THE WORKERS' COMPENSATION
RATING AND INSPECTION BUREAU

August 30, 2013

CIRCULAR LETTER NO. 2224

To All Members and Subscribers of the WCRIBMA:

Revisions to the Massachusetts Workers' Compensation Statistical Plan

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On August 14, 2013, the Massachusetts Division of Insurance approved a revised and restructured Massachusetts Workers' Compensation Statistical Plan.

The new Statistical Plan consolidates sections that existed in both Part I – Unit Statistical Reporting and Part II – Aggregate Financial Reporting and it is restructured into the following Parts:

- Part I - Unit Statistical Data: The instructions for the reporting of unit statistical data.
- Part II – Aggregate Financial Data: The instructions, and sample forms for the reporting of aggregate financial data.
- Part III – Definitions: The definitions for terms associated with reporting unit statistical data and aggregate financial data.
- Part IV– Examinations and Reconciliations: Information detailing the reconciliation of unit statistical data and aggregate financial data.
- Part V – Data Quality Compliance Programs: The WCRIBMA's data quality fining processes for unit statistical data and aggregate financial data.

Revisions to the MA Statistical Plan – Part I include:

- Removal of general instructions for reporting Three-Year Fixed Rate policies. Three-Year Fixed Rate Policies were eliminated effective 1/1/14. For any Three-Year Fixed Rate Policies effective prior to 1/1/14, reporting is the same as other policies longer than one year and 16 days in length.
- Elimination of Managed Care Indicator; no approved programs in Massachusetts
- Elimination of Name Record; no longer needed – will be ignored if reported
- Elimination of Unit Total Record; no longer needed – will be ignored if reported

- Change in the definition of Injury Type Code 06: Medical Claims Only to include claims where there is no indemnity and no medical, but where there is paid ALAE
- Elimination of Type of Recovery Code 05: Joint Coverage - Without Subrogation or Second Injury. Joint Coverage without Subrogation or Second Injury is now included in Code 01.
- Elimination of Type of Claim Code 04: Liability Over. Liability Over is now included in Codes 02 or 03

Revisions to the MA Statistical Plan – Part II include:

- Elimination of Call #1- MA Take Out Credit Program
- Elimination of Market Type Code, Injury Type Code and Claim Status Code from Call #7

All revisions shall be effective immediately.

A copy of the filing is attached for your reference. The revised Statistical Plan will be posted on the website in due course.

If you have any questions about the revised Statistical Plan, please contact the undersigned at asalido@wcribma.org.

Anthony Salido
Data Operations Director

Attachment

COMMONWEALTH OF MASSACHUSETTS
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JOSEPH G. MURPHY
COMMISSIONER OF INSURANCE

August 14, 2013

Anthony Salido, Director of Data Operations
Workers' Compensation Rating and
Inspection Bureau of Massachusetts
101 Arch Street, 5th Floor
Boston, MA 02110

RE: REVISIONS AND REOGANIZATION OF THE MASSACHUSETTS WORKERS' COMPENSATION STATISTICAL PLAN

Dear Mr. Salido:

I am writing to advise you of the Division's approval of your filing, as most recently amended by your correspondence dated July 23, 2013, for a revised and restructured version of the Massachusetts Workers' Compensation Statistical Plan. These revisions include the consolidation of Parts I and II of the current plan, as well as numerous clarifications.

In accordance with your request, the filed revisions will take place immediately.

Thank you for your work and that of Christina Vazakas this matter.

Sincerely,

Kevin P. Beagan
Deputy Commissioner

WCRIB massachusetts

THE WORKERS' COMPENSATION RATING AND INSPECTION BUREAU

July 23, 2013

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

RE: Revisions and Reorganization of the Massachusetts Workers' Compensation Statistical Plan

Dear Commissioner Murphy:

Enclosed for your review and approval is a revised and restructured version of the Massachusetts Workers' Compensation Statistical Plan ("Statistical Plan"). The last complete reprint and revision to the Statistical Plan occurred in 1996. Since then, revisions to the Statistical Plan have included the addition of Part II – Aggregate Financial Reporting, Examinations and Data Reconciliations, and the discontinuation of hardcopy reporting. The proposed new Statistical Plan consolidates sections that exist in both Part I – Unit Statistical Reporting and Part II – Aggregate Financial Reporting and is restructured into the following Parts:

- Part I – Unit Statistical Data
  The instructions for the reporting of unit statistical data are contained in "Part I – Unit Statistical Reporting".
- Part II – Aggregate Financial Data
  The instructions, and sample forms for the reporting of aggregate financial data are contained in "Part II – Aggregate Financial Reporting".
- Part III – Definitions
  The definitions for terms associated with reporting unit statistical data and aggregate financial data are included in "Part III – Definitions".
- Part IV– Examinations and Reconciliations
  Information detailing the reconciliation of unit statistical data and aggregate financial data is outlined in "Part IV – Examinations and Reconciliations".
- Part V – Data Quality Compliance Programs
  The WCRIBMA's data quality fining processes for unit statistical data and aggregate financial data are detailed in "Part V – Data Quality Compliance Programs".

The proposed new Statistical Plan also includes additional examples for clarification purposes and makes use of hyperlinks. The revisions to the proposed new Statistical Plan include:

- Remove Call #1- MA Take Out Credit Program
- Remove fields that are currently not applicable for Massachusetts
- Remove total fields from the reporting requirements
- Remove references to Three-Year Fixed Rate policies

These changes shall be effective upon approval. An itemized list of changes is included in the attached Mapping of Changes document. If you have any questions about the revisions and reorganization of the Statistical Plan, please contact Anthony Salido at 617.646.7524 or asalido@wcribma.org.

Sincerely,

Anthony Salido
Director of Data Operations/Actuary

Attachments

cc: Kevin Beagan, Director, SRB
Walter Horn, PhD, SRB
Caleb Huntington, SRB
Paul F. Meagher, President, WCRIBMA
Robert McCarthy, Senior Vice President, Actuary, WCRIBMA
Ellen Keefe, Vice President, General Counsel, WCRIBMA

Mapping of Changes	
➢ **Reorganized and rewrite Statistical Plan - Part I and Statistical Plan - Part II**	
Current Statistical Plan	**Proposed Statistical Plan**
Part I – Unit Statistical Reporting	
○ Section I – Introduction	○ Introduction
○ Section II – General Instructions	○ Part I, Section I – General Instructions
○ Section III – Corrections and Revaluations	○ Part I, Section II – First Unit Statistical Reports and Re-Valuations ○ Part I, Section III – Corrections
○ Section IV – Statistical Classes	○ Part III – Definitions ○ Part VI – Appendices, Appendix II
○ Section V – Policy Information	○ Part I, Section IV – Header Information ○ Part III – Definitions
○ Section VI – Exposure Data	○ Part I, Section V – Exposure Record Data ○ Part III – Definitions
○ Section VII – Loss Data	○ Part I, Section V – Exposure Record Data ○ Part III – Definitions
○ Section VIII – Reporting the Information Regarding Individual Death & Permanent	○ Part I, Section VII – Additional Reporting Requirements for Death and PT Claims
○ Section IX – Pension Table & Examples of Pension Calculations	○ Part VIII – Pension Tables ○ Part VI – Appendices, Appendix III
○ Section X – Electronic Reporting Instructions	○ Part I, Section I – General Instructions
○ Section XI – Data Quality Incentive Program	○ Part VI – Data Quality Compliance Programs
○ Section XII – Data Reconciliation	○ Part IV – Examinations and Reconciliations
Part II – Aggregate Financial Reporting	
○ Section I – Introduction	○ Introduction ○ Part II, Section II – Aggregate Financial Reporting Timetable
○ Section II – General Instructions	○ Part II, Section I – General Instructions ○ Part II, Section III – Aggregate Financial Call Acknowledgment Form
○ Section III – Definitions	○ Part III – Definitions
○ Section IV – Annual Calls	○ Part II, Section IV – Annual Calls ○ Part VI – Appendices
○ Section V – Data Quality Compliance Programs	○ Part V – Data Quality Compliance Programs
○ Section VI – Examinations and Reconciliations	○ Part IV – Examinations and Reconciliations
○ Section VII – Edit Listing	○ Removed

Mapping of Changes
➢ **Additional Changes in Part I – Unit Statistical Reporting**
• Data element names are consistent with WCIO Workers Compensation Data Specification Manual.
• Data Elements that are not required for Massachusetts removed from Statistical Plan.
• Injury Description Tables – Part/Nature/Cause removed from Statistical Plan.
• Delete the following data elements from Header Record Data: o Risk Identification Number o Insured's Name o Insured's Address o Managed Care Organization Indicator
• Delete the following from Exposure Record Data: o Expense Constant Amount o Premium Discount Amount o Total Modified Premium o Total Standard Exposure o Total Standard Premium o Total Subject Premium
• Delete the following from Loss Records Data: o Deductible Indicator – Loss o Fraudulent Claim Indicator o Incurred Allocated Loss adjustment Expense o Managed Care Organization Type o Type of Recovery Code "05" o Type of Claim Code "04". Liability Over is now included in Codes "02" and "03". o Total Claim Count o Total Incurred Indemnity o Total Incurred Medical o Total Paid Indemnity o Total Paid Medical o Total Paid ALAE o Total Incurred Claimants' Attorneys Fees o Total Incurred Employers' Attorneys Fees
• Delete references to three year fixed rate policies
• Change the definition of Injury Type Code for Medical Claims Only (Code 06) to include claims where there is no indemnity and no medical, but where there is paid ALAE.
➢ **Additional Changes in Part II – Aggregate Financial Reporting**
• Remove Call #1 – MA Take Out Credit Program Call from Part II, Section IV – Annual Calls.
• Delete references to three year fixed rate policies.
• Delete year references from all the tables in Section IV- Annual Calls.
• Delete the following from Call #7 – Large Loss and Catastrophe Call: o Market Type Code o Injury Type Code o Claim Status Code

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INTRODUCTION

INTRODUCTION

The Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIBMA) collects unit statistical data and aggregate financial data to fulfill its role as the designated rating organization and statistical agent for the Massachusetts Commissioner of Insurance.

The Massachusetts Commissioner of Insurance issued general instructions, known as the Massachusetts Workers' Compensation Statistical Plan (Statistical Plan), on January 2, 1929, for the preparation and filing of experience with the WCRIBMA on all policies effective in Massachusetts on and after January 1, 1929.

On June 30, 2000 the Massachusetts Commissioner of Insurance ordered that effective immediately Part I of the Statistical Plan shall relate to the unit statistical data and Part II shall relate to aggregate financial data.

The Statistical Plan contains the following Parts:

Part I – Unit Statistical Data

- The instructions for the reporting of unit statistical data are contained in "Part I – Unit Statistical Reporting".

- Applicability:
  - Every insurance company authorized to transact the business of workers' compensation insurance within the Commonwealth of Massachusetts shall file with the WCRIBMA complete unit statistical information in accordance with the instructions contained herein, for:
    - every policy with Massachusetts exposure and
    - policies where Massachusetts was included on an "if any basis" and subsequently did not develop Massachusetts exposure.

  - If an insurance company is no longer authorized to transact the business of workers' compensation in Massachusetts, it must continue the reporting of complete unit statistical information in accordance with the instructions contained herein for all policies written.

  - Self-Insurance Groups may contract with the WCRIBMA for purposes of calculating experience ratings and consequently would have to adhere to the rules for reporting unit statistical data.

Part II – Aggregate Financial Data

- The instructions, and sample forms for the reporting of aggregate financial data are contained in "Part II – Aggregate Financial Reporting".

- Applicability:
  - Every insurance company authorized to transact the business of workers' compensation insurance within the Commonwealth of Massachusetts shall file with the WCRIBMA complete aggregate financial data in accordance with the instructions contained herein, on every policy.

  - Insurance companies who cease writing workers' compensation insurance may request to be exempt from submitting aggregate financial data if their Massachusetts workers' compensation direct calendar year earned premium does not exceed $100,000 and their direct calendar year incurred losses do not exceed $100,000.

  - Self-Insurance Groups authorized to transact the business of workers' compensation insurance within the Commonwealth of Massachusetts are **not** required to file aggregate financial data with the WCRIBMA.

Part III – Definitions

- The definitions for terms associated with reporting unit statistical data and aggregate financial data are included in "Part III – Definitions".

Part IV– Examinations and Reconciliations

- Information detailing the reconciliation of unit statistical data and aggregate financial data is outlined in "Part IV – Examinations and Reconciliations".

Part V – Data Quality Compliance Programs

The WCRIBMA's data quality fining processes for unit statistical data and aggregate financial data are detailed in "Part V – Data Quality Compliance Programs".

Circular letters announcing changes will be posted on the WCRIBMA's website.

PART I

UNIT STATISTICAL REPORTING

SECTION I

GENERAL INSTRUCTIONS

PART I – UNIT STATISTICAL REPORTING

SECTION I - GENERAL INSTRUCTIONS

A. Unit Statistical Data

1. Unit statistical data is the exposure, premium, and loss information that is first valued 18 months after the policy effective date and annually thereafter.

2. WCRIBMA collects, processes, and analyzes unit statistical data for the following purposes:
   - Ratemaking
   - Experience rating
   - Actuarial analysis

3. The classifications, exposure act and rates reported on unit statistical reports must be consistent with the WCRIBMA's filed and approved rates.

4. The premiums reported on unit statistical reports must be consistent with the WCRIBMA's filed and approved rating procedures.

5. Unit statistical reports should reflect exposures and premiums as of the final audit of the policy. If the final audit has not been completed, report estimated exposures and premiums pending completion of the audit.

6. All reported injuries that incurred medical loss, indemnity loss, or allocated loss adjustment expense must be reported as claims consistent with the carrier's claim files at the appropriate valuation date.

B. Validity of the Unit Statistical Report

The unit statistical reports submitted to the WCRIBMA are edited for accuracy and validity including but not limited to the following criteria:

1. The unit conforms to the rating rules found in the Massachusetts Workers Compensation and Employers Liability Insurance Manual, Experience Rating Plan Manual, Retrospective Rating Plan Manual, Department of Insurance Regulations and Bulletins and other guides and manuals distributed by or on behalf of the WCRIBMA. Nothing in the Statistical Plan should be construed to supersede any rules or procedures set forth in the above mentioned manuals.

2. The unit reflects coverage and benefits in accordance with the Massachusetts Workers' Compensation Law, Federal Employers' Liability Act (FELA), Merchant Marine Act of 1920 (Jones Act) and United States Longshore and Harbor Workers' Compensation Act including Defense Base Act, Civilian Employees of Nonappropriated Fund Instrumentalities Act and Outer Continental Shelf Lands Act.

3. The statistical class codes and other elements contained on the unit statistical report must conform to this Statistical Plan.

C. Interstate Experience Rated Risks

For all interstate experience rated risks, a duplicate copy of the Massachusetts experience shall also be filed with the National Council on Compensation Insurance (NCCI).

D. Whole Dollar Reporting

All dollar amounts should be reported as whole numbers without decimal places. Values to the right of any decimal place that are greater than or equal to .50 should be rounded upward. Values to the right of the decimal place that are less than or equal to .49 should be rounded downward.

E. Reinsurance

No deduction is made from premiums and losses for, or as a result of, reinsurance ceded. Premiums and losses associated with reinsurance assumed by the reporting carriers are excluded from the experience reported to the WCRIBMA.

F. Uncollectible Premiums

1. For those policies on which an audit has been conducted and the earned premium is known, but all or some portion thereof is uncollectible, report all earned premiums. **Do not** reduce reported premiums for uncollectible premiums.

2. Policies on which a final audit is not possible and therefore the audited earned premium and exposure is not known, report the estimated earned premium and exposure corresponding to the term of coverage.

G. Group Claim Option

For policies effective on or after January 1, 2007, it is no longer permissible to group any claims for unit statistical reporting purposes.

H. Policy Term Greater Than One Year and 16 Days in Length

If the policy term is a multiple of 12 months, the policy term is divided into consecutive 12 month segments.

If the policy term is not a multiple of 12 months, the policy term is segmented in the same manner as specified on the Policy Period Endorsement (WC000405). The Policy Period Endorsement identifies either the first or last segment as the short-term segment, a segment of less than 12 months.

The beginning date for each segment shall be used for determining when losses are to be valued and when unit statistical reports are due. This is comparable to the use of the policy effective date for determining when losses are to be valued and when unit statistical reports are due for policies having a term of no more than one year and 16 days.

Examples:

1. The unit statistical reports on a three-year policy effective on July 1, 2008 shall be filed with the regular unit statistical reports on policies effective July 2008, July 2009, and July 2010. First unit statistical report losses shall be valued as of January 1, 2010, January 1, 2011, and January 1, 2012, respectively.

2. The unit statistical reports on a policy covering the period July 1, 2008 to October 1, 2009 with the first three months specified as the first reporting segment on the policy period endorsement, shall be filed with the regular unit statistical reports on policies effective July 2008 and October 2008. First unit statistical report losses shall be valued as of January 1, 2010 and April 2010, respectively.

3. The unit statistical reports on a policy covering the period July 1, 2008 to October 1, 2009 with the first twelve months specified as the first reporting segment on the policy period endorsement shall be filed with the regular unit statistical reports on policies effective July 2008, and July

2009. First unit statistical report losses shall be valued as of January 1, 2010 and January 1, 2011, respectively.

Note: A policy issued for a term not longer than one year and 16 days is treated as a one-year policy.

I. Special Rules for Reporting Disease Experience

1. Specific Disease Loading - Manual rates include premium for the disease exposures covered by the Standard Policy. The rates for certain class codes contain specific disease loads which may be removed if approved by the WCRIBMA. If the specific disease load is removed from the rate, the reported rate should equal the WCRIBMA approved rate less the specific disease load. Also, associated premiums should reflect the rate reduction resulting from the removal of the specific disease load.

   For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

2. Supplemental Disease Loading - A supplemental disease loading may be added to a manual rate applicable to an individual risk if approved by the WCRIBMA. If a supplemental disease load is added to a rate, the reported rate should equal the WCRIBMA approved rate plus the supplemental disease load. Also, associated premiums should reflect the rate increase resulting from the addition of the supplemental disease load.

   For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

3. Supplemental Disease Rates - Massachusetts Workers Compensation and Employers Liability Insurance Manual rules provide that the payroll of all employees exposed to (a) a foundry hazard (except payrolls properly assignable to certain specific codes) or (b) an abrasive or sand blasting hazard (except for employees rated under a classification where the manual rate provides coverage for silicosis) must be specifically stated and a special supplementary disease rate shall be charged on this payroll in addition to the manual rate. The payroll to which the supplementary disease rate is applicable, together with the manual premium derived from such charges, shall be assigned to the appropriate statistical class code-either 0065, 0066, 0067, or 0059.

   Dust disease losses incurred in connection with payrolls reported under statistical class code 0065, 0066, 0067 or 0059 shall likewise be assigned to the same statistical class code.

4. Disease losses shall be identified in the type of loss field by the appropriate code for disease loss. Refer to Section VI – Loss Record Data, Subsection C.13

J. Experience Under the National Defense Projects Rating Plan

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

K. Electronic Reporting

All unit statistical reports must be submitted electronically. The electronic data submission requirements can be found in the Data Reporting area of the WCRIBMA's web site.

Data file formats are found in the Workers Compensation Insurance Organizations (WCIO) Data Specifications Manual.

L. WCRIBMA Contact

All correspondence, including questions and requests for additional information on these calls, should be directed to:

Data Operations Department – WCRIBMA
101 Arch Street, Fifth Floor
Boston, MA 02110

Phone: (617) 439-9030
Fax: (617) 439-6055
Email: DataOperations@wcribma.org

PART I

UNIT STATISTICAL REPORTING

SECTION II

FIRST UNIT STATISTICAL REPORTS
AND
RE-VALUATIONS

SECTION II – FIRST UNIT STATISTICAL REPORTS AND RE-VALUATIONS

A. Date of Valuation and Filing

Unit statistical reports are valued and due as follows:

Unit Statistical Report Level	Number of months since policy (or segment) effective month	Due at WCRIBMA (in months)	Delinquent and Fined on First day of the following month	Data Reported	
				Exposure	Loss
First	18	20	21st	X	X
Second	30	32	33rd		X
Third	42	44	45th		X
Fourth	54	56	57th		X
Fifth	66	68	69th		X
Sixth	78	80	81st		X
Seventh	90	92	93rd		X
Eighth	102	104	105th		X
Ninth	114	116	117th		X
Tenth	126	128	129th		X

B. First Unit Statistical Reports

1. The premium and losses of each policy are first valued as of eighteen (18) months after the policy effective month and reported no later than twenty (20) months after the policy effective month.

2. Update Type Code

   - All exposure and loss records on first unit statistical reports must contain an update type code as follows:

Code	Description
R	Each record reported on first unit statistical reports must use code "R" only.

C. Re-Valuations (Subsequent Unit Statistical Reports)

1. Subsequent unit statistical reports are re-valuations of losses and are required when:

- The prior unit statistical report contained open claim(s).
- One or more claims reported as closed on the prior unit statistical report has since reopened.
- Previously unreported claim(s) have become known.
- There are changes in the loss valuation of one or more claims.

2. Subsequent unit statistical reports of losses are reported in the same manner as loss corrections as described in Section III - Corrections.

3. Update Type Code

- All loss records on re-valuations must contain an update type code as follows:

Code	Description
P	To delete a record from a previous unit statistical report use update type code "P" only.
R	To add a data record that was not previously reported use update type code "R" only.
P, R	To revise previously reported data: • use update type "P" to delete the record • use update type "R" to add a record with the revised data.

- For claims becoming non-compensable or closed without payment, or claims reflecting received recovery, the "R" record must be reported so that information is coded in the loss condition fields.

D. Adjustment of Losses between Valuations

Losses cannot be revised between two valuations because of departmental or judicial decision or because of developments in the nature of the injury, except as listed in Section III - Corrections, Subsection A.

PART I

UNIT STATISTICAL REPORTING

SECTION III

CORRECTIONS

SECTION III – CORRECTIONS

A. Corrections Submitted between Valuations

Corrections are to be submitted between valuations for only the following situations.

1. Errors (Header Records, Exposure Records and Loss Records)

   An error occurs whenever the standards specified in Section I – General Instructions, Subsection B are not met.

   Upon identification of an error by either the WCRIBMA or the carrier on a previously submitted unit statistical report, a correction report must be immediately filed.

   The WCRIBMA routinely requests verification of reported data. In response to these verification requests the WCRIBMA expects corrections or acceptable explanations that confirm the data as accurate and reported in accordance with the Statistical Plan.

   For loss records, corrections must be submitted for all previous unit statistical report levels (valuations) that contain the error.

2. Formerly Self-Insured's Deposit Adjustments (Exposure Record)

   If any of the formerly self-insured's rating plan deposit is returned to the insured, then a correction to the first unit statistical report must be submitted when the deposit is returned.

3. Completion or Change in the Audit (Exposure Record)

   Corrections to the first unit statistical report must be submitted whenever an audit is revised, or upon completion of the audit when the first unit statistical report was submitted based on estimated exposure.

4. Non-Compensable Claims (Loss Record)

   a. Non-Compensable Claims Definition
      A claim is determined to be non-compensable if:
      - There is an official ruling denying benefits under the Workers' Compensation Law.
      - A claimant fails to file for benefits during the period of limitation allowed by the Workers' Compensation Law.
      - The claimant fails to prosecute his/her claim following carrier's denial of the claim.

   b. Non-Compensable Claims Reporting
      If a claim is determined to be non-compensable prior to the first unit statistical report valuation, do not report the claim. If a claim is determined to be non-compensable after the first unit statistical report valuation, a correction report must be submitted within 60 days of such determination for all report levels (valuations) to revise the Type of Settlement Code to "05" (non-compensable). All report levels (valuations) whether at the first unit statistical reporting or by correction should reflect accurate amounts paid by the carrier net of recovery, if any.

5. Recovery from Second Injury Fund (Loss Record)

a. Second Injury Fund Definition
The Second Injury Fund is established to reimburse the carriers when a subsequent injury is caused by or made substantially greater due to the combined effects of physical impairment, or previous accident, disease or congenital condition.

b. Second Injury Fund Reporting
Correction reports may be required for previously submitted unit statistical reports where the previously reported incurred losses exceed the incurred loss net of a second injury fund reimbursement and valued at the time of the second injury fund reimbursement. When such a second injury fund reimbursement is received subsequent to the reporting of the first unit statistical report but before the sixth unit statistical report's due date, a correction report must be filed.

When a second injury fund reimbursement is received on or after the sixth unit statistical report's due date, no correction report is required.

Note: If a claim is subject to second injury fund reimbursement prior to the submission of the first unit statistical report, the loss amounts on the originally submitted first unit statistical report should have been reported net of the second injury fund reimbursement. Therefore, no correction would be needed.

If the allocation between incurred indemnity and incurred medical of the second injury fund reimbursement is not specified, then the net incurred loss must be divided between indemnity and medical in the same proportions as the gross incurred indemnity and medical amounts. The net incurred loss would be calculated as follows:

Net Incurred Loss = Gross Incurred Loss – Second Injury Fund Reimbursement

Additionally, if a correction report is required and the previously reported paid losses exceed the net paid loss valued at the time of the second injury fund reimbursement, previously reported paid losses must be corrected. If the allocation between paid indemnity and paid medical of the second injury fund reimbursement is not specified, then the net paid loss must be divided between indemnity and medical in the same proportions as the gross paid indemnity and medical amounts. The net paid loss would be calculated as follows:

Net Paid Loss = Gross Paid Loss – Second Injury Fund Reimbursement

Note: The trigger for determining if a correction report is required is based on the incurred loss and not the paid loss.

Corrections must be submitted within 60 days of the second injury fund reimbursement.

c. Second Injury Fund Example

Assumptions: The following is a reporting example where the carrier submitted a claim on a first, second and third unit statistical report and second injury fund reimbursement was received between the third and fourth unit statistical reports. The reported loss amounts and the loss amounts valued at the time of the second injury fund reimbursement are as follows:

	Incurred Losses				Paid Losses			
Valuation Point	Gross Indemnity	Gross Medical	Reimbursement Received	Net Incurred Loss	Gross Indemnity	Gross Medical	Reimbursement Received	Net Paid Loss
1st Report	15,000	15,000		30,000	10,000	9,000		19,000
2nd Report	35,000	25,000		60,000	20,000	18,000		38,000
3rd Report	40,000	26,000		66,000	28,000	22,000		50,000
Date of SIF Reimbursement	43,000	27,000	20,000	50,000	35,000	25,000	20,000	40,000

As of a date between the valuation date of the third unit statistical report and the valuation date of the fourth unit statistical report, the carrier received a second injury fund reimbursement in the amount of $20,000.

The allocation of the second injury fund reimbursement between indemnity and medical was not specified.

Process: The carrier was required to perform the following steps to determine firstly if correction reports were required for any report level, and, secondly the proper allocation of the second injury fund reimbursement to indemnity loss and medical loss for both incurred and paid amounts.

Step 1:
Determine if the second injury fund reimbursement is received on or after the 6th unit statistical report's due date. If not continue to Step 2. If so, no correction report is required.

Step 2:
Determine which unit statistical reports are subject to correction by identifying those unit statistical reports where the previously reported incurred losses exceed the net incurred losses at the time of the second injury fund reimbursement.

Note: The determination of which unit statistical reports are subject to correction is based only on incurred losses and not paid losses.

The incurred loss of $30,000 for the first report does not exceed the net incurred loss of the claim at time of the second injury fund reimbursement which is equal to $50,000. No correction report is needed.

The incurred loss of $60,000 for the second report does exceed the $50,000 net incurred loss of the claim at time of the second injury fund reimbursement. A correction report is needed.

The incurred loss of $66,000 for the third report does exceed the $50,000 net incurred loss of the claim at time of the second injury fund reimbursement. A correction report is needed.

Step 3:

Revise the third unit statistical report – Incurred Losses
Allocate the net incurred loss of $50,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity:	$50,000 x ($43,000 / $70,000) = $30,714
Corrected Incurred Medical:	$50,000 x ($27,000 / $70,000) = $19,286

Step 4:
Revise the third unit statistical report – Paid Losses, if necessary
If the previously reported paid loss on the third unit statistical report exceeds the $40,000 net paid loss of the claim at time of the second injury fund reimbursement, the previously reported paid loss amounts must be corrected.

In this case, the previously reported paid loss of $50,000 exceeds $40,000, the net paid loss of the claim at time of the second injury fund reimbursement. Therefore, the correction report must contain corrected paid loss amounts.

Allocate the net paid loss of $40,000 based on paid indemnity and paid medical at the time of recovery:

Corrected Paid Indemnity:	$40,000 x ($35,000 / $60,000) = $23,333
Corrected Paid Medical:	$40,000 x ($25,000 / $60,000) = $16,667

Step 5:
Revise the second unit statistical report – Incurred Losses
As with the correction of the third report, allocate the net incurred loss of $50,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity:	$50,000 x ($43,000 / $70,000) = $30,714
Corrected Incurred Medical:	$50,000 x ($27,000 / $70,000) = $19,286

Step 6:
Revise the second unit statistical report – Paid Losses, if necessary
Since the previously reported paid loss on the second unit statistical report, $38,000, does not exceed, $40,000, the net paid loss of the claim at time of the second injury fund reimbursement, the previously reported paid loss amounts do not require correction.

Step 7:
Prepare the correction report to the second and third unit statistical reports to include the necessary corrected loss amounts and also report the claim with Type of Recovery Code "02".

Note: For a claim that was previously reported as closed which needs to be corrected due to a second injury fund reimbursement, the corrected paid amounts should be equal to the corrected incurred amounts.

6. Receipt of Successful Subrogation Recovery from a Third Party (other than from Second Injury Fund) (Loss Record)

   a. Successful Subrogation Recovery Reporting
   Correction reports may be required for previously submitted unit statistical reports where the previously reported incurred losses exceed the incurred loss net of a successful subrogation recovery and valued at the time of the subrogation recovery. When such a successful subrogation recovery is received subsequent to the reporting of the first unit statistical report but before the sixth unit statistical report's due date, a correction report must be filed.

When a subrogation recovery is received on or after the sixth unit statistical report's due date, no correction report is required.

Note: If a claim is subject to subrogation recovery prior to the submission of the first unit statistical report, the loss amounts on the originally submitted first unit statistical report should have been reported net of subrogation. Therefore, no correction would be needed.

Note: If the costs associated with pursuing subrogation recovery exceed the subrogation recovery amount, no correction reports are required.

If the allocation between incurred indemnity and incurred medical of the subrogation recovery less costs associated with pursuing the subrogation recovery is not specified, then the net incurred loss must be divided between indemnity and medical in the same proportions as the gross incurred indemnity and medical amounts. The net incurred loss would be calculated as follows:

Net Incurred Loss = Gross Incurred Loss – (Subrogation – Recovery Expense)

Additionally, if a correction report is required and the previously reported paid losses exceed the net paid loss valued at the time of the subrogation recovery, previously reported paid losses must be corrected. If the allocation between paid indemnity and paid medical of the subrogation recovery less costs associated with pursuing the subrogation recovery is not specified, then the net paid loss must be divided between indemnity and medical in the same proportions as the gross paid indemnity and medical amounts. The net paid loss would be calculated as follows:

Net Paid Loss = Gross Paid Loss – (Subrogation – Recovery Expense)

Note: The trigger for determining if a correction report is required is based on the incurred loss and not the paid loss.

Corrections must be submitted within 60 days of the subrogation recovery.

b. Subrogation Recovery Example

Assumptions: The following is a reporting example where the carrier submitted a claim on a first, second and third unit statistical report and successful subrogation recovery was received between the third and fourth unit statistical reports. The reported loss amounts and the loss amounts valued at the time of the subrogation recovery are as follows:

	Incurred Losses				Paid Losses			
Valuation Point	Gross Indemnity	Gross Medical	Subrogation Recovery Less Recovery Expenses	Net Incurred Loss	Gross Indemnity	Gross Medical	Subrogation Recovery Less Recovery Expenses	Net Paid Loss
1st Report	15,000	15,000		30,000	10,000	9,000		19,000
2nd Report	35,000	25,000		60,000	20,000	18,000		38,000
3rd Report	40,000	26,000		66,000	28,000	22,000		50,000
Date of Subrogation Recovery	43,000	27,000	15,000	55,000	35,000	25,000	15,000	45,000

As of a date between the valuation date of the third unit statistical report and the valuation date of the fourth unit statistical report, the carrier received a subrogation recovery in the amount of $20,000.

At the time when the carrier received the $20,000 subrogation recovery, the carrier had spent $5,000 in legal expenses to pursue the subrogation.

The allocation of the subrogation recovery between indemnity and medical was not specified.

Process: The carrier was required to perform the following steps to determine firstly if correction reports were required for any report level, and, secondly the proper allocation of the subrogation recovery to indemnity loss and medical loss for both incurred and paid amounts.

Step 1:
Determine if subrogation was successful subrogation. In other words, did the subrogation recovery exceed the costs associated with pursuing the subrogation?

If subrogation recovery exceeds the expenses associated with pursuing recovery (recovery expenses), a correction report may be required. Move to Step 2.

If subrogation recovery does **not** exceed the expense associated with pursuing recovery, no correction report is required. Stop here.

Step 2:
Determine if the subrogation recovery is received on or after the sixth unit statistical report's due date. If not continue to Step 3. If so, no correction report is required and stop here.

Step 3:
Determine which unit statistical reports are subject to correction by identifying those unit statistical reports where the previously reported incurred losses exceed the net incurred losses at the time of the subrogation recovery. Net incurred loss should be calculated as:

Net Incurred Loss = Gross Incurred Loss – (Subrogation – Recovery Expenses)

Note: The determination of which unit statistical reports are subject to correction is based only on incurred losses and not paid losses.

The incurred loss of $30,000 for the first report does not exceed the net incurred loss of the claim at time of the subrogation recovery which is equal to $55,000. No correction report is needed.

The incurred loss of $60,000 for the second report does exceed the $55,000 net incurred loss of the claim at time of the subrogation recovery. A correction report is needed.

The incurred loss of $66,000 for the third report does exceed the $55,000 net incurred loss of the claim at time of the subrogation recovery. A correction report is needed.

Step 4:
Revise the third unit statistical report – Incurred Losses
Allocate the net incurred loss of $55,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity: $55,000 x ($43,000 / $70,000) = $33,876
Corrected Incurred Medical: $55,000 x ($27,000 / $70,000) = $21,214

Step 5:
Revise the third unit statistical report – Paid Losses, if necessary
If the previously reported paid loss on the third unit statistical report exceeds the $45,000 net paid loss of the claim at time of the subrogation recovery, the previously reported paid loss amounts must be corrected. Net paid loss should be calculated as:

Net Paid Loss = Gross Paid Loss – (Subrogation – Recovery Expenses)

In this case, the previously reported paid loss of $50,000 exceeds $45,000, net paid loss of the claim at time of the subrogation recovery. Therefore, the correction report must contain corrected paid loss amounts.

Allocate the net paid loss of $45,000 based on paid indemnity and paid medical at the time of recovery:

Corrected Paid Indemnity: $45,000 x ($35,000 / $60,000) = $26,250
Corrected Paid Medical: $45,000 x ($25,000 / $60,000) = $18,750

Step 6:
Revise the second unit statistical report – Incurred Losses
As with the correction of the third report, allocate the net incurred loss of $55,000 based on gross incurred indemnity and incurred medical at the time of recovery:

Corrected Incurred Indemnity: $55,000 x ($43,000 / $70,000) = $33,876
Corrected Incurred Medical: $55,000 x ($27,000 / $70,000) = $21,214

Step 7:
Revise the second unit statistical report – Paid Losses, if necessary
Since the previously reported paid loss on the second unit statistical report, $38,000, does not exceed the $45,000 net paid loss of the claim at time of the subrogation recovery, the previously reported paid loss amounts do not require correction.

Step 8:
Prepare the correction report to the second and third unit statistical reports to include the necessary corrected loss amounts and also report the claim with Type of Recovery Code "03".

Note: For a claim that was previously reported as closed which needs to be corrected due to a subrogation recovery, the corrected paid amounts should be equal to the corrected incurred amounts.

