk through both subsequent adjustments and throughout the 3 years of take-out eligibility. Carriers are not obligated to enter values in this field or column.

The additional information contained in the revised State Summary Sheet makes the form suitable for use in the Bureau's process of submission log-in and quality control. The extra carrier contact information assists us in efficient follow up. The State Summary Sheet also requests a description of the order of the detail records. The sort order of the detail record facilitates the verification of our data entry.

Questions on the take-out program should continue to be directed to me. Questions concerning technical aspects of diskette reporting should be directed to Sheila Annis, Statistician.

NORMAN R. FONTAINE
Vice President of Industry Affairs

Attachments

**MASSACHUSETTS TAKE-OUT PROGRAM
DISKETTE SPECIFICATIONS**

I. DISKETTE FORMAT

ASCII format on an IBM compatible 3 1/2 1.44 density micro diskette is the recommended format. Other spreadsheet software can be used to report the take-out information with Bureau approval prior to submission. Feel free to call Sheila Annis to discuss this.

II. EXTERNAL LABEL

Each diskette should be externally labeled with your carrier code, diskette numbering, density, filing date, valuation date, and file name.

The following is a sample label.

Group or Carrier Code 99999
Diskette No. <u>1</u> of <u>2</u>
Diskette Density 1.44 MB
Filing Date: 9/1/95
Valuation Date: 6/30/95
File Name

III. DATA FIELDS

The record formats in Section V classify each field as alpha numeric, numeric, or signed numeric.

All data fields classified as numeric are right justified and left zero filled. Signed numeric contain the sign in the first position of the field without embedded blanks between the sign and digits. All numeric values are reported as whole dollar amounts and may not contain dollar signs, commas, or decimal points. Dollar amount fields should be rounded to the nearest whole dollar.

All alpha numeric fields are left justified and space filled. Alpha numeric fields may not contain any punctuation, i.e. commas, period, colons, etc.

All date fields are formatted as month, day and year with a back slash separating each portion of the date.

A brief reporting instruction for each element is listed in the record format. Please contact bureau staff for additional information or assistance.

IV. TRANSMITTAL

Take-out submissions are accompanied by hard copy state summary sheets, which will function as a transmittal for submission control and also provide a carrier contact person. The state summary information will be reportable on diskette for the December 1995 take-out report.

V. RECORD FORMATS FOR MASSACHUSETTS TAKE-OUT PROGRAM DISKETTE REPORT

1. STATE SUMMARY RECORD

STATE SUMMARY RECORDS - UP TO 15 RECORDS PER SUBMISSION					Instructions
Field	Position	Size	Class	Format or Field Justify	
Record Type	1	1	Numeric	N/A	1 = State Summary
Carrier	2-6	5	Numeric	N/A	NCCI Carrier or Group Code
Valuation Date	8-15	8	Numeric	MM/DD/YY Note: Backslash separators	06/30/95 for 1st two quarters 12/31/95 for annual report
Filler	16-74	59	Alpha Numeric	Blank	
Policy Eff. Yr.	75-76	2	Numeric	YY	Insert the effective year of the policies summarized on this record.
Policy Count	77-84	8	Numeric	Right Justified, Left Zero fill	Insert the number of policies summarized on this record.
Year of Credit Program	85	1	Numeric	N/A	Report the number of years in the program of the policies summarized on this record. i.e. 1 = 1st year of take-out 2 = 2nd year of take-out 3 = 3rd year of take-out 4 = 4th year of take-out
Eff. Yr. Of Credit, Total Policy Yr. Written	86-94	9	Signed Numeric	Right justified, left zero fill, sign in 86	Report total policy year written premium for the policies with the applicable effective year and year of credit.
Eff. Yr., Yr. Of Credit, Total Calendar Yr. Written	95-102	9	Signed Numeric	Sign in 95, Right Justified, Left Zero Fill	Report the total policy year written premium for the policies with the applicable effective year and year of credit.
Filler	103-105	3	Alpha Numeric	Blank	
Eff. Yr., Yr. Of Credit, Total Credit Amount	106-114	9	Signed Numeric	Sign in 106, Right Justified, Left Zero Fill	Report the total policy year written premium for the policies with the applicable effective year and year of credit.

