



Minnesota Workers' Compensation
Insurers Association, Inc.
7701 France Avenue South ▪ Suite 450
Minneapolis, MN 55435-3200

May 31, 2006

ALL ASSOCIATION MEMBERS

Circular Letter No. 06-1483

RE: NCCI Item U-1396 — URE Workers Compensation Statistical Plan Update

The Minnesota Department of Commerce has approved the above filing for use in the State of Minnesota.

The purpose of filing Item U-1396 is to revise the **Minnesota Statistical Plan Manual** to update the data reporting specifications to correspond with changes recently proposed by National Council and approved by the Workers Compensation Insurance Organization's Advisory Statistical Work Group (WCIO/ASWG).

In reviewing the materials in connection with Item U-1396, it is important to note that Minnesota did not adopt this filing in its entirety as the exhibits proposed by National Council are **not** all appropriate in Minnesota. The following provides a brief description on the various portions of NCCI Item U-1396 being adopted for use in Minnesota:

Loss Condition – Type of “Coverage”

According to NCCI's background memo for Item U-1396, a number of loss records are being submitted with incorrect Type of Coverage (Loss Condition) codes. NCCI's research indicates this miscoding may be the result of carrier misinterpretation regarding the 'Type of Coverage' data element for Loss Conditions. Carriers often misinterpret this data element to mean what the policy covered rather than the provision(s) under which a policy loss was incurred which is the actual intent of this data element. Changing the name of this field from 'Type of Coverage' to 'Type of Claim' helps clarify its intent and should improve the overall accuracy in the reporting of this data element.

Note: 'Type of Coverage' will continue to be used as part of the Policy Type ID Code to identify the type of coverage as either a standard work comp policy or a non-standard workers' compensation policy.

Exhibits II, IV, VI, and X illustrate the changes necessary to the **Minnesota Statistical Plan Manual** to implement this revision in Minnesota. These changes will become effective July 1, 2006.

Social Security Number

As part of Item U-1396, NCCI also proposed the elimination of Social Security Numbers as a data element for unit reporting purposes.

Exhibit VII illustrates the changes necessary to the **Minnesota Statistical Plan Manual** to implement the elimination of the Social Security Number as a data element in Minnesota. To allow our member carriers adequate time to prepare their systems for this reporting change, this portion of Item U-1396 will not become effective until July 1, 2006 with an implementation grace period of six months. Providing a grace period not only allows carriers the time to reprogram their systems, it also allows MWCIA to continue accepting reports containing Social Security Numbers until December 31, 2006.

Note: Reports that include Social Security Numbers after December 31, 2006 will be rejected.

Coding Specifications – “Nature of Injury” & “Cause of Injury”

Item U-1396 also proposes adding one new “Nature of Injury” code and two new “Cause of Injury” codes in Minnesota for unit reporting purposes.

Exhibit XI illustrates the changes necessary to the *Minnesota Statistical Plan Manual* to implement the addition of the three new reporting codes in Minnesota. These changes will become effective July 1, 2006.

WCIO Sample Forms

As a result of Item U-1396, the samples contained in Section One, Part X of the *Minnesota Statistical Plan Manual* have been replaced with samples of the two new forms in the *WCIO Workers Compensation Data Specifications Manual* that are now approved for use in Minnesota. Additionally, Section One, Part IX replaces examples of reporting forms in *Minnesota’s Stat Plan Manual* with a special note referring users to *WCIO’s Data Specs Manual* for examples of these same hardcopy forms.

Exhibit XIV illustrates the changes necessary to the *Minnesota Statistical Plan Manual* to delete the examples under Section One, Part IX and replace Section One, Part X with the newly approved WCIO forms. The changes represented in Exhibit XIV will also become effective July 1, 2006.

As you review the various Minnesota exhibits for Item U-1396, please note they may contain underlined and/or strikethrough text. The underlining represents new or added text while strikethroughs indicate deleted text. In addition, please note that only the exhibits from NCCI’s filing Item U-1396 that are approved for use in Minnesota are included as part of MWCIA’s filing exhibits for this item. Because of this you will notice gaps in the numbering of the Minnesota exhibits.

A copy of National Council’s original filing memorandum for Item U-1396 is included to provide additional background information on this particular filing.