7. Aggravated Inequity (Loss Record)

An aggravated inequity is a claim that closes between the valuation date and the next rating effective date for an amount less than the amount valued previously. The necessary correction report is to be submitted upon the WCRIBMA's request or once the carrier determines that the difference between the previously reported incurred losses and the final paid losses constitutes an aggravated inequity, whichever comes first. See the Experience Rating Plan Manual for more information.

8. Extraordinary Loss Event (Loss Record)

Corrections must be submitted for all unit statistical reports when it has been determined that one or more claims should be reported with a catastrophe code identifying an extraordinary loss event. (Refer to Section VI – Loss Record Data, Subsection C.7 for a definition of Extraordinary Loss Event Claims).

B. Method of Reporting Corrections

1. Correction reports

Correction reports can be used to change previously reported data and must be reported with a sequence number greater than "0" for a given unit statistical report level. Refer to Section IV – Header Information, Subsection C.6.

2. Replacement reports

Replacement reports can be used to completely replace a previously submitted unit. Refer to Section IV – Header Information, Subsection C.9.

3. Deletions of Entire Units

Entire units (reports or correction reports) can be deleted only by sending a written request to the Data Operations Department via email (DataOperations@wcribma.org) or to the following address:

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

The reason for the request must be specified.

C. Correction Type Code

The correction type code identifies the type of correction report being submitted and is applicable only to correction reports.

Code	Description
H	Header Record Correction: • Link Data Elements • Non-Link Data Elements
E	Exposure Record Correction (first unit statistical reports only)
L	Loss Record Correction – Not an Aggravated Inequity
A	Loss Record Correction – Aggravated Inequity This type of correction cannot be reported on a multiple record type.
M	Corrections to Multiple Record Types - Combinations of corrections to header, exposure, or loss record. Aggravated inequity corrections must be reported separately.

1. Header Corrections – Link Data Elements

   Link data is the set of elements which uniquely identifies a unit.

   a. The link data elements are:
      - carrier code
      - policy number identifier
      - exposure state code
      - policy effective date
      - report number
      - correction sequence number

   b. For corrections to link elements use correction type code "H". There are two separate and distinct fields that should be used in the correction of each link element. For example, there are both policy number and previous policy number fields. To correct a policy number, the revised policy number is inserted in the policy number field, and the policy number as it appeared on the prior unit(s) is inserted in the previous policy number field.

      - A carrier cannot revise report number or correction sequence number. If a situation arises that requires modification of these fields, contact the WCRIBMA Data Operations department at DataOperations@wcribma.org.

      - Link data corrections are applied directly to each individual unit statistical report. If three unit statistical reports (1st, 2nd, and 3rd) have already been submitted and an error in the link data is discovered, then corrections for all three unit statistical reports are necessary. A link data correction to only one of the previously filed unit statistical reports will cause that corrected report to either match (link) with another policy and set of unit reports, or to become "unmatched".

        If a correction report is submitted with link data that don't match our records, then the correction cannot be correctly applied to the WCRIBMA's data base. Invalid carrier code, policy number, policy effective date, report number or exposure state on a correction report will cause the correction to be rejected or incorrectly applied to previously submitted data. The carrier must replace or amend these correction reports.

2. Header Corrections – Non-Link Data Elements

   a. The policy/header non-link data elements eligible for carrier update as header corrections are:
      - policy expiration date
      - risk identification number
      - replacement report code
      - business segment identifier
      - correction type code
      - state effective date
      - federal employer identification number
      - three-year fixed rate policy indicator
      - multistate policy indicator
      - interstate rated policy indicator
      - estimated audit code
      - retrospective rated policy indicator
      - canceled mid-term policy indicator
      - type of coverage identification code
      - type of plan identification code
      - type of non-standard identification code
      - losses subject to deductible code
      - basis of deductible calculation code
      - deductible amount per claim/accident
      - deductible amount – aggregate

   b. For corrections to all non-link header data elements use correction type code "H" or "M".

   c. Non-link data corrections are to be reported on corrections to first unit statistical reports only.

D. Update Type Code

- All exposure and loss records on correction reports must contain update type code as follows:

Code	Description
P	To delete a record from a previous unit statistical report use update type code "P" only.
R	To add a data record that was not previously reported use update type code "R" only.
P, R	To revise previously reported data: • use update type "P" to delete the record • use update type "R" to add a record with the revised data.

- For claims becoming non-compensable or closed without payment, or claims reflecting received recovery, the "R" record must be reported so that information is coded in the loss condition fields.

PART I

UNIT STATISTICAL REPORTING

SECTION IV

HEADER INFORMATION

SECTION IV – HEADER INFORMATION

This section is organized into the following components:

- General Information
- Header Information Data Element Index
- Header Information Data Elements

A. General Information

The header information is data that are specific to the coverage of the policy. These elements include the link data which connect all records to a unit and each unit to a policy.

B. Header Information Data Element Index

Header information requires the full reporting of all fields.

NO.	DATA ELEMENT	PAGE
28	Previous Carrier Code	7
27	Previous Correction Sequence Number	7
31	Previous Exposure State	8
30	Previous Policy Effective Date	8
29	Previous Policy Number Identifier	8
26	Previous Report Number	7
8	Replacement Report Code	4
5	Report Number	3
17	Retrospective Rated Policy Indicator	5
11	State Effective Date	5
13	Three-Year Fixed Rate Policy Indicator	5
19	Type of Coverage ID Code	6
21	Type of Non-Standard ID Code	6
20	Type of Plan ID Code	6

C. Header Information Data Elements

1. Carrier Code

   Report the code assigned to the reporting company by NCCI.

2. Policy Number Identifier

   Report the code that uniquely identifies the policy under which experience occurred excluding blanks, punctuation marks, and special characters. The policy number identifier should include the complete policy number as set forth on the Policy Information Page plus any applicable prefixes or suffixes and must remain the same throughout the life of the policy.

3. Exposure State Code

   Report code "20" for Massachusetts. If anything other than "20" is reported, it will be rejected.

4. Policy Effective Date

   a. Standard term policies (up to one year and 16 days):
   Report the month, day and year upon which the policy became effective.

b. Extended term policies (more than one year and 16 days and up to three years):
   - If the policy term is a multiple of 12 months, segment the policy term into consecutive 12 month periods. For each segment, report the beginning date of the segment in the policy effective date field.
   - If the policy term is not a multiple of 12 months, segment the policy term in accordance with the policy period endorsement. For each segment, report the beginning date of the segment in the policy effective date field.

5. Report Number

Report the code that corresponds to the loss valuation month.

Code	Unit Statistical Report Level	Number of months since policy or segment effective month
1	First	18
2	Second	30
3	Third	42
4	Fourth	54
5	Fifth	66
6	Sixth	78
7	Seventh	90
8	Eighth	102
9	Ninth	114
A	Tenth	126

6. Correction Sequence Number

Report the sequential number that corresponds to the number of correction reports submitted for a particular unit statistical report level. Use "1" through "9", then "A" through "Z" as correction sequence numbers for a unit statistical report level.

Report "0" in correction sequence number if original unit statistical report level submission.

Examples:

	Unit Statistical Report Level	Correction Sequence Number
Original 1st USR	1	0
Original 2nd USR	2	0
First Correction to 2nd USR	2	1
Second Correction to 2nd USR	2	2
Third Correction to 2nd USR	2	3
Original 3rd USR	3	0
-	-	-
-	-	-
First Correction to 9th USR	9	1
Second Correction to 9th USR	9	2
-	-	-
-	-	-
Ninth Correction to 10th USR	A	9
Tenth Correction to 10th USR	A	A

7. Policy Expiration or Cancellation Date

   a. Standard term policies (up to one year and 16 days):
      - Non-cancelled policies
        Report the month, day and year upon which the policy expired.
      - Cancelled policies
        Report the cancellation date as the expiration date.

   b. Extended term policies (more than one year and 16 days and up to three years):
      - Non-cancelled policies
        - If the policy period is a multiple of 12 months, segment the policy into consecutive 12 month periods. For each segment, report the ending date of the segment in the policy expiration or cancellation date field.

        - If the policy period is not a multiple of 12 months, segment the policy period in accordance with the policy period endorsement. For each segment, report the ending date of the segment in the policy expiration or cancellation date field.

      - Cancelled policies
        - Report the cancellation date as the expiration date of the segment in which the cancellation is effective.

          Note: For cancelled policies, the policy segment during which the cancellation is effective is the last segment for which unit data should be reported. For example, if a three year policy is cancelled during the second segment, unit data is only to be reported for the first and second segments.

   c. For a multi-state policy with Massachusetts exposure(s), the mid-term deletion of Massachusetts is considered to be a Massachusetts cancellation and is reported as such on Massachusetts unit statistical reports.

8. Replacement Report Code

   When replacing a previously submitted unit statistical report enter code "R" in the replacement report code field. For all unit statistical reports other than replacements this field

should be blank. Submission of a replacement will delete previously reported unit statistical reports from the WCRIBMA's data base. Replacements can be submitted for unit statistical reports which are accepted, rejected or failed. A replacement unit statistical report can be used instead of a correction report.

9. Business Segment Identifier

   Carriers, at their option, may report a business segment identification number. For additional information refer to Circular Letter 2159.

10. Correction Type Code

    Report the code that indicates the type of correction report being submitted. See Section III – Corrections, Subsection C for a list of correction type codes.

11. State Effective Date

    Report the endorsement effective date if the Massachusetts coverage was endorsed mid-term, otherwise zero-fill the field.

12. Federal Employer Identification Number (FEIN)

    Report the Federal employer identification number of the insured as shown on the Policy Information Page. If the policy has been endorsed to change the FEIN, report the FEIN from the latest endorsement.

13. Three-Year Fixed Rate Policy Indicator

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

14. Multistate Policy Indicator

    Y = If more than one state is listed in Item 3A of the Policy Information Page.
    N = If only Massachusetts is listed in Item 3A of the Policy Information Page.

15. Interstate Rated Policy Indicator

    Y = Policy is interstate rated in accordance with the Experience Rating Plan Manual.
    N = Policy is not interstate rated.

16. Estimated Audit Code

    Y = Policy has estimated exposure(s).
    N = Policy does not have estimated exposure(s).
    U = Uncooperative. The insured has not cooperated with the carrier for purposes of auditing exposure(s).

17. Retrospective Rated Policy Indicator

    Y = Policy is retrospectively rated as defined in the Retrospective Rating Manual.
    N = Policy is not retrospectively rated.

18. Canceled Mid-Term Policy Indicator

Y = Policy term has been shortened by a cancellation and not subsequently reinstated. For extended term policies, report "Y" only for the policy segment in which the cancellation is effective.
N = Policy is full term and policy has not been canceled, or if the policy was canceled, it was reinstated on the cancellation date.

19. Type of Coverage ID Code

Report the code that indicates the type of coverage.

Code	Description
01	Standard Workers Compensation Policy other than "05" & "09"
05	Large Risked Rated Option / Large Risk Alternative Rating Option
09	Non-Standard Workers Compensation coverage (used only in conjunction with other than code "01" in the Non-standard Type ID Code)

20. Type of Plan ID Code

Report the code that indicates the type of plan.

Code	Description
01	Voluntary Policy
02	Normal Assigned Risk Policy
05	Assigned Risk Policy written under Massachusetts Voluntary Direct Assigned Risk Program

21. Type of Non-Standard ID Code

Report the code that indicates the type of workers compensation policy.

Code	Description
01	Standard Workers Compensation
99	Self-Insured Groups

22. Losses Subject to Deductible Code

Report the code that identifies the type of losses subject to the deductible.

Code	Description
00	No Deductible
01	Medical – Deductible applies to the medical portion of the loss only.
02	Indemnity – Deductible applies to the indemnity portion of the loss only.
03	Medical & Indemnity – Deductible applies to the total of medical and indemnity portions of the loss.

23. Basis of Deductible Calculation Code

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

Code	Description
00	No Deductible
01	Per Claim – The deductible amount applies to each claim arising from the policy and there is no aggregate deductible.
09	Per Accident and Policy (Aggregate) – The deductible amount applies to each accident up to an aggregate limit and there is no per claim deductible.
10	Per Claim and Policy (Aggregate) – The deductible amount applies to each claim up to an aggregated limit and there is no per accident deductible.
12	Variable – Carrier program not described above.

24. Deductible Amount Per Claim/Accident

Report the maximum loss amount by claim or accident to be paid by the insured, if applicable, as defined by the deductible program.

25. Deductible Amount – Aggregate

Report the maximum loss amount for all claims to be paid by the insured, if applicable, as defined by the deductible program.

26. Previous Report Number

Not applicable to Massachusetts. If a unit statistical report has been accepted with the wrong report number, contact the WCRIBMA to arrange for the deletion of the incorrect unit statistical report and the replacement with a proper report number.

27. Previous Correction Sequence Number

    Not applicable to Massachusetts. If a unit statistical report has been accepted with the wrong correction sequence number, contact the WCRIBMA to arrange for the deletion of the incorrect unit and replacement with proper correction sequence number.

28. Previous Carrier Code

    - This field only applies to correction reports.
    - In the previous carrier code field, report the incorrect carrier code that was previously submitted.
    - In the carrier code field, report the correct carrier code.

29. Previous Policy Number Identifier

    - This field only applies to correction reports.
    - In the previous policy number identifier, report the incorrect policy number identifier that was previously submitted.
    - In the policy number identifier field, report the correct policy number identifier.

30. Previous Policy Effective Date

    - This field only applies to correction reports.
    - In the previous policy effective date, report the incorrect policy effective date that was previously submitted.
    - In the policy effective date, report the correct policy effective date.

31. Previous Exposure State Code

    - This field only applies to correction reports.
    - In the previous exposure state code, report the exposure state code "20".
    - In the exposure state code field, report a non-Massachusetts code.
    - The result will be that the unit is dropped from the WCRIBMA's data base.

PART I

UNIT STATISTICAL REPORTING

SECTION V

EXPOSURE RECORD DATA

SECTION V - EXPOSURE RECORD DATA

This section is organized into the following components:

- General Information
- Exposure Record Data Element Index
- Exposure Record Data Elements

A. General Information

- The exposure record data elements are used to report the class, coverage, exposure, manual rate, and premiums.

- For most first unit statistical reports, the experience modification effective date and rate effective date will not change during the policy term. When multiple modification effective dates or rate effective dates apply during a policy term, this may cause split periods. When this occurs, the full policy term's exposure and manual premiums must be split for each period reflecting a change in the experience modification effective date and/or rate effective date.

- For split policy periods, the prorated exposure and prorated premiums for the first split (split period code "0") correspond to the first period, and the prorated exposure and prorated premiums for the second split (split period code "1") correspond to the second period. Any additional split periods are treated in the same manner.

B. Exposure Record Data Element Index

C. Exposure Record Data Elements

1. Classification Code (Class Code)

   Report the code(s) corresponding to the classification(s) assigned to the insured according to the Massachusetts Workers Compensation and Employers Liability Insurance Manual or the statistical class codes defined in Appendix II – Statistical Class Codes. If no exposure develops on a policy, use statistical class code 1111.

   For any classification code, there cannot be more than one exposure record per unit with the same manual rate, experience modification, rate effective date, exposure coverage code and experience modification effective date.

2. Experience Modification Factor (Experience Mod)

   For exposure(s) that are subject to application of an experience modification, report the experience modification factor used to develop the premium.

   For exposure(s) not subject to experience rating, report "0000".

3. Experience Modification Effective Date (Mod Effective Date)

   For exposure(s) subject to experience rating, report the date on which the experience mod is applicable.

   The Massachusetts Workers Compensation and Employers Liability Insurance Manual rules relating to anniversary rating dates may require that a policy's exposure(s) be divided into split periods. If this occurs, it is necessary to indicate the date on which the experience rating is applicable for each split period.

   The Experience Rating Plan Manual contains rules that restrict the retroactive application of an experience mod which consequently result in a policy's exposure(s) being divided into split periods. If this occurs, it is necessary to indicate the date on which the experience mod is applicable for each split period.

   Additionally midterm changes in coverage can create the need for split periods. An example of this would be a midterm change to employer's liability limits. For a split period being reported due to a midterm change in coverage, report the date on which such change in coverage is effective.

   Note: For the first split period, a date prior to the policy effective date may be reported if the anniversary rating date is prior to the policy effective date.

4. Rate Effective Date

   Report the effective date of the WCRIBMA rate revision that is applicable to the exposure record. This date can be prior to the policy effective date.

5. Exposure Amount

   Report the exposure amount that is applicable to the exposure records as follow:

a. No-Exposure Developed
- If a policy does not develop any Massachusetts exposure, report zero for the exposure amount on the exposure record containing statistical class code 1111 in the class code field.

b. Payroll Exposure
- Report the payroll amount. Do not divide the payroll by 100.

- Report exposures for supplemental disease loads (statistical class codes 0059, 0065, 0066, 0067, 0133, 0179)

  Note: The statistical class codes 0133 and 0179 were discontinued effective as of January 1, 2008.

- Report exposures for Non-Ratable Elements (statistical class codes 0770, 0773, 0774, 0775, 0776, 0779, 0799, 7445, 7453).

c. Non-Payroll Exposure
- Per Capita Classifications(statistical class codes 0908, 0909, 0912 and 0913):
  Report the number of employees covered, based on the duration of coverage. An employee covered under a per capita class code for a period of one year must be reported as an exposure of 1.0. If an employee is covered for a period other than one year, the reported exposure should be calculated by dividing the number of days of coverage by 365, and rounding the result to the nearest tenth of a year. For example, if an employee is covered for 130 days, the exposure amount will be equal to 0.4 (=130/365 rounded to the nearest tenth).

- Aircraft Operation – Passenger Seat Surcharge: (statistical class code 0088)
  Report the number of aircraft seats, subject to a maximum of 10 for any given aircraft. For example, if the insured has two aircraft with 5 and 18 seats respectively, report 15 for the number of seats.

6. Premium Amount

Report the premium amount corresponding to each classification.

- No-Exposure Developed
  Premium Amount = $0

- Payroll Exposure
  Premium Amount = (Exposure Amount ÷ 100) x WCRIBMA's filed and approved rate

- Non-Payroll Exposure
  Premium Amount = Exposure Amount x WCRIBMA's filed and approved rate

- Other Premiums
  This premium shall be reported under the appropriate statistical class code. Refer to the Massachusetts Premium Algorithm.

7. Manual Rate (WCRIBMA's filed and approved rate)

   For each classification report the WCRIBMA's filed and approved rate. Do not report the carrier's specific rate that may reflect deviations.

8. Split Period Code

   Report the code used to indicate changes in manual rates or rating factors during policy period. For policies with no change in manual rates or rating factors, enter "0". For policies with changes in manual rates or rating factors, refer to the following table:

Split Period	Split Period Code
1st	0
2nd	1
3rd	2
4th	3
5th	4
6th	5
7th	6
8th	7

9. Update Type Code

   Report the code that identifies the type of update.

Code	Description
P	Previously Reported Record
R	Revised Record

- Both update type codes require the full reporting of all fields.
- For additional information refer to Section II – First Unit Statistical Report and Re-Valuations, Subsection B.2, Section II – First Unit Statistical Report and Re-Valuations, Subsection C.3, Section III – Corrections, Subsection D.

10. Exposure Act/Exposure Coverage Code

Code	Description
00	For use with Statistical Class Codes*
01	State Act or Federal Act Excluding USL&HW
02	USL&HW "F" Classes or USL&HW coverage on Non "F" Classes

* Note: An exposure act/exposure coverage code is required for all exposure records. Statistical class codes can be coded as "00", or the act (law) governing the policy.

PART I

UNIT STATISTICAL REPORTING

SECTION VI

LOSS RECORD DATA

SECTION VI - LOSS RECORD DATA

Section VI of the Unit Statistical Reporting is organized into the following components:

- General Information
- Loss Record Data Element Index
- Loss Record Data Elements

A. General Information

The loss records contain the information specific to the benefit (claim) paid or case reserved for injuries covered by the policy.

B. Loss Record Data Element Index

C. Loss Record Data Elements

1. Classification Code (Class Code)

   Report the class code where the payroll or other exposure of the injured worker was reported.

2. Claim Count

   a. Single Claim
      Report the single claim as a number one (1).

   b. Grouped Claims
      Report the number of claims within each group as a number greater than one (1).

   For policies effective on or after January 1, 2007, it is no longer permissible to group any claims for reporting of unit statistical losses. Consequently, for all policies effective on or after January 1, 2007 the claim count must be one (1).

3. Accident Date

   The accident date of a claim can range from the policy effective date to the last full day of coverage. Given that policies expire at 12:01 AM on the expiration date, the last possible full day of coverage on a policy is the day prior to the policy expiration date. Claims that occur on the expiration date of one policy and the effective date of renewal must be reported on the renewal policy. The manner in which the accident date is reported is a function of the type as loss as follows:

   a. Trauma
      Report the date on which the injury occurred.

   b. Cumulative Injury - Occupational Disease
      The accident date is either the last full day that the injured employee was covered within the policy segment or the date that the injury was reported, whichever occurred first.

   c. Cumulative Injury - Other Than Occupational Disease
      The accident date is either the last full day that the injured employee was covered within the policy segment or the date that the injury was reported, whichever occurred first.

4. Claim Number

   A unique number assigned by the insurance company to a claim for the life of that claim. Report the code that uniquely identifies the claim and represents one injured worker for both medical and indemnity benefits. Exclude blanks, punctuation marks, and special characters. Claim numbers must be reported in a manner consistent with aggregate financial reporting, the Detailed Claim Information (DCI) reporting, and Medical Data Call reporting.

5. Status Code

   Report the code that indicates the status of the claim.

Code	Description
0	Open (future payments are expected to be made)
1	Closed (no future payments are expected to be made)

6. Injury Type Code

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

Code	Description
01	**Death** A death claim is defined as each claim where the injured worker has died, unless it has been established that the carrier has incurred no liability.
02	**Permanent Total Disability** A permanent total claim is defined as: • Any claim which has been adjudged to constitute permanent total disability. • Any claim which is defined as such under the law, or which, in the judgment of the carrier will result in permanent total disability.
05	**Temporary Total Disability** A temporary total claim is defined as each claim which involves or is expected to involve indemnity benefits but which does not constitute a case of death, permanent total or permanent partial.
06	**Medical Claims Only** A medical claims only is defined as: • Any claim where there are only medical payments and there are no indemnity losses. • Any claim where there is no indemnity and no medical, but where there is paid ALAE.
09	**Permanent Partial Disability** A permanent partial claim is defined as: • Any permanent injury which does not involve permanent total disability. • Any claim where the extent of future payments is indeterminate in the judgment of the carrier. The amount entered as indemnity incurred shall include scheduled benefits and compensation for temporary total disability as well as loss of future earning capacity.

7. Catastrophe Number

There are two types of claim events that are identified by the Catastrophe Number: Non-Extraordinary Loss Event catastrophe claims and Extraordinary Loss Event catastrophe claims.

- Non-Extraordinary Loss Event Claims (Catastrophe Numbers "01" – "10")
  A Non-Extraordinary Loss Event catastrophe is defined as any accident (one occurrence) resulting in two or more reported claims on a policy for exposure within Massachusetts. If there is more than one catastrophe under the policy, each succeeding catastrophe number must be increased by one. After the number "10" is assigned the next number in the sequence will begin with number "01" again.

- Extraordinary Loss Event Claims (Catastrophe Numbers "11" – "99")
  An Extraordinary Loss Event (ELE) is a significant loss event which has been assigned a catastrophe number by Insurance Services Office/Property Claim Services (ISO/PCS). For those claims associated with the ELE's listed in Appendix I – Extraordinary Loss Event Table, report the catastrophe number listed in the appendix.

8. Incurred Indemnity Amount

   Report the amount of incurred indemnity losses as of the valuation date. Refer to Part III – Definitions for the definition of incurred indemnity losses.

9. Incurred Medical Amount

   Report the amount of incurred medical losses, as of the valuation date. Refer to Part III – Definitions for the definition of incurred medical losses.

10. Social Security Number

    Zero-filled. The social security number is no longer required or captured by any jurisdiction.

11. Update Type Code

    Report the code that identifies the type of update.

Code	Description
P	Previously Reported Record
R	Revised Record

- Both update type codes require the full reporting of all fields.

- For additional information refer to Section II – First Unit Statistical Report and Re-Valuations, Subsection B.2, Section II – First Unit Statistical Report and Re-Valuations, Subsection C.3, Section III – Corrections, Subsection D.

12. Loss Coverage Act Code

    Report the code that corresponds to the loss coverage act.

Code	Description
01	**State Act or Federal Act Excluding USL&HW** A claim for which benefits are determined in accordance with the Massachusetts Workers' Compensation Law, Federal Employers' Liability Act (FELA) and Merchant Marine Act of 1920 (Jones Act).
02	**USL&HW "F" Classes or USL&HW Non "F" Classes** A claim for which benefits are determined in accordance with the United States Longshore and Harbor Workers' Compensation Act, Defense Base Act, Civilian Employees of Nonappropriated Fund Instrumentalities Act and Outer Continental Shelf Lands Act.

13. Type of Loss Code

Report the code that corresponds to the type of loss.

Code	Description
01	**Trauma** • An injury resulting in disability or death that is traceable to a single identifiable incident occurring during the employee's (present or past) employment.
02	**Cumulative Injury: Occupational Disease** • An injury that results in a disability or death and is not traceable to a single identifiable incident occurring during the employee's (present or past) employment. • Any injury caused by repetitive exposure extending over time to a disease producing agent or agents present in the worker's occupational environment. • In order for a claim to be coded as an occupational disease case, it must have resulted from repetitive exposure extending over time. Claims that arise from single identifiable incidents should be coded as Trauma even though they may have been caused by inhalation, absorption, ingestion, or other environmental factors. • For example, a granite worker presents a claim for the occupational disease of silicosis due to exposure to the disease agent silica.
03	**Cumulative Injury: Other Than Occupational Disease** • An injury that results in a disability or death and is not traceable to a single identifiable incident occurring during the employee's (present or past) employment. • The injury is understood to have occurred from, and has been aggravated by, a repetitive employment related activity. • For example, a cement mason or carpet or tile installer presents a claim for injury to the knee caused by repetitive bending and kneeling on the job.

14. Type of Recovery Code

Report the code that corresponds to the type of recovery.

Code	Description
01	**No Recovery** Insurer has not received any recovery reimbursement.
02	**Second Injury Fund Only** Carrier has received reimbursements from the Second Injury Fund.
03	**Subrogation Only (Third Party)** Carrier has received reimbursement from an entity, other than the employer, with legal liability due to circumstances of the injury.
04	**Subrogation (Third Party) with Second Injury Fund** Carrier has received reimbursement from both the Second Injury Fund and a Third Party.

15. Type of Claim Code

Report the code that corresponds to the type of claim.

Code	Description
01	**Workers Compensation Only** The entire loss is incurred under provisions of only Part One of the Workers' Compensation and Employer's Liability Insurance Policy.
02	**Employers Liability Only** The entire loss is incurred under provisions of only Part Two of the Workers' Compensation and Employer's Liability Insurance Policy including liability over claims.
03	**Workers Compensation Including Employers Liability** The loss is incurred under provisions of both Part One and Part Two of the Workers' Compensation and Employer's Liability Insurance Policy including liability over claims.

16. Type of Settlement Code

Report the code that corresponds to the type of settlement.

Code	Description
00	**No settlement** No settlement applicable to the claim.
05	**Non-Compensable** Claim has been determined to be non-compensable as defined in Section III – Corrections, Subsection A.4.
09	**All Other Settlements** Claims not classified as "00" or "05".

17. Jurisdiction State Code

Report the code of the governing jurisdiction that will administer the claim and whose statutes will apply to the claim adjustment process when that jurisdiction state code is different from the exposure state code.

For example: A Massachusetts school teacher is injured while attending a seminar in New York. She may elect to pursue workers' compensation benefits in Massachusetts or New York. Assume she elects to pursue New York workers' compensation benefits. In this situation, her payroll is included on the unit statistical report for exposure state Massachusetts and the loss record for her injury is reported on the unit statistical report with exposure state Massachusetts. However, the jurisdiction state on the loss record for her injury is New York because the workers' compensation benefits were provided in accordance with the workers' compensation laws of the state of New York.

18. Part of Body Code

    Report the code that represents the part of body to which the injury occurred.

    Refer to the Workers Compensation Insurance Organizations (WCIO) for a complete list of part of body codes.

19. Nature of Injury Code

    Report the code that represents the nature of injury sustained by the claimant.

    Refer to the Workers Compensation Insurance Organizations (WCIO) for a complete list of nature of injury codes.

20. Cause of Injury Code

    Report the code that represents the cause of injury.

    Refer to the Workers Compensation Insurance Organizations (WCIO) for a complete list of cause of injury codes.

21. Occupation Description

    Report a narrative description of the regular occupation of the injured worker.
    Optional reporting for Massachusetts.

22. Vocational Rehabilitation Indicator

    Report the value that indicates the inclusion of vocational rehabilitation costs in the losses.

    Y = Claim includes vocational rehabilitation costs.
    N = Claim does not include vocational rehabilitation costs.

23. Lump Sum Indicator

    Report the value that identifies a lump sum agreement for the claim.

    Y = A lump sum payment has been made.

N = A lump sum payment has not been made.

24. Paid Indemnity Amount

    Report the amount of paid indemnity losses as of the valuation date. Refer to Part III – Definitions for the definition of paid indemnity losses.

25. Paid Medical Amount

    Report the amount of paid medical losses as of the valuation date. Refer to Part III – Definitions for the definition of paid medical losses.

26. Claimant's Attorney Fees Incurred Amount

    Report the amount paid plus outstanding case reserves as of the loss valuation date.

27. Employer's Attorney Fees Incurred Amount

    Report the amount paid plus outstanding case reserves as of the valuation date.

28. Paid Allocated Loss Adjustment Expense (ALAE) Amount

    Report the amount of allocated loss adjustment expense. Refer to Part III – Definitions for the definition of ALAE.

PART I

UNIT STATISTICAL REPORTING

SECTION VII

ADDITIONAL REPORTING REQUIREMENTS FOR DEATH AND PERMANENT TOTAL CLAIMS

SECTION VII – ADDITIONAL REPORTING REQUIREMENTS ON DEATH AND PERMANENT TOTAL CLAIMS

A. Reporting Requirements

1. The requirements under this section must be satisfied by participation in the NCCI's Detailed Claim Information Program (DCI).

2. Every company shall maintain, store, and be prepared to report at least the following information for every death claim and every permanent and total disability claim:

   a. Identifying information listed below must match to the unit statistical report of the claim and is defined and coded as specified in the previous sections of this Statistical Plan.

      - Accident Date
      - Carrier Code
      - Claim Number
      - Classification Code
      - Policy Effective Date
      - Policy Number
      - Report Number
      - Status Code
      - Jurisdiction State Code
      - Type of Loss Code
      - Type of Recovery Code
      - Type of Claim Code
      - Part of Body Code
      - Nature of Injury Code
      - Cause of Injury Code

   b. The additional claim information listed below is defined and coded as specified in the NCCI's Detailed Claim Information Reporting Guidebook.

      - Accident State Code
      - Attorney or Authorized Representative Indicator
      - Benefit Type Code
      - Benefit Amounts Paid
        - Death
        - Permanent Total
        - Scheduled Permanent Partial
        - Unscheduled Permanent Partial
        - Temporary Total
        - Temporary Partial
        - Employer's Liability
        - Disfigurement
        - Supplemental
      - Birth Year
      - Claim Closing Date
      - Claimant Gender Code

- Controverted/Disputed Case Indicator
- Hire Year
- Impairment Percentage Basis Code
- Impairment/Disability Percentage
- Lump Sum Benefits Paid
  - Death
  - Permanent Total
  - Scheduled Permanent Partial
  - Unscheduled Permanent Partial
  - Temporary Total
  - Temporary Partial
  - Employer's Liability
  - Disfigurement
  - Supplemental
- Maximum Medical Improvement Date
- Medical Extinguishment Indicator
- Average Weekly Wage
  - Post-Injury Average Weekly Wage
  - Pre-Injury Average Weekly Wage
- Reported to Insurer Date
- Return to Work Date
- Return to Work Rate of Pay Indicator
- Vocational Rehabilitation
  - Education Expense Amount Paid
  - Evaluation Expense Amount Paid
  - Maintenance Expense Amount Paid
  - Other Amount Paid
- Method of Determining Preinjury/Average Weekly Wage Code
- Incurred Indemnity Amount Total
- Incurred Medical Amount Total
- Paid Medical Amount Total
- Maximum Medical Improvement Date
- Attorney or Authorized Representative Indicator
- Claimant Legal Amount Paid
- Employer Legal Amount Paid
- Extraordinary Loss Event Claim Indicator
- Recovery Reimbursement Amount

PART I

UNIT STATISTICAL REPORTING

SECTION VIII

PENSION TABLES

SECTION VIII - PENSION TABLES

A. Purpose

The reporting of incurred indemnity amounts for pension payments associated with fatal and permanent total injuries should reflect a case reserve based on the annuity values contained in Appendix III – Pension Tables. The annuity values are an estimate of the present value of an annual indemnity benefit which begins with a value of one dollar but is subject to applicable cost of living adjustments (escalation). The duration of the pension payments is a function of the beneficiary type - injured worker, surviving spouse, or dependents other than the surviving spouse.

For a permanent total claim, pension benefits are paid to the injured worker until death. For a death claim, a surviving spouse is entitled to benefits until death or remarriage and dependents other than a surviving spouse are entitled to benefits until death or they are fully self-supporting. The statute presumes that a child is self-supporting upon reaching the age of eighteen unless they are physically or mentally incapacitated from earning or over said age and a full time student qualified for exemption as a dependent under Section 151(e) of the Internal Revenue Code.

To be consistent with unit statistical reporting, the pension tables display annuity values for up to ten years from the age as of date of the accident.

B. Non-USL&HW Pension Tables

The pension tables reflect the applicable provisions of the Massachusetts Workers' Compensation Law, life expectancies derived from life tables published by the Centers for Disease Control, and remarriage probabilities. In the case of permanent total claimants, the tables also vary by the gender of the injured worker.

1. An escalation provision consistent with the current law is reflected in the derivation of all the tables. The escalation rate is based on changes in the statewide average weekly wage and CPI data. Additionally, losses are discounted for the time value of money. Annual discount rate and annual escalation rate appear on each of the pension tables in Appendix III – Pension Tables.

2. Table Descriptions:

   - Table IE-398: Surviving Spouse - Fatal Claims
     Utilizes female life expectancies and reflects the probability of remarriage.

   - Table IIE-398: Other than Surviving Spouse - Fatal Claims
     Utilizes total population life expectancies.

   - Table IIIEM-398 – Male: Permanent Total Claimants
     Utilizes male life expectancies and reflects a social security offset. The purpose of the offset is to recognize that claimants are ineligible to receive workers' compensation cost-of-living adjustments that reduce their social security disability payments.

   - Table IIIEF-398 – Female: Permanent Total Claimants
     Utilizes female life expectancies and reflects a social security offset. The purpose of the offset is to recognize that claimants are ineligible to receive workers' compensation cost-of-living adjustments that reduce their social security disability payments.

C. USL&HW Pension Tables

1. These tables are used to estimate the present value of pension related indemnity benefits for death and permanent total injuries payable in accordance with the United States Longshore and Harbor Workers' Act (USL&HW Act). The values contained in the pension tables are to be used to calculate estimated case reserves for indemnity benefits for death and permanent total injuries for purposes of reporting unit statistical reports to the WCRIBMA.

2. Table Descriptions:

   - Table UI-USLH – Surviving Spouse
     Apply this table for all death claims incurred under the USL&HW Act to estimate the present value of the surviving spouse's benefits, exclusive of any remarriage dowry. This table is derived using female life expectancies and reflects the probability that the surviving spouse remarries.

   - Table UII-USLH – Present Value of Remarriage Dowry
     Apply this table to all death claims incurred under the USL&HW Act to estimate the present value of the surviving spouse's remarriage dowry. This table is derived using female life expectancies.

   - Table UIIIM-USLH – Male Other than Surviving Spouse
     Apply this table to all permanent total claims incurred under the USL&HW Act to estimate the present value of wage losses benefits payable for the balance of a male claimant's life. This table is derived using male life expectancies.