Note: Each non-zero line of the hard copy State Summary form requires a state summary record. The state summary totals the premiums and credits for each effective year/year of credit program combination contained in the submission.

V. RECORD FORMATS FOR MASSACHUSETTS TAKE-OUT PROGRAM DISKETTE REPORT

2. POLICY DETAIL RECORD

TAKE-OUT POLICY DETAIL RECORDS					
Field Record Type	Position	Size	Class	Format or Field Justify	Instructions
Record Type	1	1	Numeric	N/A	2 = Policy Detail Record
Carrier Code	2-6	5	Numeric	Right Justify, Left Zero Fill	NCCI Carrier or Group Code
Valuation Date	8-15	8		MM/DD/YY	06/30/95 for 1st two quarters 12/31/95 for annual report
Insured's Name	16-35	20	Alpha Numeric	Left Justify, Blank Right Fill	Insert the first 20 characters of the insured's name as shown on the policy information page. Do not use punctuation.
Policy Number	36-53	18	Alpha Numeric	Left Justify, Blank Right Fill	Report the policy number as it appears on the policy information page. Do not include hyphens or punctuation.
Bureau File Number	54-59	6	Numeric	Right Justify, Left Zero Fill	If available report the MA Bureau file or Risk ID number as it appears on either the experience rating work sheet or policy.
Large Deductible Indicator	60	1	Alpha Numeric	N/A	Insert Y if policy is written under a Large Deductible Program. Insert N if policy is not subject to a Large Deductible Program.
Policy Effective Date for 1st year of take-out policy	61-68	8	Numeric	MM/DD/YY Note backslash separator	Insert the policy effective date of the first voluntary policy eligible for take-out credit.
Policy Effective Date or current policy	69-76	8	Numeric	MM/DD/YY Note backslash separator	Insert the policy effective date as shown on the policy information page.
Policy Expiration Date of current policy	77-84	8	Numeric	MM/DD/YY Note backslash separator	Insert the policy expiration date as shown on the policy information page.
Year of Credit Program	85	1	Numeric	N/A	Insert the year of credit to be determined as follows: If difference between policy effective date of 1st year and current expiration date is <u> </u> Yr. Of Credit 12 months or less <u> </u> 1 greater than 12 months but not more than 24 months <u> </u> 2 greater than 24 months but not more than 36 months <u> </u> 3 more than 36 months <u>Note:</u> only applicable when <u> </u> 4 some of take-out eligible policies have been short term
Policy year written premium	86-94	9	Signed Numeric	Right Justify, Left Zero Fill, Sign in 86	Report the whole dollar total policy year written premium as describe in Circulars 1652 and 1670.

POLICY DETAIL RECORD continued

TAKE OUT POLICY DETAIL RECORDS					
Field Record Type	Position	Size	Class	Format or Field Justify	Instructions
Calendar Year Written Premium	95-102	9	Signed Numeric	Right Justify, Left Zero Fill, Sign in 95	Report the whole dollar total calendar year written premium as defined in circulars 1652 and 1670.
Credit Factor (Percent)	103-105	3	Numeric	Right Justify, Left Zero Fill	Report 3 digit credit factor. Implied decimal between positions 103 and 104 Examples: 1.5% = 150 1. % = 100 .75 = 075 .62 = 062 .50 = 050
Credit	106-114	9	Numeric	Right Justify, Left Zero Fill, Sign in 96	Report the product of Calendar Year Written and the credit factor, the credit should be rounded to the nearest whole dollar.



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**MASSACHUSETTS TAKE-OUT PROGRAM
STATE SUMMARY**

CALENDAR YEAR _____ DATE _____

First Two Quarters Annual Aggregate

CARRIER NAME: _____ CARRIER CODE: _____

Policy Effective Year	Total Policy Count	Year of Credit Program	Total Policy Year Written Premium Amount	Total Calendar Year Written Premium Amount	Total Credit Amount
1991		1			
1992		1			
1993		1			
1994		1			
1995		1			
1992		2			
1993		2			
1994		2			
1995		2			
1993		3			
1994		3			
1995		3			
1993		4			
1994		4			
1995		4			
Total					

Please describe the sort order of the detail take-out policy records, i.e., policy number, order or policy effective date order etc.

Submitted By: _____

Title: _____

Telephone No: _____ Fax No.: _____

Address: _____