Please direct any questions you may have regarding filing Item U-1396 to Pamela Flaten, Data Collection & Reporting Manager, at 952.897.6417 or by email at pam.flaten@mwcia.org.

A NOTICE TO MEMBERSHIP:

The Minnesota Department of Commerce requests that MWCIA remind its members that the above filing only applies automatically to insurance companies who have filed a Limited Power of Attorney agreement with our Commerce Department. A properly executed Limited Power of Attorney authorizes MWCIA to make filings on behalf of individual insurance companies. Any insurance company who has not filed a Limited Power of Attorney must independently submit the changes represented in each filing item to the Minnesota Department of Commerce for their approval.



MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	
PART I II — REPORTING INSTRUCTIONS— EXPOSURE AND PREMIUM	PART I II — REPORTING INSTRUCTIONS— EXPOSURE AND PREMIUM	
3. Classification Code	3. Classification Code	
Report the four-digit codes corresponding to the employers' classifications determined according to the rules of the Basic Manual for Workers Compensation and Employers Liability Insurance. A carrier may report statistical data on Unit Statistical Reports under the classification code used to rate the employer if, and only if, the following two conditions are met:	SAME	
A. The numeric classification code used to rate the employer must be valid in Minnesota, i.e., the classification code number reported must be included in the Minnesota Assigned Risk rate pages.	SAME	
B. The classification definition contained in the Basic Manual for the classification code being reported must include, either generally or specifically, the definition used by the carrier to rate the employer under that classification code.	SAME	
If a carrier deviates from the standard classification plan and the above two conditions are not met, the carrier must convert the data back to the applicable classification codes as contained in the Basic Manual when reporting data to the MWCIA.	SAME	
NONE	No claim may be assigned to any classification unless premium has also been reported for that class. On losses, report the class code under which the injured employee's premium is assigned, even if, at the time of injury, the employee may have been involved in an activity that would be classified differently.	AMENDING RULE TO CORRESPOND WITH LANGUAGE IN THE MN USP MANUAL UNDER SECTION ONE; PART IV; 6. CLASSIFICATION CODE.

MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	
PART IV— REPORTING INSTRUCTIONS—LOSSES	PART IV— REPORTING INSTRUCTIONS—LOSSES	
2. Claim Number	2. Claim Number	
<p>B. <i>Claim Grouping Option.</i> At the option of the carrier all other claims may be listed individually or grouped by class within injury type within loss coverage. Medical only claims may be coded to the governing classification and may be grouped together if the loss coverage codes are identical. Any grouped medical only claim coded to the governing classification which subsequently develops into an indemnity case must be reported with the injured employee's payroll classification at the next valuation; and if the incurred loss becomes greater than \$2,000, the claim must be reported individually with full statistical detail. Under the grouping option, the number of claims must be reported in the Accident Date/Number of Claims column. Refer to Item 4 below for instructions in determining the number of claims. If any claim within the group is open, the entire group shall be considered as open and subsequent reports must be submitted in accordance with Part V.</p>	<p>B. <i>Claim Grouping Option.</i> At the option of the carrier all other claims may be listed individually or grouped by class within injury type within loss claim type. Medical only claims may be coded to the governing classification and may be grouped together if the loss conditions (act, type of loss, type of recovery, type of claim, type of settlement) are identical. Any grouped medical only claim coded to the governing classification which subsequently develops into an indemnity case must be reported with the injured employee's payroll classification at the next valuation; and if the incurred loss becomes greater than \$2,000, the claim must be reported individually with full statistical detail. Under the grouping option, the number of claims must be reported in the Accident Date/Number of Claims column. Refer to Item 4 below for instructions in determining the number of claims. If any claim within the group is open, the entire group shall be considered as open and subsequent reports must be submitted in accordance with Part V.</p>	<p>AMENDED TO ADJUST MN LANGUAGE TO CORRESPOND WITH NCCI REGARDING THEIR CHANGE OF TERMINOLOGY FROM 'TYPE OF COVERAGE' TO 'TYPE OF CLAIM' THROUGHOUT USP. CHANGE IN TERMINOLOGY INTENDED TO CLARIFY THAT CARRIERS SHOULD BE REPORTING INFORMATION ABOUT THE CLAIM ITSELF AND NOT THE TYPE OF COVERAGE THE POLICY PROVIDES.</p>
4. Number of Claims	4. Number of Claims	
<p>Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is NOT reported for individually listed claims. Cases to be counted as claims must be only those in connection with which a loss payment has been made or a loss reserve established. A case closed without loss payment shall NOT be counted as a claim. A claim on which more</p>	<p>Where a number of claims are summarized by the group option, report the number of claims contained in the reported grouped claim. Number of claims is NOT reported for individually listed claims. Cases to be counted as claims must be only those in connection with which a payment has been made or a reserve established in connection with an indemnity and/or medical loss. A case closed without loss</p>	<p>AMENDED TO ADJUST MN LANGUAGE TO CORRESPOND WITH NCCI THROUGHOUT USP.</p>

MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
than one payment is made shall be counted only once. An accident resulting in two or more reported claims shall have each claim counted separately.	payment shall NOT be counted as a claim. A claim on which more than one payment is made shall be counted only once. An accident resulting in two or more reported claims shall have each claim counted separately.	

MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	
PART IV — REPORTING INSTRUCTIONS—LOSSES	PART IV — REPORTING INSTRUCTIONS—LOSSES	
9. Loss Conditions	9. Loss Conditions	
Report the 2-digit code for each loss condition.	Report the 2-digit code for each loss condition.	
PART DESCRIPTION	PART DESCRIPTION	
<i>Type of Coverage</i> Workers' Compensation Only Employers' Liability Only Workers' Compensation & Employers' Liability Liability Over	<i>Type of Claim</i> Workers' Compensation Only Employers' Liability Only Workers' Compensation & Employers' Liability Liability Over	NAME CHANGE INTENDED TO ALLEVIATE ANY MISUNDERSTANDING THAT THIS FIELD IS INTENDED FOR REPORTING THE 'TYPE OF CLAIM' & NOT THE TYPE OF COVERAGE THE POLICY IN QUESTION IS PROVIDING.
PART VII -- DATA VALUES AND STATISTICAL CODES	PART VII -- DATA VALUES AND STATISTICAL CODES	
<i>Loss Information Codes</i>	<i>Loss Information Codes</i>	
3. Loss Conditions	3. Loss Conditions	
Report the 2-digit code for each loss condition.	Report the 2-digit code for each loss condition.	
<i>Type of Coverage</i>	<i>Type of Claim</i>	NAME CHANGE INTENDED TO ALLEVIATE ANY MISUNDERSTANDING THAT THIS FIELD IS INTENDED FOR REPORTING THE 'TYPE OF CLAIM' & NOT THE TYPE OF COVERAGE THE POLICY IN QUESTION IS PROVIDING.
DESCRIPTION CODE	DESCRIPTION CODE	
Workers' Compensation Only 01	Workers' Compensation Only 01	
Employers' Liability Only 02	Employers' Liability Only 02	
Workers' Comp. & Employers' Liability 03	Workers' Comp. & Employers' Liability 03	
Liability Over 04	Liability Over 04	

MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
----------------------------	-----------------------------	----------

PART XII – MAGNETIC TAPE SPECIFICATIONS	PART XII – MAGNETIC TAPE SPECIFICATIONS	
12. Submission Control Record. Record Type 9	12. Submission Control Record. Record Type 9	
Report the 2-digit code for each loss condition.	Report the 2-digit code for each loss condition.	
<u>Type of Coverage</u>	Type of Claim	NAME CHANGE INTENDED TO ALLEVIATE ANY MISUNDERSTANDING THAT THIS IS A 'TYPE OF "CLAIM" REPORTING FIELD.
01 Workers' Compensation Only	01 Workers' Compensation Only	
02 Employers' Liability Only	02 Employers' Liability Only	
03 Workers' Comp. & Employers' Liability	03 Workers' Comp. & Employers' Liability	
04 Liability Over	04 Liability Over	

MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006*

CURRENT MN MANUAL LANGUAGE						PROPOSED MN MANUAL LANGUAGE						COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE						SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE						
PART IV— REPORTING INSTRUCTIONS—LOSSES						PART IV— REPORTING INSTRUCTIONS—LOSSES						
13. Social Security Number						13. Social Security Number						
Report the claimant's social security number assigned by the Social Security Administration.						Item 13 (Social Security Number) is no longer a reportable data element in Minnesota.						DELETED DATA ELEMENT TO BE CONSISTENT WITH NCCI REVISED FILING REQUIREMENTS FOR THIS ITEM. RETAINING ITEM NUMBER TO AVOID NEED TO RENUMBER ALL ITEMS FOLLOWING ITEM 13 UNDER SECTION ONE, PART IV IN THE MN USP MANUAL.
APPENDIX A						APPENDIX A						
ASWG UNIT REPORT DATA ELEMENTS CODING SPECIFICATIONS						ASWG UNIT REPORT DATA ELEMENTS CODING SPECIFICATIONS						MWCIA STAFF PROPOSES THAT THE EFFECTIVE DATE FOR THE ELIMINATION OF THE SOCIAL SECURITY NUMBER AS A DATA ELEMENT BE OPTIONAL FROM JULY 1, 2006 UNTIL DECEMBER 31, 2006.
LOSS RECORD						LOSS RECORD						
DATA ELEMENT	BYTES		CLASS		SPECIFICATIONS	DATA ELEMENT	BYTES		CLASS		SPECIFICATIONS	
	EL	HC	EL	HC			EL	HC	EL	HC		
Social Security Number	9	9	N	N	Report the claimants social security number assigned by the Social Security Administration. Action Warning	NONE					NONE	DELETED DATA ELEMENT UNDER APPENDIX A TO BE CONSISTENT WITH ELIMINATION OF THIS DATA ELEMENT REQUIREMENT UNDER SECTION ONE, PART IV.13 IN SECTION ONE, PART IV OF THE MN USP MANUAL.

*Note: A grace period will extend the effective date for the elimination of SSN on unit reports from July 1, 2006 to December 31, 2006. At the expiration of the grace period on December 31, 2006, unit reports will no longer be accepted in Minnesota that include the Data Element "Social Security Number".

MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
----------------------------	-----------------------------	----------

APPENDIX A						APPENDIX A						
ASWG UNIT REPORT DATA ELEMENTS CODING SPECIFICATIONS						ASWG UNIT REPORT DATA ELEMENTS CODING SPECIFICATIONS						
LOSS RECORD						LOSS RECORD						
DATA ELEMENT	BYTES		CLASS		SPECIFICATIONS	DATA ELEMENT	BYTES		CLASS		SPECIFICATIONS	
Type of Coverage	2	2	N	N	01 Workers' Compensation Only 02 Employers' Liability Only 03 Workers' Comp. & Employers' Liability 04 Liability Over Action-Reject	Type of Claim	SAME		SAME		SAME	

MINNESOTA UNIT STATISTICAL PLAN MANUAL

Effective July 1, 2006

CURRENT MN MANUAL LANGUAGE	PROPOSED MN MANUAL LANGUAGE	COMMENTS
SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE	
PART VII -- DATA VALUES AND STATISTICAL CODES	PART VII -- DATA VALUES AND STATISTICAL CODES	
Loss Information Codes	Loss Information Codes	
5. Injury Description Code	5. Injury Description Code	
Injury Description Codes	Injury Description Codes	
NATURE OF INJURY (Position 3-4)	NATURE OF INJURY (Position 3-4)	
II. OCCUPATIONAL DISEASE OR CUMULATIVE INJURY	II. OCCUPATIONAL DISEASE OR CUMULATIVE INJURY	
NONE	79. Hepatitis C	ADDING 1 NEW REPORTING STAT CODE IN MN TO CORRESPOND WITH NCCI'S NEW CODE.
CAUSE OF INJURY (Position 5-6)	CAUSE OF INJURY (Position 5-6)	
X. MISCELLANEOUS CAUSES	X. MISCELLANEOUS CAUSES	
NONE	88. Natural Disasters	ADDING 2 NEW REPORTING STAT CODES IN MN TO CORRESPOND WITH NCCI'S NEW CODES.
NONE	91. Mold	