   - Table UIIIF-USLH – Female Other than Surviving Spouse
     Apply this table to all permanent total claims incurred under the USL&HW Act to estimate the present value of wage losses benefits payable for the balance of a female claimant's life. This table is derived using female life expectancies.

   - Table UIV-USLH – Present Value of Survivorship Benefits
     Apply this table to all permanent total claims incurred under the USL&HW Act to estimate the present value of survivorship benefits. Note this table applies to surviving spouses of a permanent total disability claimant. This table is derived using female life expectancies and reflects the probability that the surviving spouse remarries.
     This table should also be used to estimate the present value of survivorship benefits related to death claims which are payable to someone other than a spouse.

3. Application of the tables

   - Death Claims with a Surviving Spouse
     Estimate the present value of survivorship benefits, excluding the remarriage dowry, by using Table UI-USLH (Surviving Spouse). Additionally, estimate the present value of the remarriage dowry using Table UII-USLH (Present Value of Remarriage Dowry).

   - Death Claims without a Surviving Spouse
     Estimate the present value of survivorship benefits by using Table UIV-USLH (Present Value of Survivorship Benefits).

   - Permanent Total Disability of a Male Claimant
     Estimate the present value of wage loss benefits payable for the balance of a male claimant's life by using Table UIIIM-USLH (Male Other than Surviving Spouse).

Additionally, upon the death of the employee, survivorship benefits are payable to a survivor and these should be estimated using Table UIV-USLH (Present Value of Survivorship Benefits).

- Permanent Total Disability of a Female Claimant
  Estimate the present value of wage loss benefits payable for the balance of a female claimant's life by using Table UIIIF-USLH (Female Other than Surviving Spouse). Additionally, upon the death of the employee, survivorship benefits are payable to a survivor and these should be estimated using Table UIV-USLH (Present Value of Survivorship Benefits).

PART II

AGGREGATE FINANCIAL REPORTING

SECTION I

GENERAL INSTRUCTIONS

PART II – AGGREGATE FINANCIAL REPORTING

SECTION I - GENERAL INSTRUCTIONS

A. Aggregate Financial Data

1. WCRIBMA collects, processes, and analyzes aggregate financial data for the following purposes:

   - Ratemaking
   - Actuarial analysis
   - Data review / reconciliations
   - Assigned Risk Pool participation ratios
   - WCRIBMA Assessments

2. Calendar Year Data

   Some calls require the reporting of calendar year data. Calendar year data are the sum of changes in accounting balances for a particular year.

3. Accumulated Aggregate Data

   Calls requesting policy year or accident year data require the reporting of accumulated aggregate data, also referred to as inception to date.

   In the case of premiums, submit the summation of all premiums and any subsequent adjustments to premiums since the inception of each policy.

   In the case of paid losses, submit the summation of all loss payments less recoveries since the first unit statistical report of the claim.

4. Current Plus Twenty

   The policy year and accident year calls require current plus twenty years of reporting. Data related to years before the current plus twenty is combined and reported on the prior line.

   For example, given a policy year data call valued as of 12/31/2003 for a company that has workers' compensation experience dating back to 1975, the policy years would be labeled as follows:

Current Policy Year	2003
Plus Twenty Policy Years	1983 – 2002
Prior Policy Years	Summation of 1975 – 1982

   Similarly, the same company's accident year call valued as of 12/31/2003 would classify the accident years as follows:

Current Accident Year	2003
Plus Twenty Accident Years	1983 – 2002
Prior Accident Years	Summation of 1975 – 1982

5. Aggregate financial instructions and general forms are provided in Part II of the Statistical Plan.

B. Cease Writing

Insurance companies who cease writing workers' compensation insurance may request to be exempt from submitting aggregate financial data if their Massachusetts workers' compensation direct calendar year earned premium does not exceed $100,000 and their direct calendar year incurred losses do not exceed $100,000. A letter requesting exemption must be remitted by the carrier to the WCRIBMA at least 10 days prior to the first call due date. Within 5 days of receipt of both the exemption request and the company annual statement, the WCRIBMA will respond with a letter either accepting or denying the exemption.

If an insurance company that was previously granted exemption from reporting decides to write again in the future, they must resume submitting aggregate financial data regardless of the size of direct calendar year earned premium and direct calendar year incurred losses. However they will have to choose whether or not they will report the historical data that was reported prior to the exemption.

C. Group Reporting

The data for companies controlling, controlled by, or under common control with other companies may be aggregated for purposes of reporting the data requested in Part II of the Statistical Plan. Grouping of companies should remain consistent across time. If a change in corporate structure results in a needed modification to the grouping of companies for the purpose of submitting aggregate financial data, a request must be made to the WCRIBMA detailing the circumstances of the transaction before September 1st for use of the new grouping of companies in the following year.

Any companies electing group reporting must specify all companies to be grouped on the financial Call Package Acknowledgement Form. Refer to Subsection E – Electronic Reporting.

D. In Addition to Reports for NCCI or Other Rating Collection Organizations

The requirements of Part II of the Massachusetts Statistical Plan are independent of any comparable requirements by any other rating collection organizations, including NCCI (National Council on Compensation Insurance).

E. Electronic Reporting

1. All calls are to be submitted via the internet using the Massachusetts Financial Data Reporting Application (MAFDRA) accessible at www.mafdra.org. Please contact the WCRIBMA if a user ID needs to be established for your company. Likewise, if a user ID currently exists for your company and you have forgotten either the user ID or the password please contact the WCRIBMA.

   More specifics about electronic submission and the MAFDRA application can be found in the MAFDRA User Guide. The MAFDRA User Guide may be accessed within the MAFDRA application.

2. Nil Reports

   When completing the Call Package Acknowledgment Form contained in MAFDRA, companies with no experience to report for a particular call should inform the WCRIBMA by unchecking the box next to the call in Section III of the form. MAFDRA will automatically create these calls and insert zeros in all of the fields.

3. Data Provider Contact

   Companies are required to complete two Acknowledgment Forms:

   a. Call Package Acknowledgment Form
      - This acknowledgment form requires that a contact be identified for each call except those involving nil submissions.
      - Any questions the WCRIBMA has relating to a given call will initially be directed to the contact associated with that call. If initial WCRIBMA questions go without sufficient response, the WCRIBMA will contact the primary contact listed on the Call Package Acknowledgment Form or the carrier's management.
      - This acknowledgment form has to be completed online in MAFDRA.

   b. Aggregate Financial Call Acknowledgment Form
      - This acknowledgment form identifies a corporate officer or actuary who acknowledges that, to the best of their knowledge, certain of the aggregate financial calls have been completed accurately. The specific calls at issue are listed on the Aggregate Financial Call Acknowledgment Form. Refer to Section III – Aggregate Financial Call Acknowledgment Form.
      - A copy of this acknowledgment form has to be downloaded, completed and uploaded in MAFDRA.

4. Changes to Contacts

   Companies are required to inform the WCRIBMA of any changes to contacts by updating the Call Package Acknowledgment Form. It is very important that contact information associated with staff no longer working with a company or staff no longer responsible for reporting financial data for a company is modified immediately. This action will help to ensure that important WCRIBMA correspondence is delivered to the correct person. See the Financial Data Call Package Acknowledgment Form section of the MAFDRA User's Guide for instructions on modifying contacts.

F. Whole Dollar Reporting

All dollar amounts should be reported as whole numbers without decimal places. Values to the right of any decimal place that are greater than or equal to .50 should be rounded upward. Values to the right of the decimal place that are less than or equal to .49 are to be rounded downward.

G. Reporting Credits

Negative amounts should be reported using the negative sign. Do not report negative amounts inside parenthesis. For example:

-1,000	Correct
(1,000)	Incorrect

H. Direct Business

These calls require the reporting of direct business only. Do not report reinsurance assumed or make adjustments for business that has been reinsured.

I. Policy Term Greater Than One Year and 16 Days in Length

Policies with terms greater than one year and 16 days that are effective on or after January 1, 2009 must be segmented for aggregate financial reporting purposes.

If the policy term is a multiple of 12 months, the policy term is divided into consecutive 12 month segments. If the policy term is not a multiple of 12 months, the policy term is segmented in the same manner as specified on the Policy Period Endorsement (WC000405). The Policy Period Endorsement identifies either the first or last segment as the short-term segment, a segment of less than 12 months.

The beginning date for each segment shall be used for determining the policy year. This is comparable to the use of the policy effective date for determining the policy year for policies having a term of no more than one year and 16 days.

J. M.G.L. Chapter 152 Section 65

1. DIA Assessment

   The DIA assessment is **not** to be considered premium and should **not** be included in premium totals.

2. Funds Maintained by the Treasurer of the Commonwealth of Massachusetts

   Losses are reported net of second injury fund reimbursements from the Massachusetts Workers' Compensation Trust Fund.

3. Penalties

   a. Sections 7, 8, 10, 13A, and 14 of Chapter 152 provide for penalties or fees to be paid by the insurer in specified situations.

      Section 7 sets forth penalties in cases in which the insurer fails either to pay or deny a claim promptly after receiving either a claim form or a First Report of Injury.

      Section 8 sets forth penalties (i) in cases in which the insurer fails to make prompt payments in accordance with an order, decision or agreement; and (ii) in cases in which the insurer unlawfully terminates, reduces, or fails to make required payments and is later ordered to do so.

      Section 10 requires a penalty fee for referral to the Industrial Accident Board of 130% of the average weekly wage in cases in which the insurer failed to appear at a scheduled conciliation without good cause.

      Section 13A (iii) provides for attorneys' fees to be paid to claimants in instances in which insurers have been found to owe late payment penalties under Section 7 or 8 (described above).

      Section 14 provides for certain penalties where an Administrative Judge finds that the insurer has brought, prosecuted or defended a proceeding without reasonable grounds.

   b. Any amounts paid as penalties or fees in accordance with these provisions of law must **not** be added to the losses reported on the data calls.

K. WCRIBMA Contact

All correspondence, including questions and requests for additional information on these calls, should be directed to:

Data Operations Department – WCRIBMA
101 Arch Street, Fifth Floor
Boston, MA 02110

Phone: (617) 439-9030
Fax: (617) 439-6055
Email: DataOperations@wcribma.org

PART II

AGGREGATE FINANCIAL REPORTING

SECTION II

AGGREGATE FINANCIAL REPORTING TIMETABLE

SECTION II – AGGREGATE FINANCIAL REPORTING TIMETABLE

A. Aggregate Financial Call Data Usage / Reporting Schedule

Call Number	Call Name	Purpose for Collecting Data	Due Date
2	Policy Year Call	Ratemaking	March 15
2A	Policy Year Residual Market Call	Ratemaking	March 15
2C	Policy Year Large Deductible Call	Ratemaking and Pool Participation Ratios	March 15
2D	Policy Year "F" Classification Call	Analysis of Ratemaking Data	March 15
2E	Policy Year Maritime Call	Ratemaking	March 15
3	Accident Year Call	Ratemaking	April 1
3A	Accident Year Residual Market Call	Analysis of Ratemaking Data	April 1
3C	Accident Year Large Deductible Call	Analysis of Ratemaking Data	April 1
4	Reconciliation Report	Data Review / Reconciliation	April 1
5	Residual Market Direct Written Premium	Pool Participation Ratios	April 1
5A	Large Deductible Written Calendar Year Experience	Pool Participation Ratios	April 1
5B	Net Direct Written Premium	Assessments and Pool Participation Ratios	April 1
6	MA Calendar Year Expense Data	Ratemaking	May 15
6A	Insurance Expense Exhibit	Analysis of Ratemaking Data	April 15
7	Large Loss and Catastrophe Call	Ratemaking	April 15

Notes:

- Call Package Acknowledgment Form is to be completed by the end of February.
- Aggregate Financial Call Acknowledgment Form (See Section III – Aggregate Financial Call Acknowledgment Form, page 2) is to be completed by June 1.

B. Timetable of Key Dates for Data Reporting

March 15 to June 30:
The WCRIBMA receives and reviews the most recent data submitted by each of the carrier groups, runs the edits, and works with carrier groups to obtain any needed corrections or explanations.

June 30:
The WCRIBMA notifies carrier groups of any observed data anomalies.

The WCRIBMA provides the Massachusetts Division of Insurance (DOI) with all carrier groups' reported data and will continue to provide the DOI with carrier group reported data, as it may be revised, on a monthly basis through November 30.

July 31:
Insurance groups with market shares exceeding a given threshold are subject to a Triennial Agreed Upon Procedures (Triennial AUP). The carrier groups' independent auditing firms submit to the DOI and the WCRIBMA the Triennial AUP findings reports pursuant to Part IV – Examinations and Reconciliations, Subsection B.

June 30 to August 31:
The WCRIBMA continues to work with each of the carrier groups to resolve any observed data anomalies.

August 31:
The WCRIBMA reports to the DOI the results of the Commissioner's mandated reconciliations which includes identifying all carrier groups with uncorrected or unexplained tolerance variances. At the DOI's request, any carrier group with such unexplained variances or other unresolved issues may be required to have an independent auditing firm conduct an Targeted Agreed Upon Procedures (Targeted AUP) of the carrier group's data reporting activities.

September 1 to October 31:
On-site Targeted AUPs are conducted by independent auditing firms and the independent auditing firms submit their findings reports to the DOI, the WCRIBMA and the carrier groups.

Carrier groups submit to the DOI and the WCRIBMA their responses to the independent auditing firms' findings reports no later than thirty (30) days following the carrier groups' receipt of the results of such findings report.

PART II

AGGREGATE FINANCIAL REPORTING

SECTION III

AGGREGATE FINANCIAL CALL ACKNOWLEDGMENT FORM

SECTION III – AGGREGATE FINANCIAL CALL ACKNOWLEDGMENT FORM

A. Description

This form is required from all companies reporting aggregate financial data to the WCRIBMA, including companies submitting all "NIL" reports. The Aggregate Financial Call Acknowledgment Form must be completed and signed by a designated contact that will be responsible for verifying, to the best of his/her knowledge and belief, the completeness and accurate representation of the following calls:

Call Number	Call Name	Due Date
2, 2A, 2C, 2D, 2E	Policy Year Calls	March 15
3, 3A, 3C	Accident Year Calls	April 1
4	Reconciliation Report	April 1
5	Residual Market Direct Written Premium Call	April 1
5A	Large Deductible Company Level Written Premium	April 1
5B	Direct Written Premium Call	April 1
6	MA Calendar Year Expense Data	May 15
6A	Insurance Expense Exhibit	April 15
7	Large Loss and Catastrophe Call	April 15

B. General Instructions

- The acknowledgment must be signed by a company officer or a company actuary who is a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries.

- If companies are grouped for purposes of aggregate financial data reporting, the Aggregate Financial Call Acknowledgment Form would apply to the data for all companies assigned to the group. An acknowledgement contact may sign for multiple reporting companies within their carrier group if the calls were reported individually.

C. Aggregate Financial Call Acknowledgment Form

Please provide the contact information for the company officer or company actuary responsible for completion of this form. A non-officer actuarial designee must be a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries.

Acknowledgment Contact Information	
Carrier Group Code	
Carrier Group Name	
Contact Name	
Contact Title	
Contact Department	
Address Line 1	
Address Line 2	
City, State, Zip	
Phone Number	
E-Mail Address	

By signing below, we acknowledge the importance of timely and accurate submission of the aggregate financial data calls which are used for workers' compensation ratemaking in the Commonwealth of Massachusetts. To the best of our knowledge and belief, the aggregate financial data calls listed below accurately represent our premium, loss, and expense experience.

Call Number	**Call Name**	**Due Date**
2, 2A, 2C, 2D, 2E	Policy Year Calls	March 15
3, 3A, 3C	Accident Year Calls	April 1
4	Reconciliation Report	April 1
5	Residual Market Direct Written Premium Call	April 1
5A	Large Deductible Company Level Written Premium	April 1
5B	Direct Written Premium Call	April 1
6	MA Calendar Year Expense Data	May 15
6A	Insurance Expense Exhibit	April 15
7	Large Loss and Catastrophe Call	April 15

_____ _____
Signature Date

This completed form must be received by the WCRIBMA's Data Operations Department no later than June 1, _____.

PART II

AGGREGATE FINANCIAL REPORTING

SECTION IV

ANNUAL CALLS

SECTION IV – ANNUAL CALLS

POLICY YEAR CALLS – GENERAL INSTRUCTIONS

Policy Year Calls: Calls # 2, 2A, 2C, 2D, 2E

Data Period: Policy Year data
Due Date: March 15

A. General Description

These are calls for Massachusetts workers' compensation experience summarized by policy year.

B. General Instructions (Applies to all Policy Year Calls)

1. Report aggregate totals (inception to date totals). Consequently, no premium, paid loss, or claim count values should be less than zero.

2. Massachusetts claims are those that relate to Massachusetts exposures used to calculate Massachusetts premiums. See Part III – Definitions for further details.

3. Report all loss amounts on a first dollar basis. In other words, for any policies having deductibles, report the loss amounts gross, before any deductible offset. This applies to:

   - Massachusetts Benefits Deductible Premium Credit
   - Massachusetts Benefits Claim and Aggregate Deductible Premium Credit
   - Independently filed large or small deductible programs

4. The following experience should not be included in these calls:
   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - Terrorism Insurance Program (Certified Acts of Terrorism) Premium

5. The following fields must always be positive:
   - Earned Premiums (Columns 1-3)
   - Indemnity Paid (Column 4)
   - Medical Paid (Column 5)
   - Indemnity Case Reserves (Column 6)
   - Medical Case Reserves (Column 7)
   - Incurred Indemnity Claim Count – Closed (with payment) (Column 11)
   - Incurred Indemnity Claim Count – Open (Outstanding) (Column 12)
   - Defense and Cost Containment Expense Paid (Column 13)
   - Defense and Cost Containment Expense Case (Column 14)
   - Premium Adjustment due to ARAP Surcharge (Column 15)

   The following fields must always be negative:
   - Premium Adjustments due to Construction Credit (Column 16)
   - Premium Adjustments due to QLMP Credit (Column 17)
   - Premium Adjustments due to Scheduled Rating Plans (Column 18)

6. Policy Year calls earned premiums (columns 1, 2 and 3) should include audit accruals. If these amounts are not estimated at policy year level then make a reasonable allocation. Any future audit accruals allocation should be consistent with prior allocations.

7. Policy Year calls net earned premium (column 3) should include retrospective rating accruals.

C. Row Instructions (Applies to all Policy Year Calls):

- For each Line A-V, report the cumulative premium, paid losses, claim counts, and paid DCC from the date of policy inception to 12/31 of the current reporting year. Report loss reserves and DCC reserves as of December 31 of the current reporting year.
- For Line A, report all years prior to the twenty plus current.
- Line X is a calculated row; it is the sum of Lines A-V.
- For Line Y, report the prior year's call Line X.
- Line Z is a calculated row; it is the difference of Line X minus Line Y. This is the calendar year total for the current year.

D. Column Instructions (Applies to all Policy Year Calls):

Column 1: Policy Year Accumulated Earned Premium – Standard at Bureau DSR Level

Column 2: Policy Year Accumulated Earned Premium – Standard at Company Level

Column 3: Policy Year Accumulated Earned Premium – Net

Column 4: Accumulated Policy Year – Paid Indemnity

Column 5: Accumulated Policy Year – Paid Medical

Column 6: Accumulated Policy Year – Case Reserves Indemnity

Column 7: Accumulated Policy Year – Case Reserves Medical

Column 8: Indemnity and Medical Total Paid Losses - MAFDRA and the MAFDRA templates will calculate Column 8 as Columns 4 and 5 are entered.

Column 9: Indemnity and Medical Total Case Reserves - MAFDRA and the MAFDRA templates will calculate Column 9 as Columns 6 and 7 are entered.

Column 10: Indemnity and Medical Total Case Incurred Losses - MAFDRA and the MAFDRA templates will calculate Column 10 as Columns 8 and 9 are entered.

Column 11: Policy Year Incurred Indemnity Claim Count – Accumulated Closed (with payment)

Column 12: Policy Year Incurred Indemnity Claim Count – Open (Outstanding)

Column 13: Accumulated Policy Year Defense and Cost Containment Expense – Paid

Column 14: Accumulated Policy Year Defense and Cost Containment Expense – Case Reserves

Column 15: Premium Adjustments Due to ARAP Surcharge

Column 16: Premium Adjustments Due to Construction Credit Program (MA CCPAP)

Column 17: Premium Adjustments Due to QLMP Credit

Column 18: Premium Adjustments Due to Scheduled Rating Plans

CALL # 2 – POLICY YEAR CALL

A. Call Specific Description

Report Massachusetts workers' compensation experience excluding large deductible policies.

B. Call Specific Instructions (Applies in addition to Policy Year Calls General Instructions)

1. Report premium and loss amounts for the current policy year and the twenty policy years prior to the current policy year. For earlier policy years, combine the data and report on the "All Prior Combined" line.

2. Reporting of the following elements is only required for policy years 1994 and subsequent:

   - Incurred Indemnity Claim Count - Accumulated Closed (with payment) (column 11)
   - Incurred Indemnity Claim Count - Open Outstanding (column 12)
   - Defense and Cost Containment Expenses Paid (column 13)
   - Defense and Cost Containment Expenses Case Reserves (column 14)
   - Premium Adjustments due to Scheduled Rating Plans (column 18)

3. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
   - F Classification experience
   - Maritime experience for all policies effective January 1, 2006 and later
   - Large Deductible experience

CALL #2 – POLICY YEAR CALL

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Policy Year Accumulated Earned Premium			Paid		Case Reserves	
Line	Report Level	Policy Year Valued	Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
Line	Report Level	Policy Year Being Valued	Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(15)	(16)	(17)	(18)
			Premium Adjustments			
Line	Report Level	Policy Year Being Valued	Due to ARAP Surcharge	Due to Construction Credit Program	Due to QLMP Credit	Due to Scheduled Rating Plans
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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

A. Call Specific Description

Report all Massachusetts workers' compensation residual market experience.

The Massachusetts residual market is made up of the following:

- Massachusetts Assigned Risk Pool
- Voluntary Direct Assigned Risks

B. Call Specific Instructions (Applies in addition to Policy Year Calls General Instructions)

1. The Massachusetts Assigned Risk Pool assigns residual market policies to either a servicing carrier or to a voluntary direct assignment carrier. Both types of policies are to be reported.

2. Report premium and loss amounts for the policy years 1989 and subsequent.

3. Reporting of the following elements is only required for policy years 1994 and subsequent:

   - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 11)
   - Incurred Indemnity Claim Count – Open Outstanding (column 12)
   - Defense and Cost Containment Expenses Paid (column 13)
   - Defense and Cost Containment Expenses Case Reserves (column 14)

4. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
   - F Classification experience
   - Maritime experience for all policies effective January 1, 2006 and later

CALL #2A – POLICY YEAR RESIDUAL MARKET CALL

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Policy Year Accumulated Earned Premium			Paid		Case Reserves	
Line	Report Level	Policy Year Being Valued	Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX – 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
Line	Report Level	Policy Year Being Valued	Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(15)	(16)	(17)	(18)
			Premium Adjustments			
Line	Report Level	Policy Year Being Valued	Due to ARAP Surcharge	Due to Construction Credit Program	Due toQLMP Credit	Due to Scheduled Rating Plans
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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

A. Call Specific Description

Report Massachusetts workers' compensation large deductible experience summarized by policy year. In Massachusetts, large deductibles are defined as policies with per claim deductibles of at least $75,000[1].

B. Call Specific Instructions (Applies in addition to Policy Year Calls General Instructions)

1. Report premium and loss amounts for policy years 1990 and subsequent.

2. Reporting of the following elements is only required for policy years 1994 and subsequent:

   - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 11)
   - Incurred Indemnity Claim Count – Open Outstanding (column 12)
   - Defense and Cost Containment Expenses Paid (column 13)
   - Defense and Cost Containment Expenses Case Reserves (column 14)

3. Effective January 1, 2007 report:

   - Premium Adjustments due to Schedule Rating Plans (column 18).

4. Policies with provisions for the Massachusetts Benefits Deductible Premium Credit or the Massachusetts Benefits Claim and Aggregate Deductible Premium Credit are **not** to be reported on this call.

5. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
   - F Classification experience
   - Maritime experience for all policies effective January 1, 2006 and later
   - Residual Market Experience

[1] Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least $100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to $75,000.

CALL #2C – POLICY YEAR LARGE DEDUCTIBLE CALL

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Policy Year Accumulated Earned Premium			Paid		Case Reserves	
Line	Report Level	Policy Year Being Valued	Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
Line	Report Level	Policy Year Being Valued	Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(15)(15)	(16)	(17)	(18)
			Premium Adjustments			
Line	**Report Level**	**Policy Year Being Valued**	**Due to ARAP Surcharge**	**Due to Construction Credit Program**	**Due to QLMP Credit**	**Due to Scheduled Rating Plans**
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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

A. Call Specific Description

Report Massachusetts workers' compensation "F" classification experience.

B. Call Specific Instructions (Applies in addition to Policy Year Calls General Instructions)

1. The policy year call makes a distinction between Federal "F" Classification and Non "F" Classification. The policy year call does not make a distinction between USL&HW and Non USL&HW. Even if the rate for a Non "F" Classification code has been modified by the USL&HW premium multiplier, it should **not** be classified as "F" Classification.

2. Report premium and loss amounts for the current policy year and the twenty policy years prior to the current policy year. For earlier policy years, combine the data and report on the "All Prior Combined" line.

3. Effective January 1, 2007, "F" classification experience for policy years 2006 and subsequent is to be reported on an individual classification-by-classification basis.

   For policy years 2005 and prior, report "F" classification experience in the same manner as reported previously.

4. For a complete listing of all classification codes, refer to the rate table in the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

5. Reporting of the following elements is only required for policy years 1994 and subsequent:

   - Incurred Indemnity Claim Count - Accumulated Closed (with payment) (column 11)
   - Incurred Indemnity Claim Count - Open Outstanding (column 12)
   - Defense and Cost Containment Expenses Paid (column 13)
   - Defense and Cost Containment Expenses Case Reserves (column 14)

6. Effective January 1, 2007 report:

   - Premium Adjustments due to Schedule Rating Plans (column 18).

7. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
   - Maritime Experience

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

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Policy Year Accumulated Earned Premium			Paid		Case Reserves	
Line	Report Level	Policy Year Being Valued	Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
Line	Report Level	Policy Year Being Valued	Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(15)	(16)	(17)	(18)
Line	**Report Level**	**Policy Year Being Valued**	**Premium Adjustments**			
			Due to ARAP Surcharge	**Due to Construction Credit Program**	**Due to QLMP Credit**	**Due to Scheduled Rating Plans**
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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

A. Call Specific Description

Report Massachusetts workers' compensation maritime experience summarized by policy year. See Part III – Definitions for further details about maritime experience.

B. Call Specific Instructions (Applies in addition to Policy Year Calls General Instructions)

1. Report premium and loss amounts for the policy years 2006 and subsequent. Maritime experience for policy years prior to policy year 2006 is to be excluded from this call.

2. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - Terrorism Insurance Program (Certified Acts of Terrorism) Premium
   - F Classification experience

CALL #2E - POLICY YEAR MARITIME CLASSIFICATION CALL

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Policy Year Accumulated Earned Premium			Paid		Case Reserves	
Line	Report Level	Policy Year Being Valued	Standard at Bureau Designated Statistical Reporting Level	Standard at Company Level	Net	Indemnity	Medical	Indemnity	Medical
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(8)	(9)	(10)	(11)	(12)	(13)	(14)
			Indemnity and Medical – Total Losses			Policy Year Incurred Indemnity Claim Count		Accumulated Policy Year Defense and Cost Containment Expense	
Line	Report Level	Policy Year Being Valued	Paid (4)+(5)	Case Reserves (6)+(7)	Case Incurred Losses (8)+(9)	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(15)	(16)	(17))	(18)
Line	**Report Level**	**Policy Year Being Valued**	**Premium Adjustments**			
			Due to ARAP Surcharge	**Due to Construction Credit Program**	**Due to QLMP Credit**	**Due to Scheduled Rating Plans**
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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)					

ACCIDENT YEAR CALLS – GENERAL INSTRUCTIONS

Accident Year Calls: Calls # 3, 3A, 3C

Data Period: Accident Year data
Due Date: April 1

A. General Description

These are calls for Massachusetts workers' compensation experience summarized by accident year.

B. General Instructions (Applies to all Accident Year Calls)

1. Report aggregate totals (inception to date totals). Consequently, no paid loss or claim count values should be less than zero.

2. Massachusetts claims are those that relate to Massachusetts exposures used to calculate Massachusetts premiums. See Part III - Definitions for further details.

3. Report all loss amounts on a first dollar basis. In other words, for any policies having deductibles, report the loss amounts gross, before any deductible offset. This applies to:

   - Massachusetts Benefits Deductible Premium Credit
   - Massachusetts Benefits Claim and Aggregate Deductible Premium Credit
   - Independently filed large or small deductible programs

4. The following experience should not be included in these calls:
   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - F Classification experience
   - Maritime experience for all policies effective January 1, 2006 and later

5. The following fields must always be positive:

   - Indemnity Paid (Column 1)
   - Medical Paid (Column 2)
   - Indemnity Case Reserves (Column 3)
   - Medical Case Reserves (Column 4)
   - Incurred Indemnity Claim Count: Closed (with payment) (Column 8)
   - Incurred Indemnity Claim Count – Open (Outstanding) (Column 9)
   - Defense and Cost Containment Expense Paid (Column 10)
   - Defense and Cost Containment Expense Case Reserves (Column 11)

C. Row (Line) Instructions (Applies to all Accident Year Calls):

- For each Line A-V, report the cumulative paid losses from the date of accident through December 31 of the current reporting year. Report loss reserves or claim counts as of December 31 of the current reporting year.

- For Line A, report all years prior to the twenty plus current.
- Line X is a calculated row; it is the sum of Lines A-V.
- For Line Y, report the prior year's call Line X.
- Line Z is a calculated row; it is the difference of Line X minus Line Y. This is the calendar year total for the current year.

D. **Column Instructions** (Applies to all Accident Year Calls):

Column 1: Accumulated Accident Year – Paid Indemnity

Column 2: Accumulated Accident Year – Paid Medical

Column 3: Accumulated Accident Year – Case Reserves Indemnity

Column 4: Accumulated Accident Year – Case Reserves Medical

Column 5: Indemnity and Medical Total Paid Losses - MAFDRA and the MAFDRA templates will calculate Column 5 as Columns 1 and 2 are entered.

Column 6: Indemnity and Medical Total Case Reserves - MAFDRA and the MAFDRA templates will calculate Column 6 as Columns 3 and 4 are entered.

Column 7: Indemnity and Medical Total Case Incurred losses - MAFDRA and the MAFDRA templates will calculate Column 7 as Columns 5 and 6 are entered.

Column 8: Accident Year Incurred Indemnity Claim Count – Accumulated Closed (with payment)

Column 9: Accident Year Incurred Indemnity Claim Count – Open (Outstanding)

Column 10: Accumulated Accident Year Defense and Cost Containment Expense – Paid

Column 11: Accumulated Accident Year Defense and Cost Containment Expense – Case Reserves

CALL #3 – ACCIDENT YEAR CALL

A. Call Specific Description

Report Massachusetts workers' compensation experience excluding large deductible policies summarized by accident year.

B. Call Specific Instructions (Applies in addition to Accident Year Calls General Instructions)

1. Report loss amounts for the current accident year and the twenty accident years prior to the current accident year. For earlier accident years, combine the data and report on the "All Prior Combined" line.

2. Reporting of the following elements is only required for accident years 1994 and subsequent:

   - Incurred Indemnity Claim Count - Accumulated Closed (with payment) (column 8)
   - Incurred Indemnity Claim Count - Open (Outstanding) (column 9)
   - Defense and Cost Containment Expenses Paid (column 10)
   - Defense and Cost Containment Expenses Case Reserves (column 11)

3. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - F Classification experience
   - Maritime experience for all policies effective January 1, 2006 and later
   - Large Deductible experience

CALL #3 – ACCIDENT YEAR CALL

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Paid		Case Reserves		Indemnity and Medical – Total Losses		
Line	Report Level	Accident Year Being Valued	Indemnity	Medical	Indemnity	Medical	Paid (1)+(2)	Case Reserves (3)+(4)	Case Incurred Losses (5)+(6)
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(8)	(9)	(10)	(11)
			Accident Year Incurred Indemnity Claim Count		Accumulated Accident Year Defense and Cost Containment Expense	
Line	Report Level	Accident Year Being Valued	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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

A. Call Specific Description

Report Massachusetts workers' compensation residual market experience summarized by accident year.

The Massachusetts residual market is made up of the following:

- Massachusetts Assigned Risk Pool
- Voluntary Direct Assigned Risks

B. Call Specific Instructions (Applies in addition to Accident Year Calls General Instructions)

1. The Massachusetts Assigned Risk Pool assigns residual market policies to either a servicing carrier or to a voluntary direct assignment carrier. Both types of policies are to be reported.

2. Report loss amounts for the accident years 1989 and subsequent.

3. Reporting of the following elements is only required for accident years 1994 and subsequent:

   - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 8)
   - Incurred Indemnity Claim Count – Open Outstanding (column 9)
   - Defense and Cost Containment Expenses Paid (column 10)
   - Defense and Cost Containment Expenses Case Reserves (column 11)

4. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - "F" Classification experience
   - Maritime experience for all policies effective January 1, 2006 and later

CALL #3A – ACCIDENT YEAR RESIDUAL MARKET CALL

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Paid		Case Reserves		Indemnity and Medical – Total Losses		
Line	Report Level	Accident Year Being Valued	Indemnity	Medical	Indemnity	Medical	Paid (1)+(2)	Case Reserves (3)+(4)	Case Incurred Losses (5)+(6)
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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

			(8)	(9)	(10)	(11)
			Accident Year Incurred Indemnity Claim Count		Accumulated Accident Year Defense and Cost Containment Expense	
Line	Report Level	Accident Year Being Valued	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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 # 3C– ACCIDENT YEAR LARGE DEDUCTIBLE CALL

A. Call Specific Description

Report Massachusetts workers' compensation large deductible experience summarized by accident year. In Massachusetts, large deductibles are defined as policies with per claim deductibles of at least $75,000[2].

B. Call Specific Instructions (Applies in addition to Accident Year Calls General Instructions)

1. Report loss amounts for accident years 1990 and subsequent.

2. Reporting of the following elements is only required for accident years 1994 and subsequent:

   - Incurred Indemnity Claim Count – Accumulated Closed (with payment) (column 8)
   - Incurred Indemnity Claim Count – Open Outstanding (column 9)
   - Defense and Cost Containment Expenses Paid (column 10)
   - Defense and Cost Containment Expenses Case Reserves (column 11)

3. Policies with provisions for the Massachusetts Benefits Deductible Premium Credit or the Massachusetts Benefits Claim and Aggregate Deductible Premium Credit are **not** to be reported on this call.

4. Exclude the following experience when compiling the data for this call:

   - Excess Workers' Compensation (written over a self-insured retention)
   - National Defense Projects Rating Plan
   - F Classification experience
   - Maritime experience for all policies effective January 1, 2006 and later
   - Residual Market Experience

[2] Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least $100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to $75,000.

CALL #3C – ACCIDENT YEAR LARGE DEDUCTIBLE CALL

			(1)	(2)	(3)	(4)	(5)	(6)	(7)
			Paid		Case Reserves		Indemnity and Medical – Total Losses		
Line	Report Level	Accident Year Being Valued	Indemnity	Medical	Indemnity	Medical	Paid (1)+(2)	Case Reserves (3)+(4)	Case Incurred Losses (5)+(6)
A.	All Prior Combined	Prior to XXXX - 20							
B.	20th	XXXX - 20							
C.	19th	XXXX - 19							
D.	18th	XXXX - 18							
E.	17th	XXXX - 17							
F.	16th	XXXX - 16							
G.	15th	XXXX - 15							
H.	14th	XXXX - 14							
I.	13th	XXXX - 13							
J.	12th	XXXX - 12							
K.	11th	XXXX - 11							
L.	10th	XXXX - 10							
M.	9th	XXXX - 9							
N.	8th	XXXX - 8							
O.	7th	XXXX - 7							
P.	6th	XXXX - 6							
Q.	5th	XXXX - 5							
R.	4th	XXXX - 4							
S.	3rd	XXXX - 3							
T.	2nd	XXXX - 2							
U.	1st	XXXX - 1							
V.	Current	XXXX							
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 #3C – ACCIDENT YEAR LARGE DEDUCTIBLE CALL

			(8)	(9)	(10)	(11)
			Accident Year Incurred Indemnity Claim Count		Accumulated Accident Year Defense and Cost Containment Expense	
Line	Report Level	Accident Year Being Valued	Accumulated Closed (with payment)	Open Outstanding	Paid	Case Reserves
A.	All Prior Combined	Prior to XXXX - 20				
B.	20th	XXXX - 20				
C.	19th	XXXX - 19				
D.	18th	XXXX - 18				
E.	17th	XXXX - 17				
F.	16th	XXXX - 16				
G.	15th	XXXX - 15				
H.	14th	XXXX - 14				
I.	13th	XXXX - 13				
J.	12th	XXXX - 12				
K.	11th	XXXX - 11				
L.	10th	XXXX - 10				
M.	9th	XXXX - 9				
N.	8th	XXXX - 8				
O.	7th	XXXX - 7				
P.	6th	XXXX - 6				
Q.	5th	XXXX - 5				
R.	4th	XXXX - 4				
S.	3rd	XXXX - 3				
T.	2nd	XXXX - 2				
U.	1st	XXXX - 1				
V.	Current	XXXX				
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 #4: RECONCILIATION REPORT

Data Period: Calendar Year data
Due Date: April 1st

A. Description

The report compares the net earned premium and incurred losses reported on the policy year and accident year calls to the Exhibit of Premium and Losses of the Annual Statement (Statutory Page 14) and also the standard earned premium data to the net earned premium reported to the WCRIBMA.

B. Reporting Requirements

1. Page 1 reconciles the net earned premium from the policy year calls to the Exhibit of Premium and Losses of the Annual Statement (Statutory Page 14 data, Line 16 column 2). All reconcilable items must be identified and explained.

2. Page 2 reconciles the Incurred Losses from the Policy Year and Accident Year Calls to the Exhibit of Premium and Losses of the Annual Statement (Statutory Page 14 data, Line 16 column 6). All reconcilable items must be identified and explained.

3. Page 3 reconciles the Standard Earned Premium at DSR Level to the Net Earned Premium from the Policy Year Calls. Differences exceeding $500 must be reconciled. All reconcilable items must be identified and explained.

4. Submit the reconciliation report on same carrier or carrier group basis as the Policy Year and Accident Year calls.

Earned Premium Reconciliation Report (Page 1 of 3)

Line 1: Total Market Net Premium, Policy Year Call (Call #2), Line Z, column (3).

Line 2: Total Market Premium Adjustments due to ARAP Surcharge, Policy Year Call (Call #2), Line Z, column (15).

Line 3: Total Market Premium Adjustments due to QLMP Credit, Policy Year Call (Call #2), Line Z, column (17).

Line 4: Large Deductible Net Premium, Policy Year Large Deductible Call (Call #2C), Line Z, column (3).

Line 5: Large Deductible Premium Adjustments due to ARAP Surcharge, Policy Year Large Deductible (Call #2C), Line Z, column (15).

Line 6: "F" Classification Net Premium, Policy Year "F" Classification Call (Call #2D), Line Z, column (3).

Line 7: "F" Classification Premium Adjustments due to ARAP Surcharge, Policy Year "F" Classification Call (Call #2D), Line Z, column (15).

Line 8: "F" Classification Premium Adjustments due to QLMP Credit, Policy Year "F" Classification Call (Call #2D), Line Z, column (17).

Line 9: Maritime Classification Net Premium, Policy Year Maritime Classification Call (Call #2E), Line Z, column (3).

Line 10: Maritime Classification Premium Adjustments due to ARAP Surcharge, Policy Year Maritime Classification Call (Call #2E), Line Z, column (15).

Line 11: Maritime Classification Premium Adjustments due to QLMP Credit, Policy Year Maritime Classification Call (Call #2E), Line Z, column (17).

Line 12: Sum of Lines 1 through 11.

Line 13: National Defense Projects.

Line 14: Terrorism Insurance Program (Certified Acts of Terrorism) Premium.

Line 15: Subtotal of Lines 13 and 14.

Line 16: Annual Statement Earned Premium, Exhibit of Premium and Losses (Statutory Page 14 data), Line 16, Column 2.

Line 17: Difference of (Line 16 – Line 15 – Line 12).

Line 18: "Write-Ins" Reconciliation Item

Line 19: "Write-Ins" Reconciliation Item.

Line 20: "Write-Ins" Reconciliation Item.

Line 21: "Write-Ins" Reconciliation Item.

Line 22: "Write-Ins" Reconciliation Item.

Line 23: Sum of Lines 18 through 22.

Line 24: Difference of (Line 23 – Line 17)

Incurred Loss Reconciliation Report (Page 2 of 3)

Line 1: Calendar Year Case Incurred Losses. Column (1) from Line Z, column (13) of Policy Year Call (Call #2). Column (2) from Line Z, column (10) of Accident Year Call (Call #3).

Line 2: Large Deductible Case Incurred Losses. Column (1) from Line Z, column (13) of Policy Year Large Deductible Call (Call #2C). Column (2) from Line Z, column (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 (13).

Line 4: Maritime Classification Case Incurred Losses; Policy Year Maritime Classification Call (Call #2E), Line Z, column (13).

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)

Net Premium Reconciliation Report (Page 3 of 3)

Line 1: Total Market Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year Call (Call #2), Line Z column (1).

Line 2: Large Deductible Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year Large Deductible Call (Call #2C), Line Z column (1).

Line 3: "F" Classification Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year "F" Classification Call (Call #2D), Line Z column (1).

Line 4: Maritime Classification Calendar Year Earned Premium; Standard at Bureau Designated Statistical Reporting Level. Policy Year Maritime Classification Call (Call #2E), Line Z column (1).

Line 5: Sum of Lines 1 through 4.

Line 6: Rate Deviations.

Line 7: Premium discounts.

Line 8: Large Deductible Premium Credits.

Line 9: Massachusetts Benefits Deductible Premium Credit.

Line 10: Massachusetts Benefits Claim and Aggregate Deductible Premium Credit.

Line 11: Retrospective Rating Adjustments.

Line 12: Scheduled Rating Adjustments.

Line 13: Sum of Lines 6 through 12.

Line 14: Sum of Lines 5 and 13.

Line 15: Total Market Calendar Year Net Premium. Policy Year Call (Call #2), Line Z, column (3).

Line 16: Large Deductible Calendar Year Net Premium. Policy Year Large Deductible Call (Call #2C), Line Z, column (3).

Line 17: "F" Classification Calendar Year Net Premium. Policy Year "F" Classification Call (Call #2D), Line Z, column (3).

Line 18: Maritime Classification Calendar Year Net Premium. Policy Year Maritime Classification Call (Call #2E), Line Z, column (3).

Line 19: Sum of Lines 15 through 18.

Line 20: Difference of (Line 19 – Line 14).

Line 21: "Write-Ins" Reconciliation Item.

Line 22: "Write-Ins" Reconciliation Item.

Line 23: "Write-Ins" Reconciliation Item.

Line 24: "Write-Ins" Reconciliation Item.

Line 25: "Write-Ins" Reconciliation Item.

Line 26: Sum of Lines 21 through 25.

Line 27: Difference of (Line 26 – Line 20).

Call # 4 – RECONCILIATION REPORT

This report shows the reconciliation of Earned Premium 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:

Earned Premium Reconciliation

I. Indicated Calendar Year Results

A. Policy Year Call (Call #2)

1. Net Premium (Line Z, column (3)) _____
2. Premium Adjustments due to ARAP Surcharge (Line Z, column (15)) _____
3. Premium Adjustments due to QLMP Credit (Line Z, column (17)) _____

B. Policy Year Large Deductible Call (Call #2C)

4. Net Premium (Line Z, column (3)) _____
5. Premium Adjustments due to ARAP Surcharge (Line Z, column (15)) _____

C. Policy Year "F" Classification Call (Call #2D)

6. Net Premium (Line Z, column (3)) _____
7. Premium Adjustments due to ARAP Surcharge (Line Z, column (15)) _____
8. Premium Adjustments due to QLMP Credit (Line Z, column (17)) _____

D. Policy Year Maritime Classification Call (Call #2E)

9. Net Premium (Line Z, column (3)) _____
10. Premium Adjustments due to ARAP Surcharge (Line Z, column (15)) _____
11. Premium Adjustments due to QLMP Credit (Line Z, column (17)) _____

12. Subtotal (Lines 1 through 11) _____

II. Listed Reconciliation Items

13. National Defense Projects _____
14. Terrorism Insurance Program (Certified Acts of Terrorism) Premium _____
15. Subtotal (Lines 13 and 14) _____

III. Annual Statement

16. Exhibit of Premium and Losses (Statutory Page 14 Data), Line 16, Column 2 (Earned Premium) _____

IV. Difference

17. Calculate as indicated (Line 16 – Line 15 – Line 12) _____

V. "Write-Ins" Reconciliation Items (provide short description below)

18. _____ _____
19. _____ _____
20. _____ _____
21. _____ _____
22. _____ _____

23. Subtotal (Lines 18 through 22) _____

VI. Remaining Variance

24. Imbalance (Line 23 – Line 17) _____

Call # 4 – RECONCILIATION REPORT

This report shows the reconciliation of Case 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 Calendar Year Results			
	1. Calendar Year Case Incurred Losses			
	2. Large Deductible Case Incurred Losses			
	3. "F" Classification Case Incurred Losses (from the Policy Year "F" Classification Call)			
	4. Maritime Classification Case Incurred Losses (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)			

Call # 4 – RECONCILIATION REPORT

This report shows the reconciliation of Standard Earned Premium data to the Net Earned Premium reported to the WCRIBMA in response to the current Calls for Experience. Enter amounts indicated below:

Calendar Year Earned Premium

I. Calendar Year Standard Premium at Bureau Designated Statistical Reporting Level

1. Policy Year Call – (Line Z, column (1)) _____
2. Policy Year Large Deductible Call – (Line Z, column (1)) _____
3. Policy Year "F" Classification Call – (Line Z, column (1)) _____
4. Policy Year Maritime Classification Call – (Line Z, column (1)) _____

5. Subtotal (Lines 1 through 4) _____

II. Premium Components:

6. Rate Deviations
7. Premium discounts. _____
8. Large Deductible Premium Credits with deductible amount of at least $75,000[3]. _____
9. Massachusetts Benefits Deductible Premium Credit. _____
10. Massachusetts Benefits Claim and Aggregate Deductible Premium Credit. _____
11. Retrospective Rating Adjustments _____
12. Scheduled Rating Adjustments _____

13. Subtotal (Lines 6 through 12) _____

III. Calculated Net Premium

14. Sum Lines 5 and 13 _____

IV. Calendar Year Net Earned Premium _____

15. Policy Year Call – (Line Z, column (3)) _____
16. Policy Year Large Deductible Call – (Line Z, column (3)) _____
17. Policy Year "F" Classification Call – (Line Z, column (3)) _____
18. Policy Year Maritime Classification Call – (Line Z, column (3)) _____

19. Total Net Earned Premium (Sum Lines 15 through 18)

V. Difference

20. Calculate as indicated (Line 19 – Line 14) _____

VI. "Write-Ins" Reconciliation Items (provide short description below)

21. _____ _____
22. _____ _____
23. _____ _____
24. _____ _____
25. _____ _____

26. Subtotal (Lines 21 through 25) _____

VII. Remaining Variance

27. Imbalance (Line 26 – Line 20) _____

[3] Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least $100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to $75,000.

CALL #5 RESIDUAL MARKET DIRECT WRITTEN PREMIUM

Data Period: Calendar Year data
Due Date: April 1

A. Description

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

B. Reporting Requirements

1. For each of the five most recent policy years, report the policy year contribution to the calendar year direct written premium for residual market policies.

2. The remaining calendar year direct written premium for residual market policies should be reported in the prior year line (Line A).

3. 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 employer's 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 employer's liability direct written premiums as reported on Column 1, Line 16 Statutory Page 14 of the Annual Statement for voluntary direct assigned risk policies. 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

			(1)	(2)
Line	**Calendar Year**	**Policy Year**	**Residual Market (including "F" Classification and Maritime experience)**	**VDAR (including "F" Classification and Maritime experience)**
A.	XXXX	Prior to XXXX - 4		
B.	XXXX	XXXX - 4		
C.	XXXX	XXXX - 3		
D.	XXXX	XXXX - 2		
E.	XXXX	XXXX - 1		
F.	XXXX	XXXX		
G.	Total			

CALL #5A – LARGE DEDUCTIBLE COMPANY LEVEL WRITTEN PREMIUM

Data Period: Calendar Year data
Due Date: April 1

A. Description

For large deductible policies, report the current calendar year written standard premium at company level and the ARAP surcharge.

B. Reporting Requirements

1. Data is to be reported for all large deductible policies effective on or after January 1, 1994.

2. Consistent with the Policy Year Large Deductible Calls, Terrorism Insurance Program (Certified Acts of Terrorism) Premium should **not** be included.

3. Unlike the Policy Year Large Deductible Call, **do not exclude** written premiums associated with "F" Classification and Maritime experience.

C. Column Instructions

Column 1: Large Deductible[1] Written Standard Premium at Company Level
The Large Deductible Written Standard Premium at Company Level is analogous to the earned Standard at Company Level premium reported on Call # 2C – Policy Year Large Deductible Call **except** that this call is asking for written premium instead of earned premium and includes written premiums associated with "F" Classification and Maritime experience.

Column 2: Large Deductible[4] Written ARAP Premium Surcharge
The Large Deductible Written ARAP Premium Surcharge is analogous to the earned ARAP premiums reported on Call # 2C – Policy Year Large Deductible Call **except** that this call is asking for written premium instead of earned premium and includes written premiums associated with "F" Classification and Maritime experience.

[4] Prior to May 1, 2003 the per claim deductible for a large deductible policy had to be at least $100,000. Effective May 1, 2003, the minimum per claim deductible for a large deductible policy was reduced to $75,000.

Call # 5A – LARGE DEDUCTIBLE COMPANY LEVEL WRITTEN PREMIUM

	(1)	(2)
Calendar Year	Large Deductible Company Level Written Premium	
	Standard Premium	ARAP Premium
XXXX		

CALL #5B – DIRECT WRITTEN PREMIUM

Data Period: Calendar Year data
Due Date: April 1

A. Description

This written premium report records the calendar year workers' compensation direct written premiums for certain market segments. The most recent calendar year data through December 31 should be reported.

B. Reporting Requirements

1. For purposes of reporting USL&HW written premium, include "F" Classification codes and Non "F" Classification codes that have been modified by the USL&HW premium multiplier.

2. The Total calculated in column (4) must reconcile to the direct written premium reported on the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14).

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

4. Include premiums associated with Maritime experience.

C. Column Instructions

Column 1: Direct Written Premium
Report all premiums written in a manner consistent with the amounts reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14), excluding all premiums for U.S. Longshore and Harborworkers' Act (USL&HW), and National Defense Plans.

Column 2: USL&HW Premium
Report all premiums written under the U.S. Longshore and Harborworkers' Act (USL&HW), in a manner consistent with the amounts reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14).

Column 3: National Defense Plan Premium
Report all premiums written under special National Defense Comprehensive Rating or specific National Defense Premium Discount plans, in a manner consistent with the amounts reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14).

Column 4: The sum of Columns (1) through (3)

Column 5: Large Deductible Direct Written Premium
Massachusetts workers' compensation and employer's liability direct written premiums as reported in Line 16 of the Exhibit of Premiums and Losses of the Annual Statement (Statutory Page 14) for large deductible policies including written premiums associated with "F" Classification and Maritime experience. Only report premiums for policies effective on or after January 1, 1994.

CALL #5B – DIRECT WRITTEN PREMIUM

	(1)	(2)	(3)	(4)	(5)
Calendar Year	Direct Written Premium				
	All Premium	USL&HW Premium	National Defense Plan Premium	Total of Columns (1) – (3) Reconcilable to Exhibit of Premiums and Losses	Large Deductible
XXXX					

CALL #6: MASSACHUSETTS CALENDAR YEAR EXPENSE DATA

Data Period: Calendar Year data
Due Date: May 15

A. Description

Report the expenses associated with writing workers' compensation coverage in Massachusetts.

B. General Instructions

1. Adjusting and Other (AO) Expenses should be reported in accordance with the current NAIC definitions.

2. Expenses are reported on a calendar year basis.

3. Do not report expense amounts paid as penalties or fees in accordance with Sections 7, 8, 10, 13A, and 14 of Chapter 152 of the General Laws of Massachusetts.

4. Do not subtract from the expense totals any fees received for servicing policies for a third party including servicing carrier fees.

5. Expense values are for all workers' compensation business, including "F" Classification experience, Large Deductible, Maritime experience as well as National Defense experience.

C. Row Instructions

Row 1: Other Acquisitions, Field Supervision, and Collection Expenses Incurred. Commission and Brokerage Expenses should be excluded.

Row 2: Adjusting and Other Expenses.

Row 3: General Expenses. Note that this should **include** the Boards and Bureau Expenses which are also reported separately.

Row 3A: Boards and Bureau Expenses.

Row 4: Incidental Income. A positive value indicates income for the calendar year.

Row 5: Unreported Expenses. A positive value indicates an expense for the calendar year.

Row 6: Uncollectible Premium Receivables. A positive value indicates an expense for the calendar year.

Call # 6 – MASSACHUSETTS C A L E N D A R Y E A R E X P E N S E D A T A

Expense Category		Incurred
(1)	Other Acquisitions, Field Supervision and Collection Expenses	
(2)	Adjusting and Other Expenses	
(3)	General Expenses	
(3A)	Boards and Bureau Expenses	
(4)	Incidental Income	
(5)	Unreported Expenses	
(6)	Uncollectible Premium Receivables	

CALL #6A: INSURANCE EXPENSE EXHIBIT

Data Period: Calendar Year data
Due Date: April 15

A. Description

Report a copy of the Insurance Expense Exhibit (IEE) which provides countrywide expense information.

B. General Instructions

1. You are not required to submit the Insurance Expense Exhibit (IEE) to WCRIBMA if your company has already submitted it to the National Association of Insurance Commissioners (NAIC).

2. If your company does not submit its IEE to the NAIC, you must send a pdf copy via MAFDRA to WCRIBMA.

3. Please submit your IEE on an individual company basis rather than a group basis.

CALL # 7: LARGE LOSS & CATASTROPHE CALL

Data Period: Claims valued as of December 31
Due Date: April 15

A. Description

- Report all claims for accident year 1984 and later where total case incurred losses are greater than or equal to $500,000 at the time of valuation.

- Report all extraordinary loss event claims regardless of size, including medical-only claims. The WCRIBMA will notify member companies of any new event that has been classified as an extraordinary loss event**.** Refer to Appendix I – Extraordinary Loss Event Table for a list of extraordinary loss event catastrophe numbers.

B. General Instructions

1. The data reported in this Call should exclude the following experience:
   - Excess Workers' Compensation
   - National Defense Projects Rating Plan

2. Report claims individually. Claims cannot be grouped.

3. Closed, as well as open and reopened claims are included.

4. Loss amounts should be reported net of second injury fund reimbursements and other recoveries such as subrogation, but gross of deductible reimbursements, consistent with the Policy and Accident Year Calls.

5. Case Outstanding may include or exclude statutorily allowable discounting, as long as the approach is consistent with the Policy and Accident Year Calls.

6. 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.

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.

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). Catastrophe numbers must be reported in a manner consistent with unit statistical reporting.

Column 5: Policy Effective Date – The inception date of the policy associated with the claim. Policy effective date must be reported in a manner consistent with unit statistical reporting.

Column 6: Accident Date – The date on which the large loss or catastrophe occurred. Accident date must be reported in a manner consistent with unit statistical reporting.

Column 7: Loss Condition Act Code – A code that identifies the basis of liability for the claim.
01 – State Act or Federal Excluding USL&HW
02 – USL&HW

Loss condition act code must be reported in a manner consistent with unit statistical reporting.

Column 8: Accumulated Paid Indemnity

Column 9: Accumulated Paid Medical

Column 10: Case Reserves Indemnity

Column 11: Case Reserves Medical

Column 12: Accumulated Defense and Cost Containment Expense – Paid

Column 13: Defense and Cost Containment Expense – Case Reserves

CALL # 7: LARGE LOSS & CATASTROPHE CALL

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
							Accumulated Paid Losses		Case Reserves		Defense and Cost Containment Expense	
Claim Number	NCCI Carrier Code	Policy Number	Catastrophe Number	Policy Effective Date	Accident Date	Loss Condition Act Code	Indemnity	Medical	Indemnity	Medical	Accumulated Paid	Case Reserves

PART III

DEFINITIONS

PART III – DEFINITIONS

A. Premiums Reported in Statistical Plan

Part A of the definitions is organized into the following components:

- General Premium Information
- Premiums reported in Aggregate Financial Call
- Aggregate Financial Premium Levels
- Unit Statistical Reporting Premium Levels
- Premium Component Table

1. General Premium Information

The following should **not** be reflected on any of the aggregate financial calls or unit statistical reports data:

- Assumed reinsurance premiums
- Ceded reinsurance premiums
- Excess workers' compensation
- National Defense plans
- Atomic Energy Project Work

Report all premiums whether collected or not (consistent with Statutory Accounting Principles).

2. Premiums Reported in Aggregate Financial Calls

a. Policy Year Premium and Calendar Year Premium

Policy year premium is the premium associated with policies that have policy effective dates during a specific calendar year. Policy year premium can change from valuation to valuation as premium audits are performed or retrospective premium adjustments are made.

Calendar year premium is the aggregate total of the premiums recorded on the company books during a given calendar year, regardless of the policy effective date. Calendar year premium is fixed at the end of the calendar year, and is not subject to change from valuation to valuation.

b. Written and Earned Premium

Written premium is the estimated premium for the entire policy term including any estimates of premium audits and retrospective rating premium adjustments.

Statutory accounting allows for workers' compensation written premiums to be recorded using one of two methods.

- Written premiums may be recorded on an installment basis to match the billing to the policyholder.
- Written premiums may be recorded as of the effective date of the contract.

Written premium reported on the Aggregate Financial calls **must be recorded using the same method** for recognizing written premiums employed in preparing the Annual Statement.

Written premium does not include advance premiums received by the insurance company for policies yet to take effect.

Earned premium is the proportional share of the written premium applicable to the expired portion of the policy.

Earned premium reported on the aggregate financial calls **must be recorded using the same method** for prorating written premiums as was employed in preparing the Annual Statement.

3. Aggregate Financial Premium Levels

Four distinct levels of premium are submitted in Part II of the Statistical Plan. The difference between levels is associated with the inclusion or exclusion of various credits and company specific rating mechanisms such as deviations and schedule rating. The most frequently utilized components of each premium type are illustrated in the premium component table, and further defined in the listing that follows.

a. Standard Premium at Bureau Designated Statistical Reporting (DSR) Level
Standard Premium at DSR Level is the premium resulting from standard rating procedures as if all policies had been issued using **WCRIBMA** manual rates.

b. Standard Premium at Company Level
Standard Premium at Company Level is the premium calculated by adjusting the Standard Earned Premium at DSR level by application of any company deviation.

c. Net Premium Level
Net Premium is the premium calculated by adjusting the Standard Premium at Company level for all schedule rating credits, premium discounts, deductible premium credits, and retrospective rating premium adjustments.

d. Direct Premium (Direct Premium at Annual Statement Basis) Level
Direct premiums are the aggregate amount of recorded originated premiums, excluding all reinsurance assumed without deducting any reinsurance ceded, whether collected or not, at the close of the year (plus retrospective premium collections), after deducting all return premiums. In financial statements, it is the premium income adjusted for additional or return premiums but excluding any additions for reinsurance assumed and any deductions for reinsurance ceded.

Direct premiums are calculated by adjusting the Net Premium for ARAP, QLMP Credit and Terrorism Insurance Program.

4. Unit Statistical Reporting Premium Levels

a. Premium Amount
The premium amount for a class is either developed by multiplying units of exposure times the manual rate or it's the premium assigned to a statistical class code. Refer to Part I, Section V – Exposure Record Data Subsection C.6.

b. Subject Premium
Refer to the Massachusetts Premium Algorithm.

c. Modified Premium
Refer to the Massachusetts Premium Algorithm.

d. Standard Premium
Refer to the Massachusetts Premium Algorithm.

5. Premium Components Table

The components of each premium type are summarized in the following table (an "x" denotes that the component is included in the column):

Premium Components						
	Aggregate Financial Premium Levels					
Components	Standard Premium at Bureau Designated Statistical Rate Level	Standard Premium at Company Level	Net Premium	Direct Premium	Unit Statistical Report Premium	Class Codes
1. Manual Premium Class Categories:						
a. Manual Class Code	x	x	x	x	x	Too many to list
b. Aircraft Seat Surcharge	x	x	x	x	x	0088
c. Supplemental Disease	x	x	x	x	x	0059, 0065, 0066, 0067
d. Non –Ratable	x	x	x	x	x	0770,0773-0776,0779, 0799,7445, 7453
e. Supplemental Atomic Energy Exposure	x	x	x	x	x	9985
2. Rate Deviations		x	x	x	x	9037, 9034
3. Scheduled Rating Adjustments			x	x	x	9887, 0887
4. Waiver of Subrogation	x	x	x	x	x	0930
5. Employers Liability Increased Limits	x	x	x	x	x	9803-9816, 9848
6. Experience Rating	x	x	x	x	x	NA
7. Merit Rating	x	x	x	x	x	9884-9886
8. MA CCPAP	x	x	x	x	x	9046
9. ARAP Surcharge				x	x	0277

Premium Components						
	Aggregate Financial Premium Levels					
Components	Standard Premium at Bureau Designated Statistical Rate Level	Standard Premium at Company Level	Net Premium	Direct Premium	Unit Statistical Report Premium	Class Codes
10. Massachusetts Benefits Deductible Premium Credit			x	x	x	9664
11. Massachusetts Benefits Claim and Aggregate Deductible Premium Credit			x	x	x	9664
12. Large Deductible Premium Credit			x	x	x	9663,9664
13. Premium Discount			x	x	x	0063, 0064
14. QLMP Credit				x	x	9880
15. Balance to Admiralty / FELA Minimum Premium	x	x	x	x	x	9849
16. Loss Constant	x	x	x	x	x	0032
17. Expense Constant	x	x	x	x	x	0900
18. Balance to Total Policy Minimum Premium Adjustments	x	x	x	x	x	0990
19. Terrorism Insurance Program Premiums				x	x	9740
20. Short Rate Penalty Premium	x	x	x	x	x	0931
21. Retrospective Rating Adjustments			x	x		NA
22. Special Circumstances:						
a. Independently Filed Carrier Program			x	x	x	9721 – 9724
b. Formerly Self Insureds			x	x	x	9129, 9136
c. No-Massachusetts Exposure	Must be zero					1111
23. Deductible Reimbursements	Do Not Report					
24. Policyholder Dividends	Do Not Report					
25. DIA Assessment	Do Not Report					

1. Manual Premium – Class Categories:

a. Manual Class Code

For definition and for a list of all classifications refer to Massachusetts Workers Compensation and Employers Liability Insurance Manual.

b. Aircraft Seat Surcharge

Use code 0088 to report the passenger seat premium surcharge associated with aircraft operations to employees other than members of the flying crew.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

c. Supplemental Disease

The premium for supplementary disease rates and any resulting losses are reported as follows:

Code	Description
0059	Occupational Disease-Abrasive/Sand Blast
0065	Occupational Disease-Steel
0066	Occupational Disease-Non-Ferrous Metals
0067	Occupational Disease-Iron

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

d. Non-Ratable

Some classifications have a non-ratable element that is not subject to experience rating and is reported using the statistical class codes from the table below. 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.

Non-Ratable Element	Basic Classification	Description
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

Non-Ratable Element	Basic Classification	Description
7453	7431	Air Carrier, Commuter Flying Crew

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

e. Supplemental Atomic Energy Exposure
Use code 9985 to report any exposure and premium associated with supplemental atomic energy exposure.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

2. Rate Deviations
Insurance companies may independently file for rate deviations. In Massachusetts, rate deviations are only allowed to adjust premiums downward.

Individual insurance companies must get approval from the Massachusetts Division of Insurance prior to applying rate deviation to the WCRIBMA's approved rates. The WCRIBMA does not file a rate deviation plan on behalf of its members. See the Massachusetts Division of Insurance website for rate deviations guidelines.

Use code 9037 to report rate deviations that are applied before the experience rating modification, i.e., calculated prior to the application of the experience modification.

Use code 9034 to report rate deviations that were applied after the experience rating modification, i.e., calculated after the application of the experience modification. Carrier filed programs for rate deviations that are applied after the experience rating modification **expired with rate changes effective 9/1/08.**

3. Schedule Rating Adjustments
Insurance companies may independently file a schedule rating plan that allows the insurance company to modify an insured's premium based on the special characteristics of risk that are not reflected in the experience. In Massachusetts, schedule rating programs are only allowed to adjust premiums downward. Downward schedule rating adjustments are known as schedule rating credits.

Individual insurance companies must get approval from the Massachusetts Division of Insurance prior to offering schedule rating to their insureds. The WCRIBMA does not file a schedule rating plan on behalf of its members. See the Massachusetts Division of Insurance website for scheduling rating guidelines.

Premium adjustment associated with scheduled rating plans that are subject to experience rating, i.e., calculated before the application of the experience modification, are to be reported with code 0887.

Premium credits associated with scheduled rating plans that were not subject to experience rating, i.e., calculated after the application of the experience modification, are to be reported with class code 9887. Carrier filed scheduled rating plans applied after experience rating modification **expired with rate changes effective 9/1/08.**

4. Waiver of Subrogation
When a policy is endorsed to waive the right to subrogate, the carrier cannot pursue subrogation recoveries from a third party. Waiver of subrogation, reported with code 0930, may apply to a policy in total or to a specific job covered by the policy.

5. Employers Liability Increased Limits

If an insured selects limits higher than the standard limits for employer's liability a premium charge subject to a minimum is applied. Any additional premium required to reach the minimum employers liability premium should be coded as 9848.

The premium charge for increased employer's liability limits is reported with the code assigned to the selected limits.

Code	Employer's Liability Increased Limits ($000 omitted)		
	Per Accident Each accident	Per Disease Each Employee	Per Disease Each Policy
9803	100	100	1,000
9804	100	100	2,500
9805	100	100	5,000
9806	100	100	10,000
9807	500	500	500
9808	500	500	1,000
9809	500	500	2,500
9810	500	500	5,000
9811	500	500	10,000
9812	1,000	1000	1,000
9813	1,000	1000	2,500
9814	1,000	1000	5,000
9815	1,000	1000	10,000
9816	*See Note		
9848	Increased Limits, additional premium to balance to minimum premium.		

* Note: Statistical class code 9816 will cover all limits not otherwise defined.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

6. Experience Rating

Refer to the Experience Rating Plan Manual.

7. Merit Rating

For merit rated risks, report the code that describes the premium impact of merit rating. For a merit rated risk, Code 9884 indicates that neither a merit rating credit nor a merit rating debit applied.

Code	Description
9884	Unity
9885	Credit
9886	Debit

For more information refer to the Experience Rating Plan Manual.

8. Massachusetts Construction Classification Premium Adjustment Program (MA CCPAP)

Use code 9046 to report MA CCPAP.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

9. All Risk Adjustment Program (ARAP) Surcharge

Use Code 0277 to report ARAP.

For more information refer to the Experience Rating Plan Manual.

10. Massachusetts Benefits Deductible Premium Credit (Small Deductible)

Premium credits associated with the Massachusetts Benefits Deductible Program are to be reported with class code 9664. The per claim deductible amount is to be reported in the header record in the claim deductible amount. Losses subject to deductible code is 03 and basis of deductible calculation code is 01.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

11. Massachusetts Benefits Claim and Aggregate Deductible Premium Credit (Small Deductible)

Premium credits associated with the Massachusetts Benefits Claim and Aggregate Deductible Program are to be reported with class code 9664. The per claim/accident deductible amount and the aggregate deductible are to be reported in the header record in the claim deductible amount. Losses subject to deductible code is 03 and basis of deductible calculation code is 01.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

12. Large Deductible Premium Credit

Individual insurance companies must get approval from the Massachusetts Division of Insurance for permission to write large deductible policies. See the Massachusetts Division of Insurance website for requirements applicable to Workers' Compensation deductible policies (211 CMR 115.00).

Large deductible credits that apply after the application of the experience modification, are reported with the statistical class code 9663.

Large deductible credits that apply before the application of the experience modification, are reported with the statistical class code 9664.

13. Premium Discount

Code	Description
0063	Type A
0064	Type B

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

14. QLMP Credit
Use statistical class code 9880 to report QLMP credit.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

15. Balance to Admiralty / FELA Minimum Premium
Determine the balance to Admiralty / FELA minimum premium in accordance with Massachusetts Premium Algorithm and report using statistical class code 9849.

16. Loss Constant
Use statistical class code 0032 to report loss constant premium.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

17. Expense Constant
Use statistical class code 0900 to report expense constant premium, including the balance to minimum expense constant.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

18. Balance to Total Policy Minimum Premium Adjustments
Determine the balance to total policy minimum premium in accordance with Massachusetts Premium Algorithm and report using statistical class code 0990.

The following must be reported separately, because they are calculated prior to calculation of balance to total policy minimum, and therefore not included in premium amount reported with statistical class code 0990:

- expense constant
- loss constant
- employer's liability premium
- admiralty and/or FELA policy premium

For more information refer to the Massachusetts Premium Algorithm.

19. Terrorism Insurance Program (Certified Acts of Terrorism) Premiums
Report the Terrorism Insurance Program (Certified Acts of Terrorism) premiums with statistical class code 9740.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

20. Short Rate Penalty Premium
Report any short rate penalty premium with statistical class code 0931.

For more information refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

21. Retrospective Rating Adjustments
The retrospective rating plan is an optional rating plan approved by the Massachusetts Division of Insurance for larger insureds.

For more information refer to the Retrospective Rating Plan Manual.

22. Special Circumstances:

a. Independently filed Carrier Program Premium Adjustments

Four statistical class codes have been established for independent carrier filings of credit/debit programs.

Code	Description
9721	Carrier filed premium credit subject to experience rating
9722	Carrier filed premium credit not subject to experience rating
9723	Carrier filed premium debit subject to experience rating
9724	Carrier filed premium debit not subject to experience rating

Before reporting any of the independent carrier filing codes, notification of the program must be provided to the WCRIBMA's Data Operations Department.

The statistical classes listed above for independently filed carrier programs are **never** to be used to report premium credits due to independently filed large deductible programs or scheduled rating programs. See definitions of large deductible programs and scheduled rating programs.

b. Formerly Self-Insureds
The formerly self-insured insurance charge is to be reported with statistical class code 9136.

The formerly self-insured rating plan deposit is reported with statistical class code 9129. If any of the deposit is returned to the insured, then a correction to the first unit statistical report must be submitted adjusting the rating plan deposit to the amount retained by the carrier. This adjustment can be made no sooner than thirty (30) months after the coverage expiration date. All claims must be closed and all incurred losses finalized prior to the submission of the adjustment.

For more information refer to the Circular Letter Number 1524, dated February 7, 1990.

c. No-Massachusetts Exposure
When a policy is 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 unit statistical report should be submitted with a single exposure record employing statistical class code 1111.

22. Deductible Reimbursements
Do not report deductible reimbursements as premiums.

In Massachusetts workers' compensation insurance, the insurance company is required to pay for all claims including those below any applicable deductible, large or small. If a deductible applies to a given policy, the insurance company will seek reimbursement from the insured for amounts below the deductible.

23. Policyholder Dividends
Do not report policyholder dividends as premiums.
Any amounts paid or credited to policyholders that are not fixed in the insurance contract but are dependent on either the experience of the insurance company or employer or the discretion of the insurance company management.

24. DIA Assessment
Do not report DIA assessment as premiums.

For more information, visit the DIA website at: www.mass.gov/dia .

B. **Losses and Loss Adjustment Expenses (LAE) Reported in Statistical Plan**

Part B of the definitions is organized into the following components:

- General Loss Information
- Summarizing Losses When Reporting on the Aggregate Financial Calls
- Indemnity Losses
- Medical Losses
- Paid Losses
- Case Reserves
- Reserve Discounting
- Incurred But Not Reported (IBNR) Reserves
- Case Incurred

1. General Loss Information

- No assumed reinsurance losses or ceded reinsurance losses should be reflected on any of the aggregate financial calls and unit statistical reporting data.

- Direct losses are first-dollar losses less deductible reimbursements. Deductible reimbursements are the amounts actually reimbursed by the insured plus any amounts expected to be reimbursed by the insured. With the exception of the incurred loss value from Statutory Page 14 used to complete the Reconciliation Report (Call #4), all loss amounts are to be reported before any offsets for deductibles. Likewise, all loss adjustment expense amounts are to be reported before any offsets for deductibles.

- Do not classify a claim as Massachusetts if the jurisdiction state is Massachusetts but the associated exposures used to calculate the policy's premium are for a state other than Massachusetts. Conversely, if the jurisdiction state is not Massachusetts but the associated exposures used to calculate the policy's premium are for Massachusetts, classify such a claim as Massachusetts.

- Lump Sum Settlements
  Where a claim involves a lump sum settlement which represents a commuted value of a specific award or benefit, report the actual loss payment subdivided into its indemnity and medical components. In instances where this cannot be readily determined, report amounts which the carrier believes to be the most likely breakdown.

- Subrogation
  Subrogation recovery is a recovery of losses by the carrier from an entity, other than the employer, with legal liability due to circumstances of the injury. For data reporting purposes, a subrogation recovery is deemed to be successful if the recovery amount exceeds the costs associated with pursuing the subrogation recovery (recovery expenses).

  If subrogation is successful, calculate loss amounts net of subrogation (net loss) as follows:

  Net Loss = Gross Loss – (Subrogation – Recovery Expense)

  Such net loss must be allocated to medical and indemnity. If there is insufficient information regarding the subrogation recovery to make specific allocations, the net loss must be divided between indemnity and medical losses in the same proportion as the gross indemnity and medical loss amounts.

  If subrogation is unsuccessful, meaning subrogation recovery does **not** exceed the expense associated with pursuing recovery, report gross loss.

- Reimbursement from a Special Fund such as a Second Injury Fund

  In all cases where reimbursement is made to the carrier from a special fund (such as a Second Injury Fund), report loss net of the special fund reimbursement (net loss) as follows:

  Net Loss = Gross Loss – Special Fund Reimbursement

  Such net loss must be allocated to medical and indemnity. If there is insufficient information regarding the special fund reimbursement to make specific allocations, the net loss must be divided between indemnity and medical losses in the same proportion as the gross indemnity and medical amounts.

2. Summarizing Losses When Reporting the Aggregate Financial Calls

- **Accident Year , Policy Year and Calendar Year Losses and Loss Adjustment Expenses**

  Accident year losses and loss adjustment expenses are the **inception to date** total dollar amounts associated with all claims having an accident date in a given year, regardless of when the loss and/or claim is reported or the policy is effective.

  Note that accident year losses and loss adjustment expense are subject to change over time as losses develop and/or additional claims are reported.

  Policy year losses and loss adjustment expenses are the **inception to date** dollar amounts that arise for a group of policies having policy effective dates in a given year, regardless of when the loss and/or claim is reported.

  Note that policy year losses and loss adjustment expense are subject to change over time as losses develop and/or additional claims are reported.

  In order to maintain consistency with the ASWG Unit Report Workers' Compensation Statistical Plan reporting requirements, policies with terms greater than one year and 16 days and effective dates on or after January 1, 2009 must be segmented in the same manner as was done for purposes of unit statistical reporting. The beginning date for each segment shall be used for determining the policy year.

  Calendar year loss and loss adjustment expenses are the **year to date** total dollar amounts associated with all claims regardless of the accident date, the policy effective date, or date the loss is reported.

  Note that calendar year losses and loss adjustment expenses are not subject to change beyond December 31 because they are year to date summaries.

3. Indemnity Losses

Definition of indemnity losses apply to both aggregate financial and unit statistical reporting unless stated otherwise.

Indemnity losses are losses associated with:

a. wage compensation
b. burial expenses
c. sums designated for specific injuries or disfigurements
d. claimants' attorney fees
e. vocational rehabilitation
f. employer's liability losses and employer's liability expenses

g. survivor benefits

➢ **Expenses Included in Indemnity Losses**

- **Employer's Liability Losses**
  Employer's Liability losses including Allocated Loss Adjustment Expenses (ALAE) must be reported as part of the indemnity loss as appropriate. Employer's Liability ALAE represents the expenses of a carrier in connection with claim settlements, which can be directly allocated to a particular claim.

  Employer's Liability ALAE should not be reported in the ALAE amount.

- **Impartial Medical Examinations by Industrial Board**
  Filing fees paid by the carrier to fund impartial medical examinations pursuant to Section 11A of Chapter 152 of the Massachusetts General Laws are to be considered:
  - An expense when the carrier prevails or
  - A loss when the claimant prevails and the carrier reimburses the claimant's filing fees.

- **Awards**
  When an award to a claimant includes the cost of witness fees, attorneys' fees, and other court costs or expert medical witness fees, the amount so awarded shall be considered as part of the cost of benefit and shall be included with the indemnity reported. Such costs include those incurred under Section 11A, 11B, 12A and 39 of Chapter 152, Massachusetts General Laws.

  With respect to claims brought by persons against whom an employee has brought a third party common law action, such special costs shall be reported as an indemnity loss whether or not recovery is made against the third party by the employee.

- **Vocational Rehabilitation**
  Vocational rehabilitation is concerned with the prospect of returning an injured worker to gainful employment. Vocational rehabilitation concerns all activities performed when acquiring reemployment of a disabled person, such as evaluation, testing, training, job placement, schooling, job modification, and part-time employment.

  Outside Vendor:
  Vocational rehabilitation costs, including evaluation and testing, incurred due to the purchase of vocational rehabilitation services from outside vendors, must be reported as part of indemnity losses. "Evaluation and testing expenses" are defined as costs incurred in testing and evaluating the claimant's ability, aptitude, or attitude in determining suitability for vocational rehabilitation or placement.

  Carrier Personnel:
  Vocational rehabilitation expenses for evaluation and testing resulting from the activities of carrier personnel (other than claims supervisors or claims adjusters engaged in efforts to return an injured worker to gainful employment) may be reported as indemnity incurred loss if carrier personnel engaged in these activities meet, at a minimum, qualifications established by the state having jurisdiction over the particular claim.

  The cost of schooling is a vocational rehabilitation cost and is reported as part of the indemnity loss as appropriate. For example, a laborer who is found to have a permanent total disability preventing him or her from being able to return to previous employment is sent to school to learn accounting in order to attain a job in the accounting profession.

- **Legal Expenses Incurred for the Benefit of the Claimant**
  Legal court expenses incurred for the benefit of the claimant shall be reported as either an indemnity or medical loss depending upon the nature of the expense.

- **Penalties for Delays in Making Compensation Payments**
  Penalties for which the carrier is liable for reasons **beyond its control** and that accrue as benefits to the injured worker or his or her dependents, such as for interest on awards or for penalties imposed upon the employer for improper controversies of awards, shall be chargeable to indemnity losses and so reported.

  Penalties for which the carrier is liable for reasons **within its control** specifically penalties for which the carrier is liable pursuant to Sections 7(2), 8(1), 10(5), 13A (1), and 14(1) of Chapter 152 of the Massachusetts General Laws shall **not** be reported as a loss or charged to expense.

➢ **Expenses Excluded from Indemnity Losses**

- **Unit Statistical Reporting**
  - **Allocated Loss Adjustment Expense (ALAE)**
    See definition of allocated loss adjustment expense in Section D.

    Note: This exclusion does not apply to employer's liability claims.

  - **Unallocated Loss Adjustment Expense (ULAE)**
    Unallocated Loss Adjustment Expense (ULAE) is also excluded from losses.
    See definition of unallocated loss adjustment expense in Section D.

- **Aggregate Financial**
  - **Defense and Cost Containment (DCC)**
    See definition of defense and cost containment in Section D.

  - **Adjusting and Other (AO)**
    See definition of adjusting and other in Section D.

4. Medical Losses

Medical losses encompass the following health care services:

a. Physicians care for home, office or hospital visits.

b. Other health care providers for home, office or hospital visits.

c. Diagnostic tests and procedures.

d. Hospital or skilled nursing facility charges for service and supplies including room and board.

e. Medical, occupational, surgical or other health related supplies and devices, services, training, therapy, or procedures.

f. Prescribed Drugs and Medicine.

g. Mental Health Care.

h. Medically necessary Transportation Services.

i. Prosthetic Services and Devices.

j. Medical examinations to diagnose the injury and determine the proper treatment including specialist's opinion and second opinions.

k. Medical Testimony: Where the claimant calls in the attending physician to give medical testimony in his behalf, or where the carrier is required to produce the claimant's physician at the hearing and the employer or the insurance carrier is required to pay such physician's fee, the payment of the fee shall be reported as a medical loss. Such costs include those incurred under Section 9A of Chapter 152 of Massachusetts General Laws.

l. Physical Rehabilitation

i. Outside Vendors
Physical rehabilitation costs incurred due to the purchase of physical rehabilitation services from outside vendors must be reported as part of the medical loss.

ii. Carrier personnel
Expenses incurred by the carrier for the physical rehabilitation activities listed below may be included in losses if performed by carrier personnel (other than claims supervisor and claims adjusters engaged in efforts to return an injured worker to gainful employment) that are trained in health care services:

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

For such expenses associated with the above, the carrier personnel performing the activities must be trained as one of the following:

- Physician
- Licensed registered nurse
- Licensed speech therapist
- Registered physical therapist
- Dentists and dental technician
- Occupational therapist
- Chiropractor
- Podiatrist
- Licensed physician assistant
- Licensed cardio-pulmonary technician

m. Plant Hospital Contributions: If the carrier furnished first aid equipment or contributes to the cost of plant hospitals maintained by the insured or pays the salaries, in whole or in part, of medical personnel or in any other way contributes to the cost of medical facilities maintained by the insured, report these amounts as medical.

If the carrier loans hospital equipment to the insured, 20% of the replacement costs new shall be treated as actual losses paid for each year during which such equipment is on loan and also shall be reported as medical.

n. Clinical Medical: When a carrier maintains a medical clinic, the cost of each treatment given shall be charged against the individual risk in accordance with a fixed schedule or charges per treatment. The schedule of charges may distinguish between types of treatment, and shall apply without exception to all risks with cases treated by the clinic, and shall be frequently revised and adjusted if necessary so that the total charges for a given period will be equivalent to the total cost of maintaining the clinic, including salaries, rent, light, heat, depreciation of equipment, cost of supplies, etc.

o. Expenses Included in Medical Losses
Refer to expenses included in indemnity losses.

p. Expenses Excluded from Medical Losses
Refer to expenses excluded from indemnity losses.

5. Paid Amounts

Paid amounts are the amounts paid as of the valuation date. Paid amounts should be net of subrogation recovery received and special fund reimbursements received.

6. Case Reserves

Case Reserves are amounts set aside for expected payments on a specific claim as of the valuation date. Indemnity case reserves associated with fatal and permanent total injuries should be based on the annuity values contained in Appendix III – Pension Tables.

7. Reserve Discounting

Losses should be reported at nominal (undiscounted) values with the exception of death and permanent total claims. Refer to Part I, Section VIII – Pension Tables.

8. Incurred But Not Reported (IBNR) Reserves

Incurred But Not Reported (IBNR) Reserves are expected payments relating to insured events that have occurred but have not been reported to the carrier as of the valuation date **plus** reserves to reflect deficiencies in known case reserves.

9. Case Incurred

Case incurred is the sum of paid losses and case reserves.

C. Claim Categories

General Information

a. Claims can be categorized as one of the following:

- **Indemnity claim** (i.e. lost time claim) (injury type codes "01", "02", "05" and "09") is one that has either paid or expected indemnity losses. An indemnity claim usually has associated medical losses.

- **Medical only claim** (injury type code "06") is one that, by definition, has no indemnity losses. The injured worker was not eligible for wage replacement, either because the worker returned directly to work after the injury or was not out of work for more than the state-specified 'waiting period'. Included in this category are ALAE only claims.

b. The status of a claim can be either "Open" or "Closed".

- **Open (Outstanding) Claim** (status code "0")
  A claim for which outstanding case reserves exist as of the valuation date, regardless of whether or not any payments have been made on the claim.

- **Closed Claim** (status code "1")
  - With Payment
    A claim closed with payment is one in which losses are paid in full with no existing case reserves as of the valuation date.
  - Without Payment
    A claim closed with no loss payment and with no existing outstanding case reserve as of the valuation date. This includes ALAE only claims even those with outstanding ALAE reserves.

D. Expenses

Part D of the definitions is organized into the following components:

- Expenses Reported in Aggregate Financial Calls
- Expenses Reported in Unit Statistical Reporting Data

1. Expenses Reported in Aggregate Financial Calls

a. Other Acquisition, Field Supervision and Collection Expenses Incurred
Acquisition, field supervision and collection expense**s other than commission and brokerage** as defined in the Annual Statement instructions.

b. General Expenses
Includes all general expenses**, including** expenses incurred for auditing, inspecting, and administrative expenses incurred in conducting an insurance operation. **General expenses include the Boards and Bureau Expenses which are also reported separately.**

c. Boards and Bureau Expenses
Boards and Bureau expenses include dues, assessments, fees, and charges of:

- Underwriting boards, rating organizations, statistical agencies, and audits bureaus
- Underwriters' advisory and service organizations
- Accident and loss prevention organizations
- Claims organizations
- Specific payments to boards, bureaus, and associations for rate manuals, revisions, fillers, rating plans, and experience data.

d. Incidental Income
Any revenues received from finance charges, installment fees, check bouncing fees, reinstatement fees or similar charges, related to Massachusetts workers' compensation policies, imposed on a policyholder by their insurance company.

e. Unreported Expenses
Expenses associated with the collection of incidental income for workers' compensation policies. Do not report any amount otherwise reported in any of the other expense category.

f. Uncollectible Premium Receivables
Any premium receivable that has been written off because the determination was made that it was uncollectible.

Note that this does not impact earned premiums or written premiums because uncollectible premium receivables are written off against other income.

g. Loss Adjustment Expenses
For aggregate financial reporting, loss adjustment expenses can be classified into two broad categories: Defense and Cost Containment (DCC) and Adjusting and Other (AO). **Loss adjustment expenses should be reported in accordance with the current NAIC definitions.**

i. Defense and Cost Containment (DCC)
DCC includes defense, litigation, and medical cost containment expenses, whether internal or external. DCC includes, but is not limited to, the following items:

- Surveillance expenses;

- Fixed amounts for medical cost containment expenses;
- Litigation management expenses;
- Loss adjustment expenses for participation in voluntary and involuntary market pools if reported by accident year;
- Fees or salaries for appraisers, private investigators, hearing representatives, reinspectors and fraud investigators, **if working in defense of a claim**, and fees or salaries for rehabilitation nurses, if such cost is not included in losses;
- Attorney fees incurred owing to a duty to defend, even when other coverage does not exist; and
- The cost of engaging experts;

ii. Adjusting and Other (AO)

AO are claim settling expenses other than those included in DCC. AO includes, but is not limited to, the following items:

- Fees and expenses of adjusters and settling agents;
- Loss adjustment expenses for participation in voluntary and involuntary market pools if reported by calendar year;
- Attorney fees incurred in the determination of coverage, including litigation between the reporting entity and the policyholder; and
- Fees and salaries for appraisers, private investigators, hearing representatives, reinspectors and fraud investigators, **if working in the capacity of an adjuster**.

2. Expenses Reported in Unit Statistical Reporting Data

a. Allocated Loss Adjustment Expense (ALAE)

Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation. ALAE encompasses the following costs:

i. Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives.

ii. Court, Alternate Dispute Resolution, and other specific items of expense such as:
- Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency, or length of disability
- Expert medical or other testimony
- Autopsy
- Witnesses and summonses
- Copies of documents such as birth and death certificates, and medical treatment records
- Arbitration fees
- Surveillance
- Appeal bond costs and appeal filing fees

iii. Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:
- Bill-auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, and medical or vocational rehabilitation vendor bills

- Hospital and other treatment utilization reviews, including precertification/preadmission, and concurrent or retrospective reviews
- Preferred provider network/organization expenses
- Medical fee review panel expenses

iv. ALAE does not include expenses incurred to recover subrogation.

3. Expenses Not Reported

a. Unallocated Loss Adjustment Expense (ULAE)

ULAE includes, but is not limited to:

i. Carrier employees' salaries, overhead, and traveling expenses that are considered loss adjustment expenses and are not incurred while doing activities listed as allocated expenses.
ii. Fees paid to independent claims professionals or attorneys hired to perform the function of claim investigation normally performed by claim adjusters.
iii. Fees paid for developing and investigating a claim so that a determination can be made of the cause or extent of responsibility for the injury or disease, including evaluation and settlement of covered claims.

E. Experience Types

1. Voluntary

a. Guaranteed Cost and Retrospectively Rated

- Guaranteed Cost
  A standard workers' compensation insurance policy that is not subject to premium adjustment due to losses that occur during the policy term. In a guaranteed cost policy, the only variable affecting premium that is expected to change between policy inception and audit is exposure. This is in contrast to retrospective rating, where premium adjustments are made based on losses incurred during the policy term.

- Retrospective Rating
  A workers' compensation insurance policy that periodically makes adjustments to the premium, after policy expiration, based on the actual losses generated during the policy term. The premium adjustments are constrained by a maximum premium and a minimum premium. See the Retrospective Rating Manual.

b. Large Deductible

Massachusetts large deductible rating plans are optional and allow insurance companies to offer large insureds per claim deductibles of $75,000 or more (subject to an aggregate limitation of loss amounts below the deductible). Insureds reimburse the insurer for losses below a specified threshold, the deductible, and in return, receive a premium credit.

c. National Defense Project Plan

A rating plan that applies to risks working on national defense projects when the operations are performed under a contract that provides that the contractor (insured) is reimbursed for the cost of this insurance by the US government.

d. Excess Workers' Compensation

Previous Annual Statement reporting instructions allowed Excess Workers' Compensation, excess coverage purchased by a self-insured on a per-occurrence or per-claim basis above a self-insured retention, to be reported on the workers' compensation line (Line 16.0) of the Exhibit of Premium and Losses (Statutory Page 14). This is no longer the case. Effective calendar year 2009, Excess Workers' Compensation should be reported on the excess workers' compensation line (Line 17.3) of Statutory Page 14.

2. Residual Market

The Massachusetts Workers' Compensation Assigned Risk Pool was created by statute to provide a means for Massachusetts employers, who are unable to obtain workers' compensation coverage from a licensed insurer in the voluntary market, to satisfy their obligations under M.G.L. Chapter 152. The Massachusetts Workers' Compensation Assigned Risk Pool must provide coverage to any employer who is entitled to workers' compensation insurance.

a. Normal Assigned Risk

A servicing carrier is a designated member company of the Massachusetts Workers' Compensation Assigned Risk Pool that issues policies and provides services to assigned employers in return for a servicing carrier fee paid by the Massachusetts Workers' Compensation Assigned Risk Pool.

The loss and premium results generated by the servicing carrier are pooled and shared with all members of the Massachusetts Workers' Compensation Assigned Risk Pool via an assessment of Pool participants.

b. Voluntary Direct Assigned Program

The Pool Plan of Operation of the Massachusetts Workers' Compensation Assigned Risk Pool, provides that any insurer, if authorized by DOI, may satisfy its assessment obligations as a member of the Massachusetts Workers' Compensation Assigned Risk Pool by accepting voluntary direct assignments of risks. The voluntary direct assignment carrier issues the policies and provides service to assigned employers.

F. Class Categories

1. Federal "F" Classification

The U.S. Longshore and Harbor Workers Compensation Act (USL&HW Act) is a federal law which provides for payment of compensation and other benefits to employees such as longshoremen, harbor workers, ship repairmen, shipbuilders, shipbreakers and other employees while working on loading, unloading, repairing or building a vessel. "F" Classifications include premium for operations subject to the USL&HW Act.

Refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

2. Maritime

The Merchant Marine Act of 1920, also known as the **Jones Act**, grants crew members a cause of action against their employer for negligence that results in injury or death.

Refer to the Massachusetts Workers Compensation and Employers Liability Insurance Manual.

PART IV

EXAMINATIONS AND RECONCILIATIONS

PART IV – EXAMINATIONS AND RECONCILIATIONS

A. Unit Statistical Reports and Aggregate Financial Data Reconciliations

The WCRIBMA will routinely work with its member carriers to attempt to reconcile the unit statistical data to the aggregate financial data that is submitted to the WCRIBMA for each policy year at the latest evaluation. The WCRIBMA will also attempt to reconcile the aggregate financial data to the annual statements each carrier group submits to the DOI. During this process, the carrier group may be subject to fines under the provisions of the Statistical Plan's Data Quality Compliance Programs.

The data submitted by each carrier group to the WCRIBMA will be tested for compliance with the tolerances set forth in Part IV – Examinations and Reconciliations. In accordance with the timetable prescribed in Part II, Section II – Aggregate Financial Reporting Timetable, each carrier group will have an opportunity to work with the WCRIBMA to provide corrections or explanations for any data falling outside the established tolerances. At the end of this prescribed time period, the WCRIBMA will report to the DOI all carrier group data falling outside allowable tolerances (tolerance variances).

If a carrier group provides what the WCRIBMA deems to be an acceptable explanation for its tolerance variances, the WCRIBMA will report the tolerance variances to the DOI with an explanation as to why it believes the carrier group's data reporting activities do not need to be examined on-site by an independent auditing firm. Any carrier group's uncorrected or unexplained tolerance variances that are reported to the DOI, and any carrier group whose explanations are deemed insufficient by the DOI will, at the carrier group's expense, have an independent auditing firm perform an Targeted Agreed-Upon Procedures Engagement. The Targeted Agreed Upon Procedures (Targeted AUP) with regard to the data reporting activities relating to the specific data in question for any carrier group with such variances will be determined by the WCRIBMA in consultation with the DOI. [5]

In accordance with the timetable prescribed in Part II, Section II – Aggregate Financial Reporting Timetable, the independent auditing firm will conduct the Targeted AUP and submit to the DOI and the WCRIBMA a findings report which describes the procedures performed by the firm and its findings. For each carrier group, any applicable work papers, including any applicable tables showing the reported and reconciled data together with a CD containing the data examined will be submitted by the auditing firm to the WCRIBMA and the DOI. The independent auditing firm's findings report will also be provided to the carrier group by WCRIBMA within 10 days after receiving it from the independent auditing firm. 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 WCRIBMA responding to the findings report prior to any final determination by the WCRIBMA or the DOI regarding the appropriateness of the carrier group's data submissions.

1. Unit Statistical Reports and Aggregate Financial Reconciliation

   a. Rationale

      Both unit statistical reports (USR) and aggregate financial data (AF) as detailed in Part I and Part II of the Statistical Plan respectively, call for the reporting of premium and loss information. Despite timing and definitional differences between the submission and valuation

[5] An Agreed-Upon Procedures Engagement is one in which a practitioner is engaged to issue a report of findings based on specific procedures performed on the designated subject matter. The application of agreed-upon procedures engagements is discussed in AICPA Statements on Standards for Agreed-Upon Procedures Engagements ("AT 201").

of USR and aggregate financial data, meaningful comparisons can be made between these two sources of data as a test for consistency.

b. Comparisons

Policy year premium and policy year loss data submitted on USRs will be compared to comparable policy year aggregate financial data by carrier group. Aggregate financial data will be the sum of the Policy Year Call, Policy Year Large Deductible Call, Policy Year F-Class Call and Policy Year Maritime Call. Five policy years will be compared as follows:

Policy Year	Unit Statistical Report Level	USR Age (in months)	Aggregate Financial Valuation Date	Aggregate Financial Age (in months)
XXXX – 4	Fifth	66	12/31/XXXX+1	72
XXXX – 3	Fourth	54	12/31/XXXX+1	60
XXXX – 2	Third	42	12/31/XXXX+1	48
XXXX – 1	Second	30	12/31/XXXX+1	36
XXXX	First	18	12/31/XXXX+1	24

c. Data Tested

The specific data elements to be reviewed are:

- Policy Year Accumulated Earned Premium - Standard at Bureau DSR Level
- Indemnity Paid
- Medical Paid
- Indemnity Paid + Case
- Medical Paid + Case

Note that USR standard premium is defined differently from Aggregate Financial standard premium. Consequently, adjustments will be made to the USR standard premium to facilitate the reconciliation to the aggregate financial data. Specifically, the USR standard premium used in the comparison will include the expense constant reported under statistical class code 0900 and it will exclude schedule rating credits, deviations, and deductible credits reported under statistical class codes 0887, 9037, and 9664.

d. Tolerances

The reconciliation will calculate 'differences' and 'percentage differences' which will be compared against the applicable tolerances.

The difference and percentage difference for a given data element will be calculated as:

Difference = USR Value – Aggregate Financial Value

Percentage Difference = [(USR Value – Aggregate Financial Value) / USR Value] x 100

To be considered within tolerance, the reviewed data elements must meet either Condition A or Condition B.

Condition A – Difference must be within +/- the acceptable amount specified below.
Condition B – Difference must be within +/- the acceptable amount specified below **AND** the percentage difference must be within +/- the acceptable amount specified below.

			Condition A	**Condition B**	
Data Element	AF Age in Months	USR Age in Months	Difference	Percentage Difference	Difference
Standard Premium	72	66	50,000	10%	1,000,000
	60	54	50,000	10%	1,000,000
	48	42	50,000	10%	1,000,000
	36	30	50,000	10%	1,000,000
	24	18	100,000	20%	2,000,000
Losses	72	66	100,000	10%	1,000,000
	60	54	100,000	10%	1,000,000
	48	42	100,000	10%	1,000,000
	36	30	200,000	15%	1,500,000
	24	18	300,000	20%	2,000,000

e. USR and Aggregate Financial Reconciliation Report Format

USR and Aggregate Financial Reconciliation

NAIC Carrier Group Code: **99999**

NAIC Carrier Group Name: **ABC Insurance Group**

Data Element: **Standard Premium (in $000)**

	Aggregate Financial		USR				
Policy Year (1)	Age in Months (2)	Amount (3)	Age In Months (4)	Amount (5)	Percentage Difference [(5)-(3)]/(5) (6)	Difference (5)-(3) (7)	Within Tolerance (8)
XXXX - 4	72	18,262	66	20,557	11.2%	2,295	N
XXXX - 3	60	22,415	54	22,804	1.7%	389	Y
XXXX - 2	48	20,572	42	21,501	4.3%	929	Y
XXXX - 1	36	21,927	30	22,556	2.8%	629	Y
XXXX	24	20,034	18	22,224	9.9%	2,190	N

The WCRIBMA will report to the Massachusetts Division of Insurance all carrier groups with data falling outside allowable tolerances.

2. USR Manual Rate and Premium Reconciliation

   a. Rationale

      Manual rates reported in accordance with the instructions herein should **not** reflect any deviations or discounts from the WCRIBMA's filed and approved rates. The manual rates reported on unit statistical data should equal the WCRIBMA's filed and approved rates.

   b. Comparisons

      The latest five composite policy years will be reconciled by carrier group.

      For this report, a composite policy year is the aggregation of all policies with effective dates between July 1 of one year and June 30 of the next year. For example, composite policy year 2003 includes all policies with effective dates from July 1, 2003 to June 30, 2004.

   c. Data Tested

      Rates for manual class codes submitted on unit statistical reports are compared to the WCRIBMA's filed and approved rates based on the USR reported rate effective, modification effective and policy effective dates.

      Premiums for manual classes submitted on unit statistical reports are compared to a "calculated manual premium" which is based on the exposure reported on the USR and the WCRIBMA's filed and approved rate based on the USR reported rate effective.

      Composite policy years where a carrier group has less than $100,000 in calculated manual premium will not be tested.

   d. Tolerances

      For this report, records where the reported manual rate is not the same as the WCRIBMA's filed and approved rate are referred to as unmatched records. Similarly, records where the reported manual rate is the same as the WCRIBMA's filed and approved rate are referred to as matched records.

      Manual Rates - If 5% or more of USR non statistical records for a given composite policy year are unmatched, the carrier group is outside of tolerance.

      Manual Premiums – If the percentage difference between the reported manual premiums and the calculated manual premiums is not within +/- 5%, the carrier group is outside of tolerance.

         The percentage difference for manual premiums will be calculated as:
         Percentage Difference = [(Reported Value - Calculated Value) / Calculated Value] x 100

   e. USR Manual Rate and Premium Reconciliation Report Format

USR Manual Rates and Manual Premium Reconciliation

Summary by Carrier Group

NAIC Carrier Group Code: **99999**
NAIC Carrier Group Name: **ABC Insurance Group**

		Manual Rates			Manual Premiums			
Composite Policy Year	Total Number of USR Exposure Records	Number of Exposure Records Matching	Number of Exposure Records Not Matching (2) - (3)	Percent of Exposure Records Within tolerance (4) / (2)	Manual Premium Reported	Calculated Manual Premium (Using Approved Rates)	Manual Premium Percent Difference [(7)–(6)]/(7)	Within Tolerance Or Indicator
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
XXXX - 4	25,000	24,500	500	2.00%	3,000,000	3,129,000	4.1%	Y
XXXX - 3	22,000	21,800	200	0.91%	2,800,000	2,702,000	-3.6%	Y
XXXX - 2	26,000	25,500	500	1.92%	3,200,000	3,643,380	12.2%	N
XXXX - 1	23,000	18,500	4,500	19.57%	3,200,000	3,139,520	-1.9%	N
XXXX	18,000	17,900	100	0.56%	2,400,000	2,400,000	0.0%	Y

The WCRIBMA will report to the Division of Insurance all carrier groups with data falling outside allowable tolerances.

3. Aggregate Financial Standard at Designated Statistical Rate Level Premium and Aggregate Financial Net Premium Reconciliation

   a. Rationale

      Comparisons made between Standard Earned Premium at DSR to the Net Premium, both submitted on the Aggregate Financial Data calls, help to monitor consistency in reporting.

   b. Comparisons

      Call # 4 – Reconciliation Report, page 3 will be the basis for the report.

   c. Data Tested

      The specific data elements to be reviewed are:

      - Policy Year Accumulated Earned Premium - Standard at Bureau DSR Level
      - Policy Year Accumulated Earned Premium - Net Premium

   d. Tolerances

      Only carrier groups with an imbalance falling within the range of +/- $100,000 are considered to be within tolerance. Note that the calculated imbalance is equal to line 24 from page 3 of the Call # 4 -Reconciliation Report.

In addition to carrier groups falling outside of the tolerances, any carrier group utilizing a "write-in" adjustment as part of the reconciliation will be included on the report made to the DOI.

e. Aggregate Financial Standard at Designated Statistical Rate Level Premium and Aggregate Financial Net Premium Reconciliation Report Format

Aggregate Financial Standard Earned at Designated Statistical Rate Level Premium and Aggregate Net Premium Reconciliation

Calendar Year 2010
Amount in Thousands

NAIC Group Number (1)	Aggregate Financial Std EP @ DSR (2)	Aggregate Financial Net Earned Premium (3)	Listed (4)	Write In (5)	Imbalance (2)+(4)+(5)-(3) (6)
88888	225,000	205,000	20,000	189,000	172,000

4. Aggregate Financial and Annual Statement Reconciliation

a. Rationale

Comparisons made between Aggregate Financial Data and data submitted on Annual Statements help to monitor consistency in reporting. Calendar year premium and loss information can be calculated using the policy year data submitted on the Aggregate Financial Data calls which can then be compared to Statutory Page 14 of the Annual Statement.

b. Comparisons

Call # 4 – Reconciliation Report, page 3 will be the basis for the report.

c. Data Tested

The specific data elements to be reviewed are:
- Direct Earned Premium
- Incurred Losses

d. Tolerances

Only carrier groups with an imbalance falling within the range of +/- $100,000 are considered to be within tolerance. Note that the calculated imbalance for direct earned premium is equal to line 22 from page 1 of the Reconciliation Report call and that the calculated imbalance for incurred losses is equal to line 19 from page 2 of the Call # 4 - Reconciliation Report.

In addition to carrier groups falling outside of the tolerances, any carrier group utilizing a "write-in" adjustment as part of the reconciliation will be included on the report made to the DOI.

e. Aggregate Financial and Annual Statement Reconciliation Report Format

Aggregate Financial and Annual Statement Reconciliation Calendar Year 2010 Amounts in Thousands Data Element: **Direct Earned Premium**					
NAIC Group Number (1)	Aggregate Financial Earned Premium (2)	Annual Statement Earned Premium (3)	Listed (4)	Write In (5)	Imbalance (2)+(4)+(5)-(3) (6)
88888	144,000	142,200	1,800	1,500	(200)

B. Routine Reviews by the WCRIBMA (Targeted AUP)

1. The WCRIBMA will review the data submitted by each of the carrier groups. If the WCRIBMA identifies any anomalies or questionable patterns in the data submitted, WCRIBMA staff will work with the carrier group to obtain corrections or valid explanations of the anomalous or questionable data. During this process, the carrier group may be subject to fines under the provisions of the Statistical Plan's Data Quality Compliance Programs. A carrier group's questionable data must be resolved to the WCRIBMA's satisfaction within the timetable prescribed in Part II, Section II – Aggregate Financial Reporting Timetable. Any questionable patterns that might reasonably be expected to affect the suitability of the data for use in ratemaking will be reported to the DOI in accordance with the timetable prescribed in Part II, Section II – Aggregate Financial Reporting Timetable.

   Whenever issues relating to a carrier group's questionable data, that are deemed to be of material significance to the DOI or the WCRIBMA, are not resolved to the WCRIBMA's or DOI's satisfaction, the WCRIBMA shall engage an independent auditing firm, at the carrier group's expense, to perform and on–site Targeted AUP, responsive to the unresolved issues. Such Targeted AUP shall be determined by the WCRIBMA in consultation with the DOI. Such Targeted AUP Engagements shall not be required to occur under the timetable prescribed in Part II, Section II – Aggregate Financial Reporting Timetable. The independent auditing firm will conduct the Targeted AUP and submit to the DOI and the WCRIBMA a findings report which describes the procedures performed by the firm and its findings. For each carrier group, any applicable work papers, including any applicable tables showing the reported and reconciled data together with a CD containing the data examined will be submitted by the auditing firm to the DOI and the WCRIBMA. The independent auditing firm's findings report will also be provided to the carrier group by WCRIBMA within 10 days after receiving it from the independent auditing firm.

   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 WCRIBMA responding to the findings report. The 30 day response period provided to the carrier group shall not prohibit the WCRIBMA 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 Targeted AUP Engagement.

2. Targeted Agreed Upon Procedures By Independent Auditing Firms

The WCRIBMA will seek to ensure that the above referenced Targeted AUP will be conducted by an independent auditing firm that does not have a current audit relationship with the carrier subject to the on-site exam. The WCRIBMA will provide the DOI with the names of the independent auditing firms it intends to engage to conduct the Targeted AUPs. The carrier group will be obligated to provide the independent auditing firm with an adequate work space during normal business hours and to reimburse the firm for associated travel expenses incurred during the course of any on-site visit.

Applicable Targeted AUP costs are initially subject to a calendar year presumptive billing limit equal to the greater of $50,000 or .5% of the carrier group's direct workers' compensation earned premium for the state of Massachusetts as reported on Statutory Page 14 of the Annual Statement for the prior calendar year. Therefore, the WCRIBMA shall engage only such auditing firms as agree to a presumptive billing limit for the costs associated with performance of their contract. If a carrier group did not file an Annual Statement for the prior calendar year, the Annual Statement most recently filed prior to the current year is to be used in the calculation of the above-described presumptive billing limit. If no annual statements have been filed prior to the current year, a Targeted AUP presumptive billing limit of $50,000 will apply. A presumptive billing limit may be increased by the WCRIBMA only following a detailed written submission from the independent auditing firm which establishes to the satisfaction of the WCRIBMA that the firm cannot complete the Targeted AUP and submit a findings report within such limit.

The independent auditing firm's periodic invoices for the on-site Targeted AUP shall be submitted to the carrier group, through the WCRIBMA, and will be payable upon receipt by the carrier group. Any carrier group that fails to timely pay any invoice for an on-site Targeted AUP pursuant to the Statistical Plan shall be reported to the DOI for appropriate action.

C. Routine Engagements by Independent Auditing Firms (Triennial AUP)

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 Triennial 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 WCRIBMA will notify those carrier groups that will be subject to a Triennial AUP for any given year. The carrier groups selected for a Triennial AUP Engagement in any given year shall be determined by the WCRIBMA in consultation with the DOI. The routine Triennial AUP is to be performed at the carrier group's expense. Carrier groups will not be required to perform a routine on-site Triennial AUP Engagement more frequently than once every three years.

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

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 WCRIBMA responding to the findings report. The 30 day response period provided to the carrier group shall not prohibit the WCRIBMA 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 Triennial AUP Engagement.

PART V

DATA QUALITY COMPLIANCE PROGRAMS

PART V - DATA QUALITY COMPLIANCE PROGRAMS

A. Overview

The Data Quality Compliance Program was developed in response to an order of the Commissioner of Insurance. The timely collection of unit statistical report (USR) data and aggregate financial (AF) call data is critical for providing the source data that is used in the development of workers' compensation rates. To ensure the inclusion of your data in the rate filing, it is necessary that the WCRIBMA receives accurate data on or before the applicable due dates.

The Data Quality Compliance Program does not apply to workers' compensation self-insurance groups.

There are four data quality programs. These are:

- Unit Statistical Data Quality Incentive Program (USDQIP)
- Aggregate Financial Call Acknowledgment Process
- Aggregate Financial Data Quality Incentive Program (AFDQIP)
- Examinations and Reconciliations

B. Unit Statistical Data Quality Incentive Program (USDQIP)

USDQIP provides carriers with an incentive to submit unit statistical data in a timely manner. The timeliness of unit statistical reporting is measured in relation to the corresponding policy's effective date. Penalty determinations will be based on the number of months past the policy effective date of the unit.

Carriers will be subject to timeliness fines for the following:

1. Missing Policy Information Fines

   USR data, for which there is no corresponding, previously submitted policy in the WCRIBMA's data base will be rejected by the WCRIBMA.

   Unit statistical reports that are rejected due to missing policy information are subject to fine if the policy information is not successfully submitted and the unit statistical report is not accepted, or not otherwise resolved, before the 21st month from the policy effective date.

   The fines will be $100 per month, for 6 consecutive months. The fines then increase to $200 per month thereafter.

   Timeliness Example: A unit statistical report corresponding to a policy effective any day during January, 2007, is rejected due to missing policy information. If the policy is not successfully submitted and the unit statistical report is not accepted or not otherwise resolved by the end of the 20th month following the policy effective date, the carrier will incur the first fine in the 21st month, October, 2008, and will be fined each subsequent month until resolution.

2. Delinquent Unit Statistical Reports Fines

   A "Delinquent and Fined" USR is a unit statistical report for a policy within the WCRIBMA's data base, which has not been successfully submitted to the WCRIBMA and is more than 20 months (and in the case of subsequent reports that are due 30 months, 42 months, etc.) past the end of the month in which the corresponding policy became effective. If a policy record is received more

than 20 months after the policy effective date, the policy will be listed under the Delinquent and Fined status.

Delinquent USRs will be fined in the 21st month and each month thereafter, until the unit statistical report is successfully submitted or the Delinquent and Fined status is otherwise resolved.

The fines will be $100 per month, for 6 consecutive months. The fines then increase to $200 per month thereafter.

Timeliness Example: A unit statistical report corresponding to a policy effective any day during January, 2007, but that has not been successfully submitted to the WCRIBMA, 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.

3. Rejected Correction Reports Fines

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: A USR correction report is received at the WCRIBMA on any day in January, 2010 and is rejected by the WCRIBMA. 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.

C. Aggregate Financial Call Acknowledgment Process

The Aggregate Financial Call Acknowledgment Process was established to emphasize the importance of timely and accurate data. The Aggregate Financial Call Acknowledgment Process requires the completion of the Aggregate Financial Call Acknowledgment Form by a company officer or a company actuary who is a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries. This serves to confirm that the aggregate financial call data that relates to ratemaking has been prepared to the best of your organization's professional abilities and are accurately represented.

1. Timeliness Fines

Forms that are submitted after the due date will accrue fines at a rate of $250 per business day for the first 30 business days overdue. 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 form has been submitted.

2. Inappropriate Signatory Fines

Forms that are submitted without the signature of a company officer or a company actuary who is a member of the Casualty Actuarial Society and/or a member in good standing of the American Academy of Actuaries will incur a fine of $1,000.

If a carrier does not submit a corrected form to the WCRIBMA within 5 business days of the WCRIBMA's notification to the carrier, additional fines will begin to accrue at the 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 that the form is submitted with the appropriate signatory in accordance with the Statistical Plan.

D. Aggregate Financial Data Quality Incentive Program (AFDQIP)

AFDQIP provides carriers with an incentive to submit aggregate financial data in a timely and accurate manner. Late and/or inaccurate reporting of data will subject carriers to timeliness and/or data quality fines. The fines under the AFDQIP will be assessed on either a carrier group basis or an individual carrier basis, consistent with the manner in which the data is reported.

1. Timeliness Fines

Carriers will be notified via email five business days before the call deadline for pending call submissions. Notification will be sent to the person designated as the primary contact for all calls and the person designated as the contact for a given call (if different than the primary contact).

A request to submit overdue calls will be emailed to delinquent data reporters five business days after the call due date. This request will be sent to the person designated as the primary contact for all calls and the person designated as the contact for a given call (if different than the primary contact). Daily fines will begin to accrue at a rate of $250 per business day per call for the first 30 business days beyond the date of the second email. Beyond 30 business days, fines will accrue at the rate of $1,000 per business day per call for the next 30 business days after which fines will accrue at the rate of $2,500 per business day per call.

Timeliness fines will continue to accrue until a complete call is submitted.

2. Data Quality Fines

All submitted data is subjected to a number of edits designed to help the WCRIBMA identify data anomalies. Some data anomalies may be the result of errors in data submission while other data anomalies reflect accurately reported data resulting from atypical circumstances. The edits used by the WCRIBMA are categorized into two groups, Basic Edits and Actuarial Edits.

- Basic Edits

Basic edits are intended to identify incorrect data. For example, reported policy year standard premiums should always be non-negative values. A carrier submitting a negative value for policy year standard premium has made a mistake. In addition to sign conventions, Basic Edits also check to see that premiums have been reported for any policy year for which losses have been reported.

Basic edit failures result in per occurrence fines. Additionally, Basic Edit failures will result in timeliness fines if not corrected within 10 business days. There are no acceptable explanations for Basic Edits failures. All Basic Edit failures must be corrected.

Per Occurrence Fines - Each finable Basic Edit failure results in a fine of $250. Note that a single error condition can generate multiple errors within and across calls, with the generated errors resulting in fines of $250 each. For example, assume that a carrier submits a policy year call where the standard premium at designated statistical rate is reported as a negative value for six separate policy years. This would result in a fine of $1,500 (6 x $250).

Timeliness Fines – Carriers will have 10 business days to correct Basic Edit failures. Beyond the 10 business day grace period, fines will accrue at the rate of $250 per business day per call for the first 30 business days. Fines will accrue at the rate of $1,000 per business day per call for the next 30 business days after which fines will accrue at the rate of $2,500 per business day per call.

Basic Edit Testing - Before submitting data to the WCRIBMA, member carriers may utilize WCRIBMA provided tools to test data against Basic Edits. These tools may be used repeatedly before making any initial call submission or any correction submission.

For example, assume that a carrier is working on their reporting of the Policy Year call. The Policy Year call data may be uploaded to the WCRIBMA's website. At this point the data is termed "saved" and not "submitted." The "saved" data may then be tested by running the Basic Edits against the data. Based on the results of the Basic Edit testing, the carrier may make any necessary corrections.

- Assuming no changes are warranted, the carrier can proceed to "submit" the data.

- Assuming, for example, the Basic Edits flag a number of records because negative policy year premium amounts were reported, the "saved" data may be corrected and subsequently retested. This process may be repeated as often as necessary. Once the carrier has resolved all data issues flagged by the Basic Edits, the carrier can proceed to "submit" the data. The WCRIBMA will review the Basic Edits report for the submitted call.

Note that only "submitted" data that fails Basic Edits will be subject to fines. Also, once a call is submitted it is subject to fines. Data quality fines apply if a correction is required for a submitted call, even if corrected prior to the call due date.

- Actuarial Edits

Actuarial Edits are intended to ensure:

- consistency of Aggregate Financial data within a call
- consistency of Aggregate Financial data between Aggregate Financial calls
- consistency of Aggregate Financial data with Unit Statistical Reports
- reasonableness of changes between valuations

Data flagged as a result of the Actuarial Edit process is atypical but not necessarily incorrect data. Consequently, to resolve issues with data flagged by Actuarial Edits carriers must supply an acceptable explanation for the data anomaly or the data must be corrected.

Acceptable explanations must describe, to the satisfaction of the WCRIBMA's actuarial staff, the circumstances that caused the anomaly.

The following would be deemed unacceptable explanations by the WCRIBMA:

- explanations that simply identify the source of the error
- explanations that simply state that the reported data is correct as filed without sufficient documentation to allow for the WCRIBMA's evaluation

For each Actuarial Edit that flags a data anomaly, carriers must provide the WCRIBMA either an acceptable explanation or corrected data within 10 business days of being notified of the data anomaly. Please note that each response must be reviewed and accepted by the

WCRIBMA's actuarial staff within the allotted 10 business day time frame. Therefore, data reporters should reply in a timely manner to allow sufficient time for the WCRIBMA to request further clarifying information. Business days will not be counted during the time that the WCRIBMA's actuarial staff is reviewing an explanation or a correction.

For example, assume that a carrier submits a call which results in an actuarial edit. The carrier will be notified via email of any flagged actuarial edits that have not been resolved. The carrier reviews the data and sends an explanation or a correction after 3 business days. WCRIBMA's actuarial staff will review carrier's response. The time that the actuarial staff reviews the response is not counted in the time frame of 10 business days. If the WCRIBMA requests further clarifying information the carrier has 7 business days remaining to provide an acceptable explanation or corrected data.

Acceptable responses not received within 10 business days are deemed late and will result in fines. For each applicable Actuarial Edit, fines will accrue at a rate of $250 per business day for the first 30 business days overdue. Beyond 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 an acceptable explanation has been submitted.

In addition, revisions to data may generate further errors and result in additional fines. Data Reporters should take this into consideration because revisions that trigger other edit failures do not warrant an additional 10 business days to resolve. Fines will be levied for each business day until an acceptable explanation or correction is submitted.

3. Caps Applicable to Fines Relating to Timeliness and Data Quality

Fines associated with Timeliness and Data Quality Edits are subject to a cap which is a function of calendar year earned premium. The calendar year earned premium used to calculate the caps is derived by taking the difference of policy year standard earned premiums at the designated statistical reporting level for successive valuation dates. The applicable policy year premiums are the totals for all policy years taken from the following calls:

- 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.

E. Examinations and Reconciliations

1. Targeted AUP

The WCRIBMA 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 Part IV – Examinations and Reconciliations for complete details.

2. Triennial AUP
   Additionally, insurance groups with market shares exceeding a given threshold are subject to a triennial AUP requirement. See Part IV – Examinations and Reconciliations for complete details.

   - Findings Reports
     Findings reports related to a triennial examination that is 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.

F. Disciplinary Fine

In addition to the fines described above, the WCRIBMA may impose a Disciplinary Fine.

1. Reasons for Disciplinary Fine:

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

   b. If the WCRIBMA deems the data unsuitable for use in any WCRIBMA filing.

   c. A carrier or carrier group is not responsive to the WCRIBMA's request to submit overdue calls.

   d. A carrier or carrier group is not responsive or does not satisfactorily respond to the WCRIBMA's attempts to resolve data anomalies.

   e. If the WCRIBMA, in its sole discretion, determines that a carrier group is uncooperative with the WCRIBMA and/or the auditing firm designated to prepare the findings report related to a Targeted AUP in accordance with Part IV – Examinations and Reconciliations.

   f. A carrier group does not comply with the triennial examination requirement as outlined in Part IV – Examinations and Reconciliations.

   g. A carrier group has data which is missing, rejected, or filtered from the annual summary review that will be excluded from the data reconciliation process.

   h. In addition to any authority the Commissioner of Insurance already has, the Commissioner may, at his or her discretion, require the WCRIBMA to impose a fine upon a reporting carrier or carrier group in the amount set forth above if, after written notice and a hearing, the Commissioner finds that any reporting entity's aggregate financial data is unreliable, incomplete, untimely or otherwise defective and that such defect has materially impacted a filing submitted to the Commissioner.

2. Calculation of Disciplinary Fine

   a. Disciplinary Fine for Reasons a through f:

      The Disciplinary Fine is designed so that it is a function of calendar year earned premium. The calendar year earned premium used to calculate the Disciplinary Fine is derived by

taking the difference of policy year standard earned premiums at the designated statistical reporting level for successive valuation dates. 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 Disciplinary Fine shall be the greater of $25,000 or 2.0% of the applicable earned premium at the designated statistical reporting level.

For reasons a, b, c and d listed above, the premium used in the calculation will correspond to the basis at which the data in question was reported. If the data in question was reported on a grouped basis, the premiums used in the calculation will be for the carriers that were included in the grouping. Conversely, if the data in question was reported on an individual company basis, the premiums used in the calculation will be those of the individual company.

For reasons e and f above, the premium used in the calculation will be the total premium for all carriers within the NAIC insurance group.

b. Disciplinary Fine for Reason g:

Carrier groups will be subject to fines on data that remains missing, rejected, or filtered as of 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 the summary for that carrier group. Carrier groups, who have more than 10 unit statistical reports and more than 1% of their overall data excluded from the summary, will be fined each month until they reach the 1% or less than 10 unit statistical report threshold. A carrier group will be subject to a disciplinary fine of $500 per unit statistical 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 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.

c. Disciplinary Fine for Reason h:

Such fine will be calculated in the same manner as Disciplinary Fines stemming from reasons a through d listed above and such fines will not require a written warning letter.

3. Disciplinary Fine Notification

The WCRIBMA will send a written warning letter via email at least 10 business days prior to levying a Disciplinary Fine for any of the above listed reasons. On the same date, the WCRIBMA will also send a hard copy of the written warning letter via certified mail return receipt.

G. Reporting of Fines to the Massachusetts Division of Insurance

By September 15th of each year, the WCRIBMA shall provide the Massachusetts Division of Insurance a listing by carrier or carrier group of all Timeliness Fines and Data Quality Fines levied during the course of the year as a result of the Aggregate Financial Data Quality Incentive Program. If additional Timeliness Fines or Data Quality Fines are levied during the balance of the year, the WCRIBMA shall provide an updated report.

Additionally, all Disciplinary Fines will be reported to the Division of Insurance by November 15th of each year. If additional Disciplinary Fines are levied during the balance of the year, the WCRIBMA shall provide an updated report.

H. Appeal of Penalties Levied under the Data Quality Compliance Programs

If the carrier or carrier group (carrier) is subject to a fine, which in the opinion of the carrier is inappropriate, the carrier may submit a written appeal to the Data Operations Department via email (DataOperations@wcribma.org) or to the following address:

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

PART VI

APPENDICES

APPENDIX I

EXTRAORDINARY LOSS EVENT TABLE

PART VI - APPENDICES

APPENDIX I – EXTRAORDINARY LOSS EVENT TABLE

Extraordinary Loss Event			
Catastrophe Number	**Event**	**Description**	**Accident Dates**
48	World Trade Center Attacks	Events of September 11, 2001 attacks	9/11/2001 – 9/14/2001
87	World Trade Center Attacks	Rescue, recovery, and clean-up efforts related to September 11, 2001 at the World Trade Center site	9/11/2001 – 9/12/2002

PART VI

APPENDICES

APPENDIX II

STATISTICAL CLASS CODES

APPENDIX II – STATISTICAL CLASS CODES

Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
0032	Loss Constant	Yes	No	Blank	No
0059	Occupational Disease-Abrasive/Sand Blast	Yes	Yes	Payroll	Yes
0063	Premium Discount – Type A	No	No	Blank	No
0064	Premium Discount – Type B	No	No	Blank	No
0065	Occupational Disease-Steel	Yes	Yes	Payroll	Yes
0066	Occupational Disease-Non Ferrous Metals	Yes	Yes	Payroll	Yes
0067	Occupational Disease-Iron	Yes	Yes	Payroll	Yes
0088	Aircraft Surcharge	Yes	Yes	Number of Seats	No
0277	All Risk Adjustment Program	Yes	No	Blank	No
0770	Non Ratable Element-Bag Loading Explosive or Ammo MFG.-& DR-NR	Yes	No	Payroll	No
0773	Non Ratable Element-High Explosive MFG. & DR-NR	Yes	No	Payroll	No
0774	Non Ratable Element-Smokeless Powder MFG.-1 Base & DR-NR	Yes	No	Payroll	No
0775	Non Ratable Element-Explosives or Ammo Case Loading & DR-NR	Yes	No	Payroll	No
0776	Non Ratable Element-Projectile Bomb ETC. Loading & DR-NR	Yes	No	Payroll	No

Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
0779	Non Ratable Element-Cap Fuse Etc. Explosive or Ammo MFG. & DR-NR	Yes	No	Payroll	No
0799	Non Ratable Element-Black Powder MFG. & DR-NR	Yes	No	Payroll	No
0887	Premium Credit for Scheduled Rating Plan-Subject to Experience Rating	No	Yes	Blank	No
0900	Expense Constant	Yes	No	Blank	No
0930	Additional Premium – Waiver of Subrogation	Yes	Yes	Blank	No
0931	Short Rate Penalty Premium	Yes	No	Blank	No
0990	Risk Minimum Premium	Yes	No	Blank	No
1111	No Massachusetts Exposure	Must be Zero	No	Blank	No
7445	Non Ratable Element – Air Carrier – Other Flying Crew-NR	Yes	No	Payroll	No
7453	Non Ratable Element – Air Carrier – Commuter Flying Crew-NR	Yes	No	Payroll	No
9034	Rate Deviation – Not Subject to Experience Rating	No	No	Blank	No
9037	Rate Deviation – Subject to Experience Rating	No	Yes	Blank	No
9046	Construction Class Premium Adjustment	No	No	Blank	No
9129	Former Self-Insured Rating Plan Deposit	Yes	No	Blank	No
9136	Former Self-Insured Insurance Charge	Yes	No	Blank	No
9663	Large Deductible Adjustment-Not Subject to Experience Rating	No	No	Blank	No

Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
9664	Deductible Adjustment-Subject to Experience Rating	No	Yes	Blank	No
9721	Carrier Filed Premium Credit-Subject to Experience Rating	No	Yes	Blank	No
9722	Carrier Filed Premium Credit-Not Subject to Experience Rating	No	No	Blank	No
9723	Carrier Filed Premium Debit-Subject to Experience Rating	Yes	Yes	Blank	No
9724	Carrier Filed Premium Debit-Not Subject to Experience Rating	Yes	No	Blank	No
9740	Terrorism Insurance Program (Certified Acts of Terrorism) Premiums	Yes	No	Blank	No
9803	Employers Liability 100/100/1,000	Yes	Yes	Blank	No
9804	Employers Liability 100/100/2,500	Yes	Yes	Blank	No
9805	Employers Liability 100/100/5,000	Yes	Yes	Blank	No
9806	Employers Liability 100/100/10,000	Yes	Yes	Blank	No
9807	Employers Liability 500/500/500	Yes	Yes	Blank	No
9808	Employers Liability 500/500/1,000	Yes	Yes	Blank	No
9809	Employers Liability 500/500/2,500	Yes	Yes	Blank	No
9810	Employers Liability 500/500/5,000	Yes	Yes	Blank	No
9811	Employers Liability 500/500/10,000	Yes	Yes	Blank	No
9812	Employers Liability 1,000/1,000/1,000	Yes	Yes	Blank	No
9813	Employers Liability 1,000/1,000/2,500	Yes	Yes	Blank	No

Code	Phraseology	Premiums Assumed to be a Positive Value	Subject to Experience Mod.	How is the Exposure Expressed	Can Losses be Coded to this Class
9814	Employers Liability 1,000/1,000/5,000	Yes	Yes	Blank	No
9815	Employers Liability 1,000/1,000/10,000	Yes	Yes	Blank	No
9816	Employers Liability	Yes	Yes	Blank	No
9848	Employers Liability Minimum Premium	Yes	Yes	Blank	No
9849	Admiralty/FELA Balance Minimum	Yes	No	Blank	No
9880	Qualified Loss Management Program Credit	No	No	Blank	No
9884	Merit Rating Unity	Must be zero	No	Blank	No
9885	Merit Rating Credit	No	No	Blank	No
9886	Merit Rating Debit	Yes	No	Blank	No
9887	Premium Credit for Scheduled Rating Plan-Not Subject to Experience Rating	No	No	Blank	No
9985	Atomic Energy: Radiation Exposure NOC	Yes	No	Blank	No

PART VI

APPENDICES

APPENDIX III

PENSION TABLES

APPENDIX III – PENSION TABLES

Table IE-398
Pension Table - Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Widowhood	$\ddot{a}_{(x)}$	$\ddot{a}_{(x)+1}$	$\ddot{a}_{(x)+2}$	$\ddot{a}_{(x)+3}$	$\ddot{a}_{(x)+4}$	$\ddot{a}_{(x)+5}$	$\ddot{a}_{(x)+6}$	$\ddot{a}_{(x)+7}$	$\ddot{a}_{(x)+8}$	$\ddot{a}_{(x)+9}$	$\ddot{a}_{(x)+10}$
16	11.338	11.519	12.995	13.912	15.379	16.681	17.806	18.864	19.849	20.763	21.604
17	12.527	12.751	14.272	15.132	16.586	17.869	18.934	19.927	20.848	21.697	22.475
18	13.735	13.995	15.545	16.329	17.753	19.001	20.001	20.930	21.786	22.571	23.283
19	14.947	15.238	16.800	17.491	18.872	20.072	21.008	21.870	22.663	23.382	24.023
20	16.152	16.468	18.029	18.615	19.939	21.081	21.951	22.750	23.476	24.123	24.691
21	17.340	17.675	19.221	19.693	20.950	22.027	22.833	23.565	24.219	24.793	25.288
22	18.501	18.851	20.372	20.721	21.905	22.911	23.649	24.309	24.889	25.390	25.813
23	19.624	19.986	21.472	21.694	22.798	23.728	24.394	24.980	25.487	25.915	26.266
24	20.699	21.067	22.510	22.601	23.621	24.474	25.065	25.577	26.010	26.366	26.648
25	21.716	22.086	23.481	23.440	24.373	25.145	25.662	26.100	26.461	26.747	26.962
26	22.668	23.038	24.378	24.205	25.050	25.741	26.184	26.549	26.840	27.059	27.210
27	23.550	23.917	25.197	24.895	25.651	26.262	26.631	26.926	27.149	27.304	27.392
28	24.358	24.718	25.937	25.509	26.177	26.707	27.006	27.233	27.391	27.483	27.513
29	25.089	25.440	26.595	26.046	26.627	27.080	27.310	27.472	27.567	27.600	27.574
30	25.741	26.082	27.173	26.508	27.004	27.381	27.546	27.644	27.680	27.657	27.579
31	26.314	26.643	27.669	26.895	27.310	27.614	27.715	27.753	27.733	27.658	27.532
32	26.808	27.124	28.086	27.210	27.546	27.779	27.820	27.802	27.729	27.605	27.433
33	27.225	27.526	28.424	27.453	27.714	27.881	27.865	27.794	27.672	27.502	27.289
34	27.565	27.851	28.687	27.627	27.817	27.921	27.852	27.732	27.564	27.352	27.100
35	27.831	28.101	28.877	27.737	27.860	27.904	27.786	27.619	27.409	27.158	26.870
36	28.027	28.280	28.999	27.785	27.845	27.833	27.669	27.460	27.210	26.923	26.602
37	28.154	28.391	29.054	27.774	27.776	27.712	27.504	27.256	26.970	26.650	26.299
38	28.218	28.438	29.048	27.710	27.656	27.543	27.296	27.011	26.692	26.342	25.963
39	28.222	28.425	28.984	27.594	27.489	27.330	27.047	26.729	26.379	26.001	25.595
40	28.170	28.356	28.866	27.431	27.278	27.077	26.760	26.411	26.033	25.629	25.199
41	28.065	28.234	28.698	27.223	27.026	26.786	26.438	26.061	25.657	25.228	24.777
42	27.912	28.064	28.483	26.975	26.737	26.461	26.084	25.681	25.252	24.802	24.330
43	27.714	27.848	28.226	26.690	26.414	26.103	25.700	25.272	24.822	24.351	23.862
44	27.474	27.591	27.929	26.369	26.058	25.716	25.288	24.839	24.368	23.880	23.374
45	27.195	27.295	27.595	26.016	25.673	25.301	24.852	24.382	23.893	23.388	22.868
46	26.882	26.964	27.227	25.634	25.261	24.862	24.392	23.904	23.400	22.879	22.345
47	26.535	26.600	26.827	25.224	24.824	24.401	23.913	23.408	22.888	22.354	21.807
48	26.159	26.206	26.399	24.789	24.364	23.919	23.415	22.895	22.361	21.814	21.256
49	25.755	25.784	25.946	24.333	23.885	23.420	22.900	22.366	21.819	21.261	20.694
50	25.326	25.338	25.468	23.856	23.387	22.904	22.370	21.823	21.265	20.698	20.124
51	24.874	24.868	24.970	23.360	22.873	22.372	21.826	21.268	20.701	20.127	19.548
52	24.402	24.378	24.452	22.848	22.344	21.828	21.270	20.703	20.129	19.550	18.969
53	23.910	23.870	23.917	22.321	21.802	21.271	20.704	20.130	19.552	18.971	18.388
54	23.402	23.345	23.365	21.781	21.247	20.705	20.131	19.553	18.972	18.389	17.802
55	22.879	22.804	22.799	21.228	20.683	20.132	19.553	18.972	18.389	17.803	17.212
56	22.342	22.250	22.221	20.665	20.111	19.554	18.973	18.390	17.803	17.212	16.618
57	21.792	21.683	21.632	20.095	19.535	18.973	18.390	17.803	17.213	16.618	16.020
58	21.230	21.106	21.035	19.520	18.956	18.390	17.804	17.213	16.618	16.020	15.419
59	20.660	20.522	20.433	18.942	18.374	17.804	17.213	16.618	16.020	15.419	14.819
60	20.083	19.933	19.828	18.362	17.789	17.213	16.618	16.020	15.419	14.819	14.220
61	19.502	19.341	19.220	17.778	17.200	16.618	16.020	15.419	14.819	14.220	13.624
62	18.919	18.746	18.608	17.190	16.606	16.020	15.419	14.819	14.220	13.624	13.034
63	18.334	18.147	17.992	16.597	16.009	15.419	14.819	14.220	13.624	13.034	12.450
64	17.745	17.544	17.371	16.000	15.409	14.819	14.220	13.624	13.034	12.450	11.875
65	17.175	16.961	16.771	15.427	14.835	14.220	13.624	13.034	12.450	11.875	11.310
66	16.555	16.325	16.117	14.802	14.211	13.624	13.034	12.450	11.875	11.310	10.757
67	15.955	15.711	15.489	14.204	13.616	13.034	12.450	11.875	11.310	10.757	10.216
68	15.352	15.097	14.863	13.610	13.026	12.450	11.875	11.310	10.757	10.216	9.689

APPENDIX III – PENSION TABLES

Table IE-398
Pension Table - Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Widowhood	$\ddot{a}_{(x)}$	$\ddot{a}_{(x)+1}$	$\ddot{a}_{(x)+2}$	$\ddot{a}_{(x)+3}$	$\ddot{a}_{(x)+4}$	$\ddot{a}_{(x)+5}$	$\ddot{a}_{(x)+6}$	$\ddot{a}_{(x)+7}$	$\ddot{a}_{(x)+8}$	$\ddot{a}_{(x)+9}$	$\ddot{a}_{(x)+10}$
69	14.751	14.485	14.240	13.020	12.443	11.875	11.310	10.757	10.216	9.689	9.175
70	14.151	13.876	13.622	12.437	11.868	11.310	10.757	10.216	9.689	9.175	8.676
71	13.554	13.272	13.011	11.863	11.304	10.757	10.216	9.689	9.175	8.676	8.192
72	12.963	12.676	12.410	11.299	10.751	10.216	9.689	9.175	8.676	8.192	7.724
73	12.379	12.088	11.819	10.747	10.211	9.689	9.175	8.676	8.192	7.724	7.273
74	11.804	11.510	11.240	10.207	9.684	9.175	8.676	8.192	7.724	7.273	6.838
75	11.239	10.945	10.675	9.681	9.171	8.676	8.192	7.724	7.273	6.838	6.421
76	10.687	10.393	10.123	9.168	8.672	8.192	7.724	7.273	6.838	6.421	6.022
77	10.147	9.854	9.585	8.669	8.189	7.724	7.273	6.838	6.421	6.022	5.640
78	9.620	9.329	9.063	8.186	7.721	7.273	6.838	6.421	6.022	5.640	5.276
79	9.107	8.819	8.557	7.719	7.270	6.838	6.421	6.022	5.640	5.276	4.931
80	8.609	8.325	8.067	7.268	6.836	6.421	6.022	5.640	5.276	4.931	4.604
81	8.126	7.847	7.594	6.834	6.419	6.022	5.640	5.276	4.931	4.604	4.294
82	7.659	7.385	7.140	6.418	6.020	5.640	5.276	4.931	4.604	4.294	4.003
83	7.209	6.942	6.703	6.018	5.638	5.276	4.931	4.604	4.294	4.003	3.729
84	6.776	6.515	6.285	5.637	5.275	4.931	4.604	4.294	4.003	3.729	3.473
85	6.360	6.107	5.885	5.274	4.930	4.604	4.294	4.003	3.729	3.473	3.234
86	5.961	5.718	5.504	4.929	4.602	4.294	4.003	3.729	3.473	3.234	3.013
87	5.581	5.346	5.143	4.602	4.293	4.003	3.729	3.473	3.234	3.013	2.810
88	5.219	4.993	4.800	4.293	4.002	3.729	3.473	3.234	3.013	2.810	2.625
89	4.875	4.659	4.476	4.001	3.728	3.473	3.234	3.013	2.810	2.625	2.460
90	4.549	4.343	4.170	3.728	3.472	3.234	3.013	2.810	2.625	2.460	2.318
91	4.241	4.046	3.884	3.472	3.234	3.013	2.810	2.625	2.460	2.318	2.182
92	3.951	3.766	3.615	3.233	3.013	2.810	2.625	2.460	2.318	2.182	2.052
93	3.679	3.505	3.365	3.012	2.809	2.625	2.460	2.318	2.182	2.052	1.927
94	3.425	3.262	3.134	2.809	2.625	2.460	2.318	2.182	2.052	1.927	1.807
95	3.188	3.037	2.921	2.624	2.460	2.318	2.182	2.052	1.927	1.807	1.693
96	2.969	2.829	2.727	2.460	2.318	2.182	2.052	1.927	1.807	1.693	1.584
97	2.768	2.641	2.554	2.318	2.182	2.052	1.927	1.807	1.693	1.584	1.479
98	2.585	2.474	2.406	2.182	2.052	1.927	1.807	1.693	1.584	1.479	1.380
99	2.422	2.329	2.263	2.051	1.927	1.807	1.693	1.584	1.479	1.380	1.284
100	2.281	2.191	2.126	1.927	1.807	1.693	1.584	1.479	1.380	1.284	1.194
101	2.147	2.058	1.996	1.807	1.693	1.584	1.479	1.380	1.284	1.194	1.107
102	2.018	1.932	1.870	1.693	1.584	1.479	1.380	1.284	1.194	1.107	1.024
103	1.895	1.810	1.751	1.584	1.479	1.380	1.284	1.194	1.107	1.024	0.946
104	1.778	1.694	1.636	1.479	1.380	1.284	1.194	1.107	1.024	0.946	0.871

Notes:
Source: Based on the 2004 United States Life Table for the Female Population
Remarriage probabilities from the 1979 NCCI Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation after year 2 = 2.9%

Example - Fatal Claim - Spouse & One Child
Usage of: Surviving Spouse's Pension Table (Table IE-398)

Calculation of incurred loss to be reported when benefits are payable to a surviving spouse until death or remarriage, due to a fatal injury occurring after December 23, 1991.

Accident Date	2/5/2009	Policy Effective Date:	1/1/2009
Date of Death:	2/5/2009	Spouse's Birthdate:	2/18/1969
Weekly Wages:	$300	Child's Birthdate:	10/15/1998

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/2010	7/2011	7/2012
2. Spouse's attained age at date of death	39	39	39
3. Duration since date of death (to nearest year), t.	1	2	3
4. Weekly Benefit Payable	$200.00	$200.00	$205.00
5. Annual Benefit Payable [= (4) x 52]	$10,400	$10,400	$10,660
Benefits for Spouse beyond the Valuation Date			
6. Factor from Table IE-398	30.874	31.570	27.594
7. Present Value of Future Payment [= (5) x (6)]	$321,090	$328,328	$294,152
Others			
8. Payment since date of death	$15,200	$25,600	$36,205
9. Funeral Allowance, Maximum of $4,000	$4,000	$4,000	$4,000
10. Total Incurred Indemnity Loss [= (7) + (8) + (9)]	$340,290	$357,928	$334,357

Notes:

- (4): The weekly benefit payment is equal to two-thirds of the average weekly wage of the deceased employee. In no instance shall said widow/widower, receive less than $110 per week. Additional compensation is paid in the amount of $6 a week for each child of the deceased employee under the age of eighteen or over said age and physically or mentally incapacitated from earning, or over said age and a full time student qualified for exemption as a dependent, except that no additional compensation for the benefits of the children of the employee shall be payable when combined with the compensation due to the spouse that would allow the widow(er) an amount in excess of $150 per week. (MGL c. 152, Sec 31)

  Weekly Benefit Payments are subjected to "Cost of Living Adjustments" (COLA):
  Any person receiving or entitled to receive benefits under the provisions of Section 31 or 34A whose benefits are based on a date of personal injury at least 24 months prior to the review date shall have his weekly benefit adjusted subject to:
  - The annual change in the Adjusted Benefit shall not exceed the minimum of:
    - The increase in the State Average Weekly Wage (SAWW)
    - The increase in the Northeastern region CPI for all urban consumers
    - 5%
  - In no instance shall the adjusted benefit be greater than "three times the base benefit."

		Benefit Reevaluation Date
	2/5/2009	10/1/2011
COLA Adjustment Factor		1.0250
Adjusted Benefit	$200.00 *Base Benefit*	$205.00 *1st Escalated Benefit*
Supplemental Benefit		$5.00
Weekly Benefit (Base Benefit + Supplemental Benefit)	$200.00	$205.00*

  Notes:
  - * $205.00 = $200.00 x max(1.0250,1.0), to a maximum of $600 (3 times the $200.00 base benefit)
  - If the adjusted benefit is larger than the base benefit, the difference shall be termed the supplemental benefit.
  - No increase in benefits shall be payable which would reduce any benefits the recipient is receiving pursuant to federal social security law.
  - For purposes of this example, the COLA Adjustment Factor has been arbitrarily selected. The proper amounts of adjustments to compensation required under §34B are published by the DIA each October.

- (6): 1st Report factor is from the 9/1/2009 Pension Table, 2nd Report factor is from the 9/1/2009 Pension Table, 3rd Report is from the 9/1/2011 Pension Table.

Table IIE-398
Pension Table – Other than Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age	$\bar{a}$ (x)	$\bar{a}$ (x) + 1	$\bar{a}$ (x) + 2	$\bar{a}$ (x) + 3	$\bar{a}$ (x) + 4	$\bar{a}$ (x) + 5	$\bar{a}$ (x) + 6	$\bar{a}$ (x) + 7	$\bar{a}$ (x) + 8	$\bar{a}$ (x) + 9	$\bar{a}$ (x)+10
0	46.851	47.798	48.475	45.772	45.273	44.766	44.254	43.735	43.211	42.679	42.141
1	46.932	47.578	48.240	45.542	45.038	44.529	44.014	43.492	42.963	42.428	41.887
2	46.712	47.344	47.994	45.303	44.796	44.284	43.765	43.239	42.707	42.169	41.624
3	46.479	47.098	47.738	45.055	44.545	44.030	43.507	42.978	42.442	41.901	41.355
4	46.234	46.843	47.473	44.799	44.286	43.767	43.240	42.708	42.169	41.626	41.081
5	45.980	46.579	47.199	44.535	44.018	43.494	42.964	42.429	41.889	41.346	40.802
6	45.717	46.306	46.916	44.261	43.740	43.213	42.680	42.143	41.603	41.062	40.520
7	45.445	46.024	46.624	43.978	43.453	42.923	42.388	41.851	41.313	40.774	40.233
8	45.164	45.733	46.321	43.685	43.157	42.625	42.091	41.555	41.019	40.481	39.941
9	44.873	45.431	46.008	43.383	42.854	42.322	41.789	41.255	40.720	40.183	39.643
10	44.573	45.119	45.685	43.074	42.544	42.014	41.482	40.950	40.415	39.878	39.338
11	44.263	44.798	45.355	42.758	42.230	41.701	41.171	40.639	40.105	39.568	39.027
12	43.943	44.469	45.018	42.438	41.912	41.384	40.854	40.323	39.788	39.250	38.709
13	43.616	44.134	44.675	42.113	41.588	41.061	40.531	39.999	39.463	38.925	38.382
14	43.282	43.793	44.328	41.783	41.258	40.731	40.201	39.668	39.132	38.591	38.045
15	42.943	43.448	43.975	41.447	40.922	40.394	39.864	39.330	38.791	38.247	37.696
16	42.599	43.097	43.617	41.105	40.579	40.050	39.519	38.983	38.441	37.892	37.336
17	42.250	42.740	43.251	40.755	40.228	39.699	39.165	38.625	38.079	37.525	36.964
18	41.895	42.375	42.877	40.397	39.870	39.338	38.800	38.256	37.704	37.146	36.580
19	41.532	42.004	42.495	40.032	39.502	38.967	38.424	37.875	37.318	36.755	36.185
20	41.163	41.624	42.105	39.658	39.124	38.584	38.036	37.481	36.920	36.352	35.777
21	40.785	41.236	41.706	39.273	38.734	38.188	37.635	37.076	36.509	35.937	35.359
22	40.400	40.839	41.295	38.876	38.332	37.780	37.222	36.658	36.087	35.511	34.929
23	40.005	40.431	40.871	38.466	37.917	37.360	36.797	36.229	35.654	35.073	34.487
24	39.600	40.010	40.435	38.044	37.490	36.928	36.361	35.788	35.209	34.624	34.034
25	39.182	39.577	39.985	37.610	37.050	36.484	35.912	35.335	34.752	34.164	33.570
26	38.752	39.130	39.522	37.164	36.599	36.029	35.453	34.871	34.284	33.692	33.095
27	38.309	38.671	39.047	36.705	36.136	35.561	34.981	34.396	33.805	33.209	32.609
28	37.854	38.200	38.559	36.236	35.662	35.083	34.498	33.909	33.314	32.715	32.112
29	37.387	37.717	38.059	35.754	35.176	34.593	34.005	33.411	32.813	32.211	31.606
30	36.908	37.222	37.548	35.262	34.679	34.092	33.500	32.903	32.302	31.698	31.091
31	36.418	36.715	37.024	34.758	34.172	33.580	32.984	32.385	31.782	31.176	30.568
32	35.917	36.197	36.489	34.244	33.653	33.058	32.459	31.857	31.252	30.645	30.036
33	35.405	35.668	35.943	33.719	33.124	32.526	31.925	31.321	30.715	30.106	29.495
34	34.882	35.129	35.386	33.184	32.586	31.986	31.383	30.777	30.169	29.559	28.947
35	34.349	34.579	34.819	32.639	32.040	31.437	30.832	30.225	29.616	29.005	28.392
36	33.806	34.019	34.243	32.087	31.485	30.881	30.274	29.666	29.055	28.443	27.830
37	33.255	33.450	33.658	31.527	30.923	30.317	29.709	29.099	28.488	27.875	27.260
38	32.694	32.874	33.065	30.960	30.354	29.747	29.137	28.527	27.914	27.300	26.685
39	32.127	32.291	32.466	30.386	29.779	29.170	28.560	27.948	27.334	26.719	26.103
40	31.552	31.701	31.860	29.806	29.198	28.588	27.976	27.363	26.748	26.133	25.516
41	30.972	31.105	31.248	29.221	28.611	28.000	27.387	26.773	26.158	25.542	24.925
42	30.387	30.503	30.630	28.631	28.020	27.407	26.793	26.178	25.563	24.947	24.330
43	29.796	29.897	30.008	28.036	27.424	26.810	26.195	25.580	24.964	24.348	23.732
44	29.201	29.286	29.381	27.437	26.823	26.209	25.594	24.978	24.362	23.746	23.130
45	28.602	28.671	28.751	26.834	26.220	25.605	24.989	24.373	23.758	23.141	22.524
46	28.000	28.053	28.116	26.228	25.613	24.998	24.382	23.767	23.150	22.533	21.914
47	27.394	27.432	27.479	25.620	25.004	24.389	23.774	23.157	22.540	21.921	21.301
48	26.786	26.808	26.840	25.009	24.394	23.779	23.163	22.545	21.926	21.306	20.685
49	26.175	26.182	26.199	24.398	23.783	23.166	22.549	21.930	21.310	20.689	20.069
50	25.563	25.555	25.556	23.785	23.169	22.552	21.933	21.313	20.692	20.072	19.453
51	24.950	24.927	24.913	23.171	22.554	21.935	21.315	20.694	20.074	19.455	18.840
52	24.336	24.299	24.269	22.555	21.937	21.317	20.696	20.075	19.457	18.842	18.232
53	23.722	23.669	23.623	21.938	21.318	20.697	20.076	19.458	18.843	18.233	17.628
54	23.106	23.038	22.975	21.318	20.697	20.077	19.458	18.843	18.233	17.628	17.027
55	22.490	22.404	22.325	20.698	20.077	19.459	18.844	18.234	17.629	17.027	16.427

Table IIE-398
Pension Table – Other than Surviving Spouse - Fatal Claims
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age	ä (x)	ä (x) + 1	ä (x) + 2	ä (x) + 3	ä (x) + 4	ä (x) + 5	ä (x) + 6	ä (x) + 7	ä (x) + 8	ä (x) + 9	ä (x)+10
56	21.871	21.770	21.675	20.077	19.459	18.844	18.234	17.629	17.027	16.427	15.828
57	21.252	21.134	21.024	19.459	18.844	18.234	17.629	17.027	16.427	15.829	15.231
58	20.631	20.499	20.376	18.844	18.234	17.629	17.028	16.427	15.829	15.231	14.635
59	20.011	19.866	19.731	18.234	17.629	17.028	16.427	15.829	15.231	14.635	14.043
60	19.392	19.236	19.092	17.629	17.028	16.427	15.829	15.231	14.635	14.043	13.457
61	18.777	18.612	18.458	17.028	16.427	15.829	15.231	14.635	14.043	13.457	12.877
62	18.168	17.993	17.827	16.427	15.829	15.231	14.635	14.043	13.457	12.877	12.305
63	17.563	17.376	17.198	15.829	15.231	14.635	14.043	13.457	12.877	12.305	11.742
64	16.961	16.762	16.570	15.231	14.635	14.043	13.457	12.877	12.305	11.742	11.191
65	16.361	16.149	15.943	14.635	14.043	13.457	12.877	12.305	11.742	11.191	10.653
66	15.762	15.537	15.319	14.043	13.457	12.877	12.305	11.742	11.191	10.653	10.128
67	15.164	14.927	14.698	13.457	12.877	12.305	11.742	11.191	10.653	10.128	9.618
68	14.569	14.321	14.084	12.877	12.305	11.742	11.191	10.653	10.128	9.618	9.121
69	13.977	13.721	13.476	12.305	11.742	11.191	10.653	10.128	9.618	9.121	8.639
70	13.391	13.127	12.876	11.742	11.191	10.653	10.128	9.618	9.121	8.639	8.172
71	12.811	12.541	12.286	11.191	10.653	10.128	9.618	9.121	8.639	8.172	7.721
72	12.239	11.965	11.708	10.653	10.128	9.618	9.121	8.639	8.172	7.721	7.285
73	11.677	11.401	11.144	10.128	9.618	9.121	8.639	8.172	7.721	7.285	6.866
74	11.127	10.850	10.594	9.618	9.121	8.639	8.172	7.721	7.285	6.866	6.464
75	10.589	10.314	10.059	9.121	8.639	8.172	7.721	7.285	6.866	6.464	6.078
76	10.065	9.791	9.538	8.639	8.172	7.721	7.285	6.866	6.464	6.078	5.709
77	9.554	9.282	9.033	8.172	7.721	7.285	6.866	6.464	6.078	5.709	5.356
78	9.058	8.789	8.543	7.721	7.285	6.866	6.464	6.078	5.709	5.356	5.021
79	8.577	8.311	8.070	7.285	6.866	6.464	6.078	5.709	5.356	5.021	4.702
80	8.110	7.849	7.613	6.866	6.464	6.078	5.709	5.356	5.021	4.702	4.400
81	7.660	7.404	7.174	6.464	6.078	5.709	5.356	5.021	4.702	4.400	4.115
82	7.225	6.975	6.752	6.078	5.709	5.356	5.021	4.702	4.400	4.115	3.846
83	6.807	6.563	6.347	5.709	5.356	5.021	4.702	4.400	4.115	3.846	3.593
84	6.405	6.169	5.960	5.356	5.021	4.702	4.400	4.115	3.846	3.593	3.356
85	6.020	5.791	5.591	5.021	4.702	4.400	4.115	3.846	3.593	3.356	3.134
86	5.652	5.431	5.240	4.702	4.400	4.115	3.846	3.593	3.356	3.134	2.928
87	5.301	5.088	4.906	4.400	4.115	3.846	3.593	3.356	3.134	2.928	2.737
88	4.966	4.762	4.589	4.115	3.846	3.593	3.356	3.134	2.928	2.737	2.562
89	4.649	4.454	4.290	3.846	3.593	3.356	3.134	2.928	2.737	2.562	2.404
90	4.348	4.162	4.008	3.593	3.356	3.134	2.928	2.737	2.562	2.404	2.264
91	4.064	3.887	3.742	3.356	3.134	2.928	2.737	2.562	2.404	2.264	2.130
92	3.797	3.629	3.494	3.134	2.928	2.737	2.562	2.404	2.264	2.130	2.002
93	3.545	3.387	3.261	2.928	2.737	2.562	2.404	2.264	2.130	2.002	1.879
94	3.309	3.161	3.045	2.737	2.562	2.404	2.264	2.130	2.002	1.879	1.762
95	3.089	2.950	2.845	2.562	2.404	2.264	2.130	2.002	1.879	1.762	1.650
96	2.885	2.756	2.662	2.404	2.264	2.130	2.002	1.879	1.762	1.650	1.542
97	2.696	2.578	2.496	2.264	2.130	2.002	1.879	1.762	1.650	1.542	1.440
98	2.523	2.417	2.349	2.130	2.002	1.879	1.762	1.650	1.542	1.440	1.342
99	2.366	2.275	2.209	2.002	1.879	1.762	1.650	1.542	1.440	1.342	1.248
100	2.228	2.139	2.075	1.879	1.762	1.650	1.542	1.440	1.342	1.248	1.159
101	2.096	2.008	1.946	1.762	1.650	1.542	1.440	1.342	1.248	1.159	1.074
102	1.970	1.884	1.823	1.650	1.542	1.440	1.342	1.248	1.159	1.074	0.993
103	1.849	1.764	1.705	1.542	1.440	1.342	1.248	1.159	1.074	0.993	0.916
104	1.733	1.651	1.593	1.440	1.342	1.248	1.159	1.074	0.993	0.916	0.842

Notes:
Source: Based on the 2004 United States Life Table for the Total Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation after year 2 = 2.9%

Example - Fatal Claim – Other than Spouse
Usage of: Other than Surviving Spouse's Pension Table (Table IIE-398)

Calculation of incurred loss to be reported when benefits are payable to a dependent other than a surviving spouse due to a fatal injury occurring after December 23, 1991.

Accident Date	2/5/2009	Policy Effective Date:	1/1/2009
Date of Death:	2/5/2009	Dependent's Birthdate:	2/18/1969
Weekly Wages:	$300		

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/2010	7/2011	7/2012
2. Dependent's attained age at date of death	39	39	39
3. Duration since date of death (to nearest year), t.	1	2	3
4. Weekly Benefit Payable	$80.00	$80.00	$82.00
5. Annual Benefit Payable [= (4) x 52]	$4,160	$4,160	$4,264
Benefits for Dependent beyond the Valuation Date			
6. Factor from Table IIE-398	35.106	35.387	30.386
7. Present Value of Future Payment [= (5) x (6)]	$146,041	$147,210	$129,566
Others			
8. Payment since Date of Death	$6,080	$10,240	$14,482
9. Funeral Allowance, Maximum of $4,000	$1,500	$1,500	$1,500
10. Total Incurred Indemnity Loss [= (7) + (8) + (9)]	$153,621	$158,950	$145,548

Notes:

- (4): The weekly benefit payment should not be more than two-thirds of the average weekly wage of the deceased employee or more than $80 a week; provided, however, that if there is more than one such dependent, the total amount payable shall not exceed the weekly amount which is, or would be payable to a surviving spouse of the deceased employee. (M.G.L c.152, Sec 31)

  Weekly Benefit Payments are subjected to "Cost of Living Adjustments" (COLA):
  Any person receiving or entitled to receive benefits under the provisions of Section 31 or 34A whose benefits are based on a date of personal injury at least 24 months prior to the review date shall have his weekly benefit adjusted subject to:
  - The annual change in the Adjusted Benefit shall not exceed the minimum of:
    - The increase in the State Average Weekly Wage (SAWW)
    - The increase in the Northeastern region CPI for all urban consumers
    - 5%
  - In no instance shall the adjusted benefit be greater than "three times the base benefit."

		Benefit Reevaluation Date
	2/5/2009	10/1/2011
COLA Adjustment Factor		1.0250
Adjusted Benefit	$80.00 *Base Benefit*	$82.00 *1st Escalated Benefit*
Supplemental Benefit		$2.00
Weekly Benefit (Base Benefit + Supplemental Benefit)	$80.00	$82.00*

  Notes:
  - * $82.00 = $80.00 x max(1.0250,1.0), to a maximum of $200 (2/3 average weekly wage of deceased employee)
  - If the adjusted benefit is larger than the base benefit, the difference shall be termed the supplemental benefit.
  - No increase in benefits shall be payable which would reduce any benefits the recipient is receiving pursuant to federal social security law.
  - For purposes of this example, the COLA Adjustment Factor has been arbitrarily selected. The proper amounts of adjustments to compensation required under §34B are published by the DIA each October.

- (6): 1st Report factor is from the 9/1/2009 Pension Table, 2nd Report factor is from the 9/1/2009 Pension Table, 3rd Report is from the 9/1/2011 Pension Table.

Table IIIEM-398 – Male
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	ā (x) + 6	ā (x) + 7	ā (x) + 8	ā (x) + 9	ā (x)+10
0	42.544	43.705	44.284	41.769	41.261	40.744	40.220	39.690	39.152	38.606	38.052
1	42.881	43.430	43.987	41.475	40.960	40.439	39.911	39.376	38.832	38.281	37.721
2	42.608	43.135	43.673	41.169	40.650	40.124	39.591	39.050	38.501	37.944	37.381
3	42.314	42.823	43.347	40.853	40.329	39.799	39.260	38.714	38.159	37.598	37.035
4	42.004	42.499	43.010	40.527	39.999	39.463	38.918	38.365	37.806	37.246	36.688
5	41.682	42.164	42.662	40.191	39.657	39.114	38.564	38.007	37.449	36.893	36.349
6	41.350	41.819	42.304	39.843	39.303	38.754	38.200	37.644	37.090	36.548	36.016
7	41.008	41.464	41.934	39.484	38.937	38.385	37.830	37.279	36.739	36.210	35.689
8	40.655	41.096	41.551	39.112	38.562	38.009	37.460	36.922	36.395	35.876	35.366
9	40.290	40.716	41.155	38.731	38.180	37.633	37.097	36.572	36.056	35.547	35.045
10	39.913	40.324	40.749	38.343	37.798	37.264	36.741	36.227	35.721	35.221	34.726
11	39.524	39.921	40.337	37.955	37.423	36.902	36.390	35.886	35.388	34.896	34.408
12	39.125	39.513	39.923	37.574	37.055	36.545	36.043	35.547	35.057	34.572	34.091
13	38.720	39.103	39.518	37.200	36.692	36.192	35.698	35.210	34.727	34.248	33.769
14	38.314	38.701	39.120	36.831	36.333	35.841	35.355	34.874	34.397	33.920	33.438
15	37.915	38.305	38.726	36.466	35.976	35.492	35.013	34.538	34.063	33.583	33.095
16	37.523	37.915	38.337	36.103	35.621	35.143	34.671	34.198	33.720	33.234	32.738
17	37.136	37.529	37.951	35.742	35.266	34.795	34.324	33.848	33.364	32.870	32.367
18	36.754	37.146	37.566	35.381	34.912	34.443	33.969	33.486	32.994	32.493	31.984
19	36.373	36.764	37.182	35.021	34.554	34.081	33.600	33.110	32.611	32.103	31.588
20	35.994	36.382	36.798	34.657	34.186	33.706	33.218	32.720	32.214	31.701	31.182
21	35.616	36.001	36.410	34.283	33.805	33.317	32.821	32.317	31.805	31.288	30.764
22	35.238	35.616	36.011	33.896	33.410	32.915	32.412	31.902	31.385	30.864	30.336
23	34.856	35.221	35.599	33.495	33.001	32.499	31.990	31.476	30.955	30.429	29.898
24	34.464	34.813	35.173	33.080	32.579	32.072	31.558	31.039	30.514	29.984	29.447
25	34.060	34.390	34.732	32.652	32.146	31.633	31.115	30.591	30.062	29.527	28.986
26	33.642	33.954	34.277	32.213	31.701	31.184	30.661	30.133	29.599	29.059	28.512
27	33.210	33.504	33.810	31.762	31.246	30.724	30.197	29.664	29.125	28.579	28.028
28	32.765	33.043	33.332	31.302	30.781	30.255	29.722	29.184	28.639	28.088	27.533
29	32.309	32.570	32.844	30.831	30.306	29.774	29.237	28.692	28.142	27.588	27.031
30	31.843	32.088	32.345	30.351	29.820	29.283	28.739	28.190	27.637	27.080	26.522
31	31.367	31.595	31.836	29.860	29.323	28.780	28.232	27.679	27.123	26.566	26.007
32	30.881	31.094	31.316	29.358	28.816	28.268	27.715	27.160	26.604	26.045	25.483
33	30.387	30.582	30.786	28.846	28.299	27.747	27.192	26.636	26.078	25.517	24.954
34	29.882	30.059	30.245	28.325	27.773	27.219	26.663	26.106	25.545	24.983	24.419
35	29.369	29.527	29.694	27.796	27.242	26.686	26.129	25.569	25.007	24.443	23.879
36	28.846	28.986	29.136	27.261	26.706	26.149	25.589	25.027	24.464	23.899	23.334
37	28.314	28.437	28.572	26.721	26.164	25.605	25.043	24.480	23.916	23.351	22.784
38	27.775	27.883	28.003	26.177	25.618	25.056	24.494	23.930	23.365	22.798	22.230
39	27.232	27.325	27.430	25.628	25.067	24.504	23.940	23.376	22.809	22.241	21.673
40	26.685	26.764	26.852	25.075	24.512	23.949	23.384	22.818	22.250	21.682	21.114
41	26.135	26.197	26.270	24.518	23.955	23.391	22.824	22.257	21.689	21.121	20.554
42	25.580	25.628	25.685	23.960	23.395	22.829	22.262	21.694	21.126	20.559	19.995
43	25.023	25.055	25.098	23.399	22.833	22.265	21.697	21.129	20.563	19.999	19.436
44	24.463	24.481	24.509	22.835	22.268	21.700	21.132	20.566	20.001	19.438	18.875
45	23.901	23.905	23.918	22.269	21.702	21.134	20.567	20.003	19.440	18.877	18.311
46	23.338	23.327	23.324	21.703	21.135	20.569	20.004	19.441	18.878	18.312	17.745
47	22.773	22.747	22.730	21.136	20.569	20.005	19.442	18.879	18.313	17.746	17.177
48	22.206	22.166	22.135	20.570	20.006	19.443	18.879	18.314	17.747	17.178	16.607
49	21.639	21.585	21.541	20.006	19.443	18.879	18.314	17.747	17.178	16.608	16.038
50	21.071	21.005	20.950	19.443	18.880	18.314	17.747	17.178	16.608	16.038	15.471
51	20.505	20.428	20.360	18.880	18.314	17.747	17.178	16.608	16.038	15.471	14.909
52	19.941	19.851	19.769	18.314	17.747	17.178	16.608	16.038	15.471	14.909	14.353
53	19.378	19.274	19.177	17.747	17.178	16.608	16.039	15.472	14.909	14.353	13.802
54	18.814	18.695	18.582	17.179	16.608	16.039	15.472	14.909	14.353	13.802	13.256
55	18.249	18.115	17.986	16.608	16.039	15.472	14.909	14.353	13.802	13.256	12.714

Table IIIEM-398 – Male
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	ā (x) + 6	ā (x) + 7	ā (x) + 8	ā (x) + 9	ā (x)+10
56	17.682	17.532	17.388	16.039	15.472	14.909	14.353	13.802	13.256	12.714	12.173
57	17.113	16.948	16.791	15.472	14.909	14.353	13.802	13.256	12.714	12.173	11.636
58	16.543	16.365	16.196	14.909	14.353	13.802	13.256	12.714	12.173	11.636	11.103
59	15.974	15.785	15.607	14.353	13.802	13.256	12.714	12.173	11.636	11.103	10.576
60	15.407	15.209	15.023	13.802	13.256	12.714	12.173	11.636	11.103	10.576	10.055
61	14.845	14.640	14.446	13.256	12.714	12.173	11.636	11.103	10.576	10.055	9.542
62	14.289	14.076	13.874	12.714	12.173	11.636	11.103	10.576	10.055	9.542	9.039
63	13.738	13.517	13.305	12.173	11.636	11.103	10.576	10.055	9.542	9.039	8.548
64	13.192	12.961	12.738	11.636	11.103	10.576	10.055	9.542	9.039	8.548	8.072
65	12.650	12.408	12.176	11.103	10.576	10.055	9.542	9.039	8.548	8.072	7.612
66	12.110	11.858	11.617	10.576	10.055	9.542	9.039	8.548	8.072	7.612	7.168
67	11.573	11.313	11.064	10.055	9.542	9.039	8.548	8.072	7.612	7.168	6.741
68	11.040	10.773	10.517	9.542	9.039	8.548	8.072	7.612	7.168	6.741	6.330
69	10.513	10.239	9.980	9.039	8.548	8.072	7.612	7.168	6.741	6.330	5.936
70	9.992	9.715	9.452	8.548	8.072	7.612	7.168	6.741	6.330	5.936	5.558
71	9.480	9.199	8.938	8.072	7.612	7.168	6.741	6.330	5.936	5.558	5.196
72	8.977	8.697	8.439	7.612	7.168	6.741	6.330	5.936	5.558	5.196	4.851
73	8.487	8.210	7.956	7.168	6.741	6.330	5.936	5.558	5.196	4.851	4.520
74	8.012	7.739	7.491	6.741	6.330	5.936	5.558	5.196	4.851	4.520	4.207
75	7.552	7.285	7.043	6.330	5.936	5.558	5.196	4.851	4.520	4.207	3.910
76	7.109	6.848	6.613	5.936	5.558	5.196	4.851	4.520	4.207	3.910	3.631
77	6.683	6.428	6.199	5.558	5.196	4.851	4.520	4.207	3.910	3.631	3.368
78	6.273	6.024	5.803	5.196	4.851	4.520	4.207	3.910	3.631	3.368	3.123
79	5.879	5.638	5.424	4.851	4.520	4.207	3.910	3.631	3.368	3.123	2.897
80	5.502	5.268	5.062	4.520	4.207	3.910	3.631	3.368	3.123	2.897	2.685
81	5.141	4.915	4.715	4.207	3.910	3.631	3.368	3.123	2.897	2.685	2.487
82	4.797	4.576	4.387	3.910	3.631	3.368	3.123	2.897	2.685	2.487	2.302
83	4.467	4.257	4.075	3.631	3.368	3.123	2.897	2.685	2.487	2.302	2.129
84	4.156	3.953	3.783	3.368	3.123	2.897	2.685	2.487	2.302	2.129	1.968
85	3.860	3.668	3.507	3.123	2.897	2.685	2.487	2.302	2.129	1.968	1.819
86	3.583	3.400	3.250	2.897	2.685	2.487	2.302	2.129	1.968	1.819	1.682
87	3.322	3.150	3.014	2.685	2.487	2.302	2.129	1.968	1.819	1.682	1.555
88	3.079	2.920	2.792	2.487	2.302	2.129	1.968	1.819	1.682	1.555	1.440
89	2.855	2.704	2.584	2.302	2.129	1.968	1.819	1.682	1.555	1.440	1.339
90	2.645	2.502	2.389	2.129	1.968	1.819	1.682	1.555	1.440	1.339	1.256
91	2.448	2.313	2.208	1.968	1.819	1.682	1.555	1.440	1.339	1.256	1.176
92	2.265	2.137	2.040	1.819	1.682	1.555	1.440	1.339	1.256	1.176	1.100
93	2.094	1.974	1.884	1.682	1.555	1.440	1.339	1.256	1.176	1.100	1.027
94	1.936	1.823	1.739	1.555	1.440	1.339	1.256	1.176	1.100	1.027	0.957
95	1.789	1.683	1.607	1.440	1.339	1.256	1.176	1.100	1.027	0.957	0.890
96	1.654	1.555	1.486	1.339	1.256	1.176	1.100	1.027	0.957	0.890	0.826
97	1.529	1.439	1.380	1.256	1.176	1.100	1.027	0.957	0.890	0.826	0.766
98	1.417	1.337	1.293	1.176	1.100	1.027	0.957	0.890	0.826	0.766	0.712
99	1.317	1.253	1.209	1.100	1.027	0.957	0.890	0.826	0.766	0.712	0.683
100	1.236	1.172	1.129	1.027	0.957	0.890	0.826	0.766	0.712	0.683	0.661
101	1.158	1.096	1.053	0.957	0.890	0.826	0.766	0.712	0.683	0.661	0.639
102	1.084	1.022	0.979	0.890	0.826	0.766	0.712	0.683	0.661	0.639	0.616
103	1.012	0.952	0.909	0.826	0.766	0.712	0.683	0.661	0.639	0.616	0.593
104	0.944	0.885	0.842	0.766	0.712	0.683	0.661	0.639	0.616	0.593	0.571

Notes:
Source: Based on the 2004 United States Life Table for the Male Population (adjusted for the life expectancy of injured workers)
Annual Rate of Interest = 3.5%
Annual Rate of Escalation after year 2 = 2.9%
Annuity Values reduced by 2.4% to reflect the expected offset of Massachusetts benefits by Social Security benefits.

Table IIIEF-398 – Female
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	ā (x) + 6	ā (x) + 7	ā (x) + 8	ā (x) + 9	ā (x)+10
0	44.782	45.932	46.587	43.987	43.499	43.004	42.503	41.994	41.479	40.957	40.428
1	45.091	45.717	46.350	43.750	43.258	42.759	42.253	41.740	41.221	40.695	40.163
2	44.877	45.480	46.097	43.503	43.007	42.504	41.994	41.478	40.955	40.425	39.890
3	44.641	45.227	45.833	43.247	42.747	42.240	41.726	41.206	40.679	40.147	39.610
4	44.389	44.964	45.559	42.982	42.478	41.967	41.449	40.925	40.396	39.862	39.325
5	44.127	44.692	45.276	42.708	42.199	41.684	41.163	40.636	40.105	39.571	39.037
6	43.856	44.410	44.982	42.424	41.911	41.392	40.868	40.339	39.808	39.277	38.746
7	43.575	44.118	44.679	42.130	41.614	41.092	40.566	40.037	39.509	38.980	38.452
8	43.284	43.816	44.366	41.827	41.308	40.784	40.258	39.732	39.206	38.680	38.153
9	42.984	43.504	44.042	41.515	40.994	40.470	39.946	39.423	38.900	38.375	37.847
10	42.673	43.182	43.708	41.195	40.674	40.153	39.632	39.111	38.589	38.063	37.533
11	42.353	42.850	43.367	40.870	40.351	39.832	39.313	38.793	38.270	37.743	37.212
12	42.023	42.511	43.019	40.540	40.024	39.507	38.990	38.469	37.944	37.415	36.881
13	41.685	42.165	42.667	40.207	39.693	39.178	38.659	38.137	37.610	37.078	36.543
14	41.341	41.815	42.312	39.870	39.357	38.841	38.320	37.795	37.266	36.733	36.194
15	40.993	41.461	41.952	39.528	39.014	38.495	37.972	37.446	36.914	36.378	35.836
16	40.642	41.103	41.586	39.178	38.662	38.141	37.616	37.087	36.552	36.013	35.469
17	40.286	40.739	41.213	38.820	38.301	37.778	37.250	36.718	36.181	35.638	35.092
18	39.924	40.368	40.830	38.452	37.931	37.405	36.875	36.339	35.799	35.254	34.705
19	39.555	39.988	40.438	38.076	37.552	37.023	36.489	35.951	35.408	34.860	34.308
20	39.177	39.598	40.036	37.690	37.163	36.631	36.094	35.553	35.007	34.456	33.902
21	38.790	39.199	39.625	37.294	36.763	36.228	35.689	35.144	34.596	34.043	33.486
22	38.394	38.790	39.203	36.888	36.354	35.816	35.273	34.726	34.175	33.619	33.060
23	37.988	38.371	38.770	36.472	35.935	35.394	34.848	34.298	33.744	33.187	32.626
24	37.571	37.941	38.326	36.045	35.506	34.961	34.413	33.860	33.304	32.745	32.183
25	37.145	37.501	37.872	35.609	35.066	34.519	33.968	33.413	32.856	32.295	31.730
26	36.709	37.051	37.408	35.163	34.617	34.067	33.514	32.957	32.398	31.834	31.267
27	36.262	36.590	36.933	34.706	34.158	33.606	33.050	32.492	31.930	31.364	30.794
28	35.806	36.119	36.447	34.241	33.690	33.135	32.578	32.017	31.453	30.884	30.312
29	35.339	35.639	35.952	33.766	33.213	32.656	32.097	31.533	30.965	30.395	29.822
30	34.863	35.148	35.447	33.282	32.727	32.168	31.605	31.038	30.469	29.897	29.323
31	34.378	34.649	34.933	32.790	32.232	31.670	31.104	30.535	29.964	29.391	28.816
32	33.884	34.141	34.411	32.289	31.727	31.162	30.594	30.024	29.452	28.877	28.299
33	33.382	33.624	33.879	31.778	31.214	30.646	30.077	29.505	28.931	28.354	27.774
34	32.872	33.099	33.338	31.259	30.692	30.123	29.552	28.979	28.402	27.823	27.241
35	32.354	32.565	32.788	30.731	30.163	29.592	29.020	28.444	27.865	27.284	26.700
36	31.827	32.022	32.229	30.197	29.627	29.055	28.479	27.901	27.321	26.737	26.152
37	31.293	31.472	31.664	29.656	29.085	28.510	27.932	27.352	26.769	26.184	25.595
38	30.751	30.916	31.093	29.109	28.535	27.958	27.378	26.795	26.210	25.622	25.031
39	30.204	30.354	30.515	28.556	27.979	27.399	26.817	26.232	25.645	25.054	24.459
40	29.651	29.786	29.931	27.996	27.416	26.834	26.250	25.663	25.072	24.477	23.879
41	29.094	29.212	29.340	27.430	26.848	26.264	25.677	25.087	24.492	23.894	23.293
42	28.530	28.632	28.744	26.859	26.275	25.688	25.098	24.504	23.906	23.305	22.701
43	27.962	28.048	28.143	26.284	25.697	25.107	24.513	23.915	23.314	22.710	22.105
44	27.389	27.459	27.538	25.704	25.113	24.520	23.922	23.321	22.717	22.112	21.504
45	26.812	26.866	26.928	25.118	24.524	23.927	23.326	22.722	22.117	21.509	20.900
46	26.232	26.269	26.313	24.528	23.930	23.329	22.726	22.121	21.513	20.903	20.292
47	25.648	25.667	25.693	23.933	23.332	22.729	22.123	21.516	20.906	20.295	19.681
48	25.060	25.061	25.068	23.333	22.730	22.125	21.517	20.908	20.296	19.683	19.069
49	24.467	24.450	24.439	22.731	22.126	21.518	20.909	20.298	19.684	19.070	18.455
50	23.870	23.836	23.808	22.127	21.519	20.910	20.298	19.685	19.071	18.456	17.844
51	23.270	23.219	23.174	21.520	20.910	20.299	19.686	19.071	18.457	17.844	17.236
52	22.667	22.599	22.537	20.910	20.299	19.686	19.071	18.457	17.845	17.236	16.633
53	22.062	21.977	21.898	20.299	19.686	19.071	18.457	17.845	17.236	16.633	16.034
54	21.454	21.353	21.257	19.686	19.071	18.457	17.845	17.236	16.633	16.034	15.437
55	20.845	20.727	20.614	19.071	18.457	17.845	17.236	16.633	16.034	15.437	14.842

Table IIIEF-398 – Female
Pension Table – Permanent Total Claimants
(for Claims after December 23, 1991 Excluding Claims Incurred Under USL&HW Act (with Escalation))

Age at Accident Date	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	ā (x) + 6	ā (x) + 7	ā (x) + 8	ā (x) + 9	ā (x)+10
56	20.233	20.100	19.970	18.457	17.845	17.237	16.633	16.034	15.437	14.842	14.247
57	19.620	19.470	19.326	17.845	17.237	16.633	16.034	15.437	14.842	14.247	13.654
58	19.006	18.841	18.684	17.237	16.633	16.034	15.437	14.842	14.247	13.654	13.063
59	18.392	18.215	18.046	16.633	16.034	15.437	14.842	14.247	13.654	13.063	12.475
60	17.779	17.592	17.414	16.034	15.437	14.842	14.247	13.654	13.063	12.475	11.894
61	17.171	16.974	16.786	15.437	14.842	14.247	13.654	13.063	12.475	11.894	11.319
62	16.568	16.360	16.160	14.842	14.247	13.654	13.063	12.475	11.894	11.319	10.751
63	15.969	15.750	15.536	14.247	13.654	13.063	12.475	11.894	11.319	10.751	10.195
64	15.372	15.140	14.913	13.654	13.063	12.475	11.894	11.319	10.751	10.195	9.651
65	14.777	14.531	14.291	13.063	12.475	11.894	11.319	10.751	10.195	9.651	9.121
66	14.183	13.924	13.671	12.475	11.894	11.319	10.751	10.195	9.651	9.121	8.607
67	13.589	13.318	13.055	11.894	11.319	10.751	10.195	9.651	9.121	8.607	8.108
68	12.998	12.717	12.445	11.319	10.751	10.195	9.651	9.121	8.607	8.108	7.626
69	12.411	12.122	11.842	10.751	10.195	9.651	9.121	8.607	8.108	7.626	7.161
70	11.830	11.533	11.248	10.195	9.651	9.121	8.607	8.108	7.626	7.161	6.712
71	11.255	10.952	10.665	9.651	9.121	8.607	8.108	7.626	7.161	6.712	6.280
72	10.688	10.383	10.094	9.121	8.607	8.108	7.626	7.161	6.712	6.280	5.866
73	10.132	9.826	9.539	8.607	8.108	7.626	7.161	6.712	6.280	5.866	5.468
74	9.589	9.284	8.999	8.108	7.626	7.161	6.712	6.280	5.866	5.468	5.090
75	9.059	8.757	8.477	7.626	7.161	6.712	6.280	5.866	5.468	5.090	4.729
76	8.545	8.247	7.972	7.161	6.712	6.280	5.866	5.468	5.090	4.729	4.389
77	8.048	7.754	7.483	6.712	6.280	5.866	5.468	5.090	4.729	4.389	4.067
78	7.566	7.277	7.013	6.280	5.866	5.468	5.090	4.729	4.389	4.067	3.766
79	7.101	6.818	6.560	5.866	5.468	5.090	4.729	4.389	4.067	3.766	3.486
80	6.653	6.376	6.126	5.468	5.090	4.729	4.389	4.067	3.766	3.486	3.223
81	6.222	5.953	5.709	5.090	4.729	4.389	4.067	3.766	3.486	3.223	2.976
82	5.809	5.546	5.312	4.729	4.389	4.067	3.766	3.486	3.223	2.976	2.745
83	5.412	5.159	4.935	4.389	4.067	3.766	3.486	3.223	2.976	2.745	2.530
84	5.035	4.791	4.578	4.067	3.766	3.486	3.223	2.976	2.745	2.530	2.330
85	4.676	4.443	4.240	3.766	3.486	3.223	2.976	2.745	2.530	2.330	2.144
86	4.337	4.114	3.925	3.486	3.223	2.976	2.745	2.530	2.330	2.144	1.973
87	4.017	3.806	3.631	3.223	2.976	2.745	2.530	2.330	2.144	1.973	1.817
88	3.717	3.521	3.355	2.976	2.745	2.530	2.330	2.144	1.973	1.817	1.675
89	3.439	3.252	3.096	2.745	2.530	2.330	2.144	1.973	1.817	1.675	1.551
90	3.178	3.000	2.854	2.530	2.330	2.144	1.973	1.817	1.675	1.551	1.448
91	2.933	2.765	2.629	2.330	2.144	1.973	1.817	1.675	1.551	1.448	1.351
92	2.704	2.545	2.419	2.144	1.973	1.817	1.675	1.551	1.448	1.351	1.258
93	2.491	2.342	2.224	1.973	1.817	1.675	1.551	1.448	1.351	1.258	1.169
94	2.293	2.153	2.045	1.817	1.675	1.551	1.448	1.351	1.258	1.169	1.084
95	2.109	1.979	1.881	1.675	1.551	1.448	1.351	1.258	1.169	1.084	1.003
96	1.941	1.820	1.733	1.551	1.448	1.351	1.258	1.169	1.084	1.003	0.926
97	1.787	1.677	1.602	1.448	1.351	1.258	1.169	1.084	1.003	0.926	0.854
98	1.647	1.551	1.495	1.351	1.258	1.169	1.084	1.003	0.926	0.854	0.786
99	1.525	1.447	1.393	1.258	1.169	1.084	1.003	0.926	0.854	0.786	0.728
100	1.425	1.349	1.295	1.169	1.084	1.003	0.926	0.854	0.786	0.728	0.704
101	1.329	1.255	1.202	1.084	1.003	0.926	0.854	0.786	0.728	0.704	0.681
102	1.238	1.165	1.113	1.003	0.926	0.854	0.786	0.728	0.704	0.681	0.657
103	1.151	1.080	1.028	0.926	0.854	0.786	0.728	0.704	0.681	0.657	0.632
104	1.068	0.999	0.948	0.854	0.786	0.728	0.704	0.681	0.657	0.632	0.608

Notes:
Source: based on the 2004 United States Life Table for the Female Population (adjusted for the life expectancy of injured workers).
Annual Rate of Escalation after year 2 = 2.9%
Annuity Values reduced by 2.4% to reflect the expected offset of Massachusetts benefits by Social Security benefits.

Example – Permanent Total Claim – Female Worker
Usage of: Permanent Total Claimant's Pension Table (Table IIIEF-398)

Calculation of incurred loss to be reported when benefits are payable to an injured female worker for life, due to a permanent total Injury occurring after December 23, 1991.

Accident Date	2/5/2009	Policy Effective Date:	1/1/2009
Weekly Wages:	$300	Injured Worker's Birthdate:	2/18/1969
		Spouse's Birthdate:	10/15/1998

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/2010	7/2011	7/2012
2. Injured worker's attained age at accident date	39	39	39
3. Spouse's attained age at accident date	46	46	46
4. Duration since accident date (to nearest year), t.	1	2	3
5. Weekly Benefit Payable	$200.00	$200.00	$205.00
6. Annual Benefit Payable [= (5) x 52]	$10,400	$10,400	$10,660
Benefits for Injured Worker beyond the Valuation Date			
7. Factor from Table IIIEF-398	33.003	33.267	28.556
8. Factor from Table IE-398	29.334	29.711	25.634
9. Maximum of [= (7),[2 x (7) + (8)]/3], if (8) is n/a then (9) = (7)	33.003	33.267	28.556
10. Present Value of Future Payment [= (6) x (9)]	$343,231	$345,977	$304,407
Others			
11. Payment since Accident Date	$15,200	$25,600	$36,205
12. Total Incurred Indemnity Loss [= (10) + (11)]	$358,431	$371,577	$369,762

Notes:

- (5): The weekly benefit payment is equal to two-thirds of the average weekly wage.

  Weekly Benefit Payments are subjected to "Cost of Living Adjustments" (COLA):
  Any person receiving or entitled to receive benefits under the provisions of Section 31 or 34A whose benefits are based on a date personal injury at least 24 months prior to the review date shall have his weekly benefit adjusted subject to:
  - The annual change in the Adjusted Benefit shall not exceed the minimum of:
    - The increase in the State Average Weekly Wage (SAWW)
    - The increase in the Northeastern region CPI for all urban consumers
    - 5%
  - In no instance shall the adjusted benefit be greater than "three times the base benefit."

		Benefit Reevaluation Date
	2/5/2009	10/1/2011
COLA Adjustment Factor		1.0250
Adjusted Benefit	$200.00 *Base Benefit*	$205.00 *1st Escalated Benefit*
Supplemental Benefit		$5.00
Weekly Benefit (Base Benefit + Supplemental Benefit)	$200.00	$205.00*

  Notes:
  - * $205.00 = $200.00 x max (1.0250, 1.0), to a maximum of $600 (3 times the $200.00 base benefit.)
  - If the adjusted benefit is larger than the base benefit, the difference shall be termed the supplemental benefit.
  - No increase in benefits shall be payable which would reduce any benefits the recipient is receiving pursuant to federal social security law.
  - For purposes of this example, the COLA Adjustment Factor has been arbitrarily selected. The proper amounts of adjustments to compensation required under §34B are published by the DIA each October.

- (7), (8): 1st Report factor is from the 9/1/2009 Pension Table, 2nd Report factor is from the 9/1/2009 Pension Table, 3rd Report is from the 9/1/2011 Pension Table.

Table UI - USLH
Pension Table - Surviving Spouse
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	Attained Age (x + 5)
16	26.047	27.027	29.921	31.560	32.873	34.031	**21**
17	26.221	27.215	30.137	31.796	33.127	34.302	**22**
18	26.402	27.411	30.362	32.041	33.390	34.584	**23**
19	26.591	27.615	30.596	32.296	33.664	34.876	**24**
20	26.787	27.826	30.838	32.561	33.949	35.180	**25**
21	27.222	28.214	31.192	32.880	34.263	35.496	**26**
22	27.697	28.611	31.531	33.175	34.553	35.791	**27**
23	28.196	29.012	31.855	33.437	34.813	36.059	**28**
24	28.701	29.435	32.202	33.749	35.087	36.296	**29**
25	29.193	29.847	32.534	34.060	35.350	36.507	**30**
26	29.659	30.227	32.827	34.337	35.588	36.700	**31**
27	30.098	30.567	33.074	34.567	35.796	36.883	**32**
28	30.516	30.875	33.282	34.753	35.978	37.059	**33**
29	30.929	31.171	33.477	34.919	36.146	37.232	**34**
30	31.360	31.487	33.692	35.100	36.319	37.400	**35**
31	31.834	31.861	33.968	35.340	36.517	37.556	**36**
32	32.372	32.323	34.341	35.674	36.751	37.688	**37**
33	33.021	32.926	34.814	36.106	37.016	37.779	**38**
34	33.732	33.615	35.355	36.598	37.281	37.809	**39**
35	34.440	34.312	35.886	37.063	37.491	37.761	**40**
36	35.063	34.909	36.301	37.386	37.580	37.621	**41**
37	35.541	35.329	36.528	37.490	37.508	37.385	**42**
38	35.819	35.510	36.511	37.316	37.228	37.053	**43**
39	35.957	35.520	36.323	36.949	36.815	36.630	**44**
40	35.974	35.404	36.012	36.450	36.311	36.120	**45**
41	35.902	35.208	35.624	35.881	35.730	35.529	**46**
42	35.740	34.974	35.204	35.299	35.107	34.865	**47**
43	35.525	34.737	34.785	34.743	34.474	34.140	**48**
44	35.274	34.480	34.354	34.193	33.826	33.363	**49**
45	34.976	34.173	33.887	33.626	33.149	32.545	**50**
46	34.593	33.779	33.354	33.000	32.424	31.696	**51**
47	34.098	33.272	32.732	32.293	31.639	30.826	**52**
48	33.467	32.625	31.997	31.478	30.769	29.943	**53**
49	32.781	31.915	31.225	30.633	29.889	29.054	**54**
50	32.048	31.157	30.424	29.771	29.005	28.167	**55**
51	31.272	30.365	29.604	28.902	28.125	27.287	**56**
52	30.458	29.549	28.771	28.034	27.250	26.418	**57**
53	29.615	28.708	27.928	27.171	26.385	25.559	**58**
54	28.761	27.859	27.080	26.314	25.531	24.711	**59**
55	27.901	27.007	26.232	25.464	24.685	23.872	**60**
56	27.043	26.157	25.387	24.621	23.848	23.044	**61**
57	26.191	25.314	24.550	23.787	23.022	22.227	**62**
58	25.346	24.478	23.719	22.962	22.205	21.420	**63**

Table UI - USLH
Pension Table - Surviving Spouse
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	Attained Age (x + 5)
59	24.507	23.648	22.897	22.147	21.398	20.625	**64**
60	23.676	22.827	22.086	21.342	20.602	19.839	**65**
61	22.856	22.019	21.286	20.548	19.815	19.063	**66**
62	22.049	21.223	20.498	19.767	19.038	18.295	**67**
63	21.261	20.443	19.723	18.997	18.272	17.537	**68**
64	20.488	19.676	18.959	18.237	17.516	16.788	**69**
65	19.722	18.918	18.203	17.486	16.770	16.049	**70**
66	18.956	18.161	17.454	16.743	16.033	15.319	**71**
67	18.204	17.421	16.713	16.009	15.304	14.598	**72**
68	17.453	16.683	15.981	15.283	14.584	13.887	**73**
69	16.711	15.957	15.259	14.567	13.876	13.191	**74**
70	15.980	15.240	14.547	13.861	13.181	12.511	**75**
71	15.259	14.532	13.846	13.170	12.503	11.847	**76**
72	14.547	13.833	13.157	12.494	11.841	11.199	**77**
73	13.844	13.147	12.484	11.834	11.194	10.567	**78**
74	13.155	12.475	11.826	11.189	10.563	9.954	**79**
75	12.480	11.817	11.181	10.559	9.950	9.362	**80**
76	11.821	11.173	10.552	9.947	9.359	8.792	**81**
77	11.177	10.545	9.941	9.356	8.791	8.247	**82**
78	10.548	9.935	9.351	8.788	8.246	7.728	**83**
79	9.937	9.346	8.784	8.243	7.727	7.240	**84**
80	9.349	8.780	8.240	7.725	7.239	6.784	**85**
81	8.783	8.238	7.723	7.237	6.783	6.354	**86**
82	8.241	7.723	7.236	6.782	6.354	5.951	**87**
83	7.725	7.236	6.782	6.353	5.951	5.573	**88**
84	7.238	6.782	6.353	5.950	5.573	5.219	**89**
85	6.782	6.353	5.950	5.573	5.219	4.889	**90**
86	6.353	5.950	5.572	5.219	4.889	4.580	**91**
87	5.950	5.572	5.219	4.889	4.580	4.293	**92**
88	5.572	5.218	4.888	4.580	4.293	4.025	**93**
89	5.218	4.888	4.580	4.292	4.025	3.775	**94**
90	4.888	4.580	4.292	4.024	3.774	3.541	**95**
91	4.580	4.292	4.024	3.774	3.541	3.322	**96**
92	4.292	4.024	3.774	3.541	3.322	3.116	**97**
93	4.024	3.774	3.540	3.322	3.116	2.920	**98**
94	3.774	3.540	3.322	3.116	2.919	2.730	**99**
95	3.540	3.322	3.116	2.919	2.730	2.542	**100**
96	3.322	3.116	2.919	2.729	2.542	2.387	**101**
97	3.116	2.919	2.729	2.541	2.387	2.240	**102**
98	2.919	2.729	2.541	2.387	2.240	2.093	**103**
99	2.729	2.541	2.387	2.240	2.093	1.951	**104**
100	2.541	2.387	2.239	2.093	1.951	1.812	**105**
101	2.387	2.240	2.093	1.951	1.812	1.662	**106**

Table UI - USLH
Pension Table - Surviving Spouse
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	Attained Age (x + 5)
102	2.240	2.093	1.951	1.812	1.662	1.487	**107**
103	2.093	1.951	1.812	1.662	1.487	1.275	**108**
104	1.951	1.812	1.662	1.487	1.275	0.964	**109**
105	1.812	1.662	1.487	1.275	0.964	0.500	**110**
106	1.662	1.487	1.275	0.964	0.500	0.000	**111**
107	1.487	1.275	0.964	0.500	0.000	0.000	**112**
108	1.275	0.964	0.500	0.000	0.000	0.000	**113**
109	0.964	0.500	0.000	0.000	0.000	0.000	**114**
110	0.500	0.000	0.000	0.000	0.000	0.000	**115**

Notes:
1999 United States Life Table for the Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x + 5) corresponding to the beneficiary's attained age.

Table UII - USLH
Present Value of Remarriage Dowry
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	Attained Age (x + 5)
16	0.7847	0.7634	0.7240	0.6947	0.6675	0.6408	**21**
17	0.7729	0.7508	0.7096	0.6790	0.6506	0.6228	**22**
18	0.7608	0.7377	0.6946	0.6626	0.6330	0.6041	**23**
19	0.7482	0.7241	0.6790	0.6457	0.6148	0.5847	**24**
20	0.7351	0.7101	0.6629	0.6281	0.5959	0.5645	**25**
21	0.7189	0.6935	0.6449	0.6093	0.5761	0.5436	**26**
22	0.7017	0.6763	0.6265	0.5902	0.5560	0.5224	**27**
23	0.6836	0.6584	0.6078	0.5710	0.5357	0.5009	**28**
24	0.6646	0.6396	0.5881	0.5506	0.5146	0.4792	**29**
25	0.6451	0.6202	0.5680	0.5295	0.4930	0.4574	**30**
26	0.6252	0.6006	0.5478	0.5083	0.4713	0.4351	**31**
27	0.6049	0.5809	0.5276	0.4871	0.4493	0.4125	**32**
28	0.5843	0.5611	0.5075	0.4661	0.4272	0.3894	**33**
29	0.5630	0.5409	0.4870	0.4448	0.4047	0.3658	**34**
30	0.5406	0.5196	0.4656	0.4227	0.3816	0.3416	**35**
31	0.5167	0.4967	0.4426	0.3990	0.3574	0.3171	**36**
32	0.4907	0.4714	0.4171	0.3729	0.3320	0.2924	**37**
33	0.4617	0.4427	0.3890	0.3443	0.3053	0.2680	**38**
34	0.4304	0.4113	0.3586	0.3135	0.2778	0.2442	**39**
35	0.3979	0.3786	0.3274	0.2823	0.2506	0.2214	**40**
36	0.3659	0.3466	0.2974	0.2529	0.2252	0.2000	**41**
37	0.3358	0.3171	0.2704	0.2271	0.2025	0.1803	**42**
38	0.3089	0.2918	0.2478	0.2067	0.1838	0.1623	**43**
39	0.2843	0.2695	0.2284	0.1901	0.1678	0.1460	**44**
40	0.2616	0.2493	0.2114	0.1763	0.1536	0.1316	**45**
41	0.2402	0.2304	0.1958	0.1640	0.1411	0.1190	**46**
42	0.2201	0.2118	0.1807	0.1519	0.1296	0.1080	**47**
43	0.2005	0.1926	0.1650	0.1390	0.1181	0.0985	**48**
44	0.1810	0.1732	0.1493	0.1257	0.1070	0.0905	**49**
45	0.1619	0.1544	0.1340	0.1125	0.0964	0.0836	**50**
46	0.1444	0.1372	0.1200	0.1006	0.0870	0.0777	**51**
47	0.1294	0.1226	0.1082	0.0908	0.0794	0.0725	**52**
48	0.1180	0.1117	0.0995	0.0842	0.0743	0.0680	**53**
49	0.1078	0.1023	0.0918	0.0785	0.0697	0.0638	**54**
50	0.0989	0.0942	0.0850	0.0734	0.0654	0.0599	**55**
51	0.0912	0.0872	0.0789	0.0688	0.0613	0.0561	**56**
52	0.0847	0.0809	0.0733	0.0644	0.0574	0.0523	**57**

Table UII - USLH
Present Value of Remarriage Dowry
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	Attained Age (x + 5)
53	0.0792	0.0756	0.0682	0.0602	0.0535	0.0485	**58**
54	0.0742	0.0708	0.0635	0.0561	0.0496	0.0448	**59**
55	0.0697	0.0664	0.0593	0.0522	0.0458	0.0411	**60**
56	0.0654	0.0622	0.0552	0.0483	0.0420	0.0374	**61**
57	0.0613	0.0582	0.0513	0.0446	0.0383	0.0338	**62**
58	0.0574	0.0544	0.0475	0.0409	0.0347	0.0302	**63**
59	0.0536	0.0506	0.0438	0.0373	0.0312	0.0267	**64**
60	0.0499	0.0470	0.0402	0.0339	0.0279	0.0234	**65**
61	0.0462	0.0434	0.0366	0.0305	0.0246	0.0202	**66**
62	0.0424	0.0398	0.0331	0.0271	0.0215	0.0172	**67**
63	0.0384	0.0359	0.0294	0.0237	0.0185	0.0145	**68**
64	0.0341	0.0320	0.0259	0.0205	0.0156	0.0120	**69**
65	0.0300	0.0282	0.0225	0.0174	0.0131	0.0099	**70**
66	0.0265	0.0250	0.0194	0.0147	0.0109	0.0081	**71**
67	0.0229	0.0215	0.0167	0.0125	0.0091	0.0067	**72**
68	0.0200	0.0187	0.0144	0.0106	0.0077	0.0056	**73**
69	0.0173	0.0161	0.0123	0.0090	0.0065	0.0047	**74**
70	0.0149	0.0138	0.0105	0.0076	0.0055	0.0039	**75**
71	0.0127	0.0117	0.0088	0.0064	0.0045	0.0032	**76**
72	0.0108	0.0099	0.0074	0.0053	0.0038	0.0027	**77**
73	0.0092	0.0083	0.0062	0.0044	0.0031	0.0022	**78**
74	0.0078	0.0071	0.0052	0.0037	0.0026	0.0018	**79**
75	0.0068	0.0061	0.0044	0.0030	0.0021	0.0014	**80**
76	0.0058	0.0052	0.0037	0.0025	0.0017	0.0011	**81**
77	0.0050	0.0045	0.0031	0.0020	0.0013	0.0009	**82**
78	0.0043	0.0039	0.0026	0.0017	0.0011	0.0008	**83**
79	0.0037	0.0033	0.0022	0.0014	0.0009	0.0006	**84**
80	0.0030	0.0027	0.0018	0.0012	0.0008	0.0005	**85**
81	0.0024	0.0022	0.0015	0.0010	0.0007	0.0004	**86**
82	0.0018	0.0016	0.0011	0.0008	0.0005	0.0004	**87**
83	0.0013	0.0012	0.0008	0.0006	0.0004	0.0003	**88**
84	0.0009	0.0008	0.0006	0.0004	0.0003	0.0003	**89**
85	0.0008	0.0007	0.0005	0.0004	0.0003	0.0002	**90**
86	0.0007	0.0006	0.0005	0.0003	0.0002	0.0002	**91**
87	0.0006	0.0006	0.0004	0.0003	0.0002	0.0002	**92**
88	0.0005	0.0005	0.0004	0.0003	0.0002	0.0001	**93**
89	0.0005	0.0005	0.0003	0.0002	0.0002	0.0001	**94**
90	0.0004	0.0004	0.0003	0.0002	0.0002	0.0001	**95**

Table UII - USLH
Present Value of Remarriage Dowry
(for Claims Incurred Under USL&HW Act)

Age at Widowhood (x)	ā (x)	ā (x) + 1	ā (x) + 2	ā (x) + 3	ā (x) + 4	ā (x) + 5	Attained Age (x + 5)
91	0.0004	0.0004	0.0003	0.0002	0.0001	0.0001	**96**
92	0.0004	0.0003	0.0002	0.0002	0.0001	0.0001	**97**
93	0.0003	0.0003	0.0002	0.0002	0.0001	0.0001	**98**
94	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	**99**
95	0.0003	0.0003	0.0002	0.0002	0.0001	0.0000	**100**
96	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	**101**
97	0.0002	0.0002	0.0002	0.0002	0.0001	0.0000	**102**
98	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	**103**
99	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	**104**
100	0.0002	0.0002	0.0002	0.0001	0.0001	0.0000	**105**
101	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	**106**
102	0.0001	0.0002	0.0002	0.0001	0.0001	0.0000	**107**
103	0.0001	0.0001	0.0002	0.0001	0.0001	0.0000	**108**
104	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	**109**
105	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	**110**

Notes:
1999 United States Life Table for the Female Population
1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

For durations beyond 5 years from death of claimant, use the annuity value in the column for age (x + 5) corresponding to the beneficiary's attained age.

Example - Fatal Claim – USL&H
Usage of: Surviving Spouse's Pension Table (Table UI-USLH) & Remarriage Dowry (Table UII-USLH)

Calculation of incurred loss to be reported when benefits are payable to a surviving spouse until death or remarriage, due to a fatal injury occurring after December 23, 1991.

Accident Date	9/16/1997	Policy Effective Date:	1/1/1997
Date of Death:	9/16/1997	Spouse's Birthdate:	2/18/1965
Weekly Wages:	$500		

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/1998	7/1999	7/2000
2. Spouse's nearest accident date	33	33	33
3. Duration since date of death (to nearest year), t.	0	1	2
4. Weekly Benefit Payable [50% x Weekly Wages x Escalation]	$260.00	$270.00	$281.00
5. Annual Benefit Payable [= (4) x 52]	$13,520	$14,040	$14,612
6. Factor from Table UI-USLH	33.021	32.926	34.814
7. Present Value of Future Payment [= (5) x (6)]	$446,444	$462,281	$508,702
Others			
8. Two Year Remarriage Payment [= (5) x (2)]	$27,040	$28,080	$29,224
9. Factor from Table UII-USLH	0.4617	0.4427	0.3890
10. Present Value of Future Remarriage Payment [= (8) x (9)]	$12,484	$12,431	$11,368
11. Payment since Date of Death	$10,510	$24,290	$38,632
12. Funeral Allowance	$2,000	$2,000	$2,000
13. Total Incurred Indemnity Loss [= (7) + (10) + (11) + (12)]	$471,438	$501,002	$560,702

Note:
- Escalation Rate = 0.04

Table UIIIM - USLH

Male – Pension Table Other than Surviving Spouse
(for Claims Incurred Under USL&HW Act)

11	75.314	**40**	40.351	**69**	14.047	**98**	2.568
12	73.964	**41**	39.262	**70**	13.387	**99**	2.419
13	72.624	**42**	38.184	**71**	12.747	**100**	2.268
14	71.301	**43**	37.115	**72**	12.123		
15	69.995	**44**	36.059	**73**	11.516		
16	68.708	**45**	35.013	**74**	10.926		
17	67.438	**46**	33.981	**75**	10.353		
18	66.183	**47**	32.961	**76**	9.796		
19	64.940	**48**	31.954	**77**	9.253		
20	63.706	**49**	30.957	**78**	8.724		
21	62.482	**50**	29.971	**79**	8.211		
22	61.268	**51**	28.995	**80**	7.718		
23	60.061	**52**	28.030	**81**	7.249		
24	58.860	**53**	27.076	**82**	6.806		
25	57.661	**54**	26.136	**83**	6.392		
26	56.465	**55**	25.211	**84**	6.003		
27	55.273	**56**	24.303	**85**	5.635		
28	54.083	**57**	23.412	**86**	5.290		
29	52.900	**58**	22.538	**87**	4.968		
30	51.722	**59**	21.681	**88**	4.666		
31	50.551	**60**	20.840	**89**	4.385		
32	49.387	**61**	20.014	**90**	4.122		
33	48.229	**62**	19.205	**91**	3.878		
34	47.080	**63**	18.414	**92**	3.651		
35	45.937	**64**	17.641	**93**	3.439		
36	44.803	**65**	16.887	**94**	3.242		
37	43.677	**66**	16.150	**95**	3.058		
38	42.559	**67**	15.430	**96**	2.885		
39	41.450	**68**	14.728	**97**	2.723		

Notes:
1999 United States Life Table for the Male Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

Table UIIIF - USLH
Female – Pension Table Other than Surviving Spouse
(for Claims Incurred Under USL&HW Act)

Age	ā	Age	ā	Age	ā	Age	ā
11	82.580	**40**	45.719	**69**	16.950	**98**	2.916
12	81.196	**41**	44.566	**70**	16.176	**99**	2.725
13	79.819	**42**	43.423	**71**	15.418	**100**	2.535
14	78.453	**43**	42.289	**72**	14.675		
15	77.098	**44**	41.164	**73**	13.948		
16	75.755	**45**	40.048	**74**	13.239		
17	74.422	**46**	38.942	**75**	12.549		
18	73.099	**47**	37.845	**76**	11.877		
19	71.783	**48**	36.760	**77**	11.222		
20	70.474	**49**	35.684	**78**	10.585		
21	69.170	**50**	34.619	**79**	9.967		
22	67.871	**51**	33.564	**80**	9.372		
23	66.580	**52**	32.521	**81**	8.800		
24	65.294	**53**	31.490	**82**	8.252		
25	64.015	**54**	30.470	**83**	7.733		
26	62.742	**55**	29.464	**84**	7.243		
27	61.476	**56**	28.472	**85**	6.786		
28	60.217	**57**	27.495	**86**	6.356		
29	58.965	**58**	26.533	**87**	5.952		
30	57.720	**59**	25.585	**88**	5.574		
31	56.482	**60**	24.651	**89**	5.220		
32	55.251	**61**	23.732	**90**	4.889		
33	54.029	**62**	22.829	**91**	4.580		
34	52.815	**63**	21.942	**92**	4.292		
35	51.611	**64**	21.071	**93**	4.024		
36	50.415	**65**	20.216	**94**	3.774		
37	49.228	**66**	19.376	**95**	3.539		
38	48.049	**67**	18.551	**96**	3.320		
39	46.880	**68**	17.742	**97**	3.113		

Notes:
1999 United States Life Table for the Female Population
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

Table UIV - USLH
Present Value of Survivorship Benefits
(for Claims Incurred Under USL&HW Act)
Age Difference (Spouse's Age minus Claimant's Age)

Claimant's Age	-5	-4	-3	-2	-1	-0
16						10.877
17					11.497	10.819
18				12.138	11.436	10.761
19			12.798	12.073	11.374	10.701
20		13.477	12.730	12.008	11.312	10.641
21	14.172	13.406	12.663	11.943	11.249	10.581
22	14.098	13.336	12.595	11.878	11.186	10.519
23	14.025	13.265	12.527	11.812	11.122	10.457
24	13.952	13.195	12.458	11.745	11.057	10.395
25	13.879	13.124	12.390	11.679	10.993	10.332
26	13.806	13.053	12.321	11.612	10.928	10.269
27	13.733	12.983	12.253	11.546	10.864	10.207
28	13.660	12.912	12.184	11.479	10.799	10.144
29	13.587	12.840	12.115	11.412	10.734	10.081
30	13.512	12.768	12.045	11.344	10.669	10.018
31	13.438	12.696	11.974	11.276	10.602	9.953
32	13.362	12.622	11.903	11.207	10.535	9.888
33	13.285	12.548	11.831	11.136	10.466	9.821
34	13.208	12.472	11.757	11.064	10.396	9.752
35	13.128	12.395	11.682	10.991	10.324	9.682
36	13.048	12.316	11.604	10.915	10.250	9.609
37	12.965	12.235	11.525	10.837	10.174	9.534
38	12.881	12.152	11.444	10.757	10.095	9.457
39	12.794	12.066	11.359	10.674	10.014	9.378
40	12.704	11.978	11.272	10.589	9.930	9.296
41	12.611	11.886	11.181	10.500	9.843	9.211
42	12.514	11.791	11.088	10.408	9.753	9.123
43	12.414	11.692	10.991	10.313	9.660	9.032
44	12.310	11.590	10.891	10.215	9.564	8.938
45	12.202	11.484	10.787	10.113	9.465	8.841
46	12.090	11.374	10.679	10.007	9.361	8.740
47	11.974	11.259	10.566	9.897	9.253	8.634
48	11.852	11.140	10.449	9.782	9.141	8.525
49	11.727	11.017	10.329	9.664	9.026	8.414
50	11.598	10.890	10.204	9.543	8.908	8.300
51	11.465	10.759	10.077	9.419	8.788	8.184
52	11.327	10.625	9.946	9.292	8.665	8.065
53	11.186	10.487	9.812	9.163	8.540	7.944
54	11.039	10.345	9.674	9.029	8.411	7.820

Table UIV - USLH
Present Value of Survivorship Benefits
(for Claims Incurred Under USL&HW Act)
Age Difference (Spouse's Age minus Claimant's Age)

Claimant's Age	-5	-4	-3	-2	-1	-0
55	10.888	10.198	9.532	8.891	8.278	7.693
56	10.730	10.045	9.383	8.748	8.141	7.561
57	10.565	9.886	9.230	8.600	7.999	7.425
58	10.395	9.720	9.070	8.447	7.852	7.284
59	10.219	9.551	8.907	8.291	7.702	7.140
60	10.039	9.378	8.741	8.131	7.548	6.992
61	9.856	9.201	8.571	7.967	7.391	6.841
62	9.668	9.020	8.397	7.800	7.230	6.687
63	9.475	8.834	8.218	7.628	7.065	6.529
64	9.277	8.643	8.034	7.451	6.896	6.367
65	9.074	8.448	7.847	7.271	6.723	6.200
66	8.868	8.250	7.656	7.088	6.546	6.031
67	8.659	8.048	7.462	6.901	6.367	5.859
68	8.445	7.842	7.263	6.710	6.183	5.683
69	8.226	7.631	7.060	6.514	5.996	5.504
70	8.001	7.414	6.851	6.314	5.804	5.321
71	7.771	7.193	6.638	6.110	5.609	5.135
72	7.538	6.969	6.424	5.905	5.413	5.013
73	7.303	6.743	6.207	5.698	5.291	4.906
74	7.064	6.514	5.988	5.577	5.186	4.724
75	6.822	6.282	5.868	5.473	4.994	4.542
76	6.577	6.164	5.768	5.271	4.802	4.361
77	6.464	6.071	5.558	5.072	4.614	4.183
78	6.381	5.851	5.349	4.875	4.427	4.007
79	6.150	5.633	5.142	4.679	4.242	3.834
80	5.919	5.414	4.934	4.482	4.059	3.664
81	5.686	5.192	4.725	4.286	3.876	3.496
82	5.448	4.967	4.514	4.090	3.695	3.330
83	5.206	4.740	4.302	3.894	3.515	3.167
84	4.962	4.511	4.090	3.699	3.338	3.007
85	4.716	4.283	3.879	3.506	3.164	2.853
86	4.472	4.057	3.673	3.320	2.998	2.704
87	4.232	3.838	3.474	3.142	2.838	2.560
88	3.999	3.626	3.285	2.971	2.684	2.423
89	3.775	3.425	3.102	2.807	2.537	2.291
90	3.562	3.232	2.928	2.650	2.396	2.165
91	3.358	3.047	2.761	2.500	2.262	2.045
92	3.163	2.871	2.603	2.358	2.135	1.931
93	2.978	2.703	2.452	2.223	2.014	1.824

Table UIV - USLH
Present Value of Survivorship Benefits
(for Claims Incurred Under USL&HW Act)
Age Difference (Spouse's Age minus Claimant's Age)

Claimant's Age	-5	-4	-3	-2	-1	-0
94	2.802	2.545	2.310	2.095	1.899	1.721
95	2.635	2.395	2.175	1.974	1.791	1.623
96	2.479	2.254	2.048	1.860	1.688	1.530
97	2.332	2.122	1.929	1.752	1.590	1.440
98	2.196	1.999	1.818	1.652	1.498	1.354
99	2.071	1.886	1.716	1.558	1.411	1.273
100	1.960	1.786	1.624	1.473	1.331	1.197
101	1.842	1.677	1.523	1.378	1.241	1.127
102	1.730	1.573	1.425	1.285	1.168	1.058
103	1.624	1.473	1.329	1.210	1.097	0.988
104	1.520	1.373	1.252	1.136	1.025	0.918
105	1.420	1.295	1.178	1.063	0.953	0.845

Notes:
1999 United States Life Table for the Total Population and the Female Population
Remarriage rates based on the 1980 United States of America Railroad Retirement Board Remarriage Table
Annual Rate of Interest = 3.5%
Annual Rate of Escalation = 4.0%

Example - USL&H
Usage of: Other than Surviving Spouse Pension Table (Table UIIIM-USLH) & Survivorship Benefits (Table UIV-USLH)

Calculation of incurred loss to be reported when benefits are escalated annually payable for life to an injured employee due to a permanent total disability and when, upon death of the employee, benefits are payable to the surviving spouse.

Accident Date	5/30/1997	Policy Effective Date:	1/1/1997
Weekly Wages:	$300	Injured Worker's Birthdate:	10/21/1963
		Spouse's Birthdate:	7/16/1965

Calculation	1st Report	2nd Report	3rd Report
1. Valuation Date	7/1998	7/1999	7/2000
2. Injured worker's age nearest valuation date	35	36	38
3. Difference in ages (Spouse – Employee)	-2	-2	-2
4. Weekly Benefit Payable [66.67% x Weekly Wage x Escalation]	$208.00	$216.00	$225.00
5. Annual Benefit Payable [= (4) x 52]	$10,816	$11,232	$11,700
6. Factor from Table UIIIM-USLH	45.937	44.803	43.677
7. Present Value of Future Payments [= (5) x (6)]	$496,855	$503,227	$511,021
Others			
8. Initial annual survivorship benefit [= 50% x Weekly Wage x 52)]	$27,040	$28,080	$29,224
9. Factor from Table UIV-USLH	10.991	10.915	10.837
10. Present Value of Future Remarriage Payment [= (8) x (9)]	$85,730	$85,137	$84,529
11. Payment since Accident Date	$11,408	$22,432	$33,916
12. Total Incurred Indemnity Loss [= (7) + (10) + (11)]	$593,992	$610,796	$629,466

Note:
- Escalation Rate = 0.04