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE

PART IX — EXAMPLES

~~Part IX contains illustrations descriptions of certain common types of reports required by the MWCIA's Statistical Plan. For examples of the applicable hard copy filing forms, refer to Section 6 of the **WCIO Workers Compensation Data Specifications Manual**. This WCIO manual is available by link on MWCIA's website at www.mwcia.org. examples are for illustration purposes only and should **NOT** be used for filing purposes. For maximum benefit the illustrations should be carefully studied in connection with the applicable instructions of this Plan. Refer to the coding sections for mandatory and optional filing requirements.~~

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

Illustration 1 — First Report

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

Illustration 2 — Correction of Header Information Only

~~In the following example the only information that needs correcting is a policy condition, estimated exposure. If a header field needs to be corrected and the field has only one line, report the revised information only.~~

~~When reporting a header correction, only the Report Number, Correction Number, Carrier Code, Policy Number, Policy Effective Date, Exposure State and Insureds Name need to be filled in, along with any other policy information that is changing.~~

~~Refer to Part V, Item 3, Method of Reporting.~~

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

Illustration 3 — Correction of Exposure Record Only

~~In the following example, classification code 5606 is being revised to classification code 9534. The premium for 0063 is being revised to \$1154. The totals have not changed.~~

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

ILLUSTRATION 3
UNIT STATISTICAL REPORT

POLICY INFORMATION									
Insured's Name	Insured's Address	Insured's City	Insured's State	Insured's Zip	Insured's Birthdate	Insured's Sex	Insured's Race	Insured's Religion	Insured's Education
Iron Erectors, Inc.									
90672	01401795	180665		22					
EXPOSURE INFORMATION									
Class Code	Exposure Description	Exposure Amount	Exposure Date	Exposure Period	Exposure Type	Exposure Category	Exposure Subcategory	Exposure Location	Exposure Status
P 01	5808 1000000	20.94	2006-09-01						
R 01	9534 4000000	20.94	2006-09-01						
LOSS INFORMATION									
Loss Code	Loss Description	Loss Amount	Loss Date	Loss Period	Loss Type	Loss Category	Loss Subcategory	Loss Location	Loss Status
A	Total Subject Premium								
B	Expense								
C	Total Modified Premium								
D									
E									
F									
G									
H	Premium Discount Amt.								
I	Expense Constant Amt.								
J									
K									
L									

FORM 43800 - FOREA STANDARD FORM

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

~~Illustration 4 — Correction of Old Form Information on New Form~~

~~The following example shows the information reported on the old form prior to the adoption of the ASWG form.~~

~~Refer to Illustration 4a showing the correction on the ASWG form.~~

MINNESOTA UNIT STATISTICAL PLAN MANUAL
 Effective July 1, 2006

ILLUSTRATION 4

REPORT	POLICY NUMBER	STATE	STATE NO	CARRIER	DATE RECEIVED	ADM FILE NO.					
1	WC12345	MIN	22	ABC CORP	99999	3456789					
EFFCTIVE DATE	TERM	EXPIRATION DATE	INSURED								
12/20/95		10/26/96	ABC CORP								
COND.	91	92	93	94	95	96					
						97 98					
COV CLASS	EXP CODE	EXPOSURE	MANUAL RATE	CLAIM NUMBER	ACCIDENT DATE OR NO. OF CLAIMS	CLASS CODE	INU	INCURRED LOSSES MEDICAL	OPFOR CLOSED	LOSS COV	CAT. NO
11	8810	175485	0.49	23456	02/05/96	8810	6	875	1	11	00
11	3632	833368	0.96	34567	07/03/96	8810	6	1000	1	11	00
				45678	10/25/96	3632	9	1225	0	11	00
							5	595	0	11	00
A - TOTAL SUBJECT PREMIUM 1660											
B - EXPERIENCE MODIFICATION 85											
C - TOTAL MODIFIED PREMIUM (A) X (B) 1411											
D											
E											
F											
G											
RISK	SID	258853	XXX								
OTHER			XXX								
TOTALS	PREMIUM DISCOUNT		XXX								
	EXPENSE CONSTANT		XXX								
			(140)	TOTALS	6	XXXX	X	3695	X	X	X

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

Illustration 4a — Correction of Old Form Information on New Form

~~The following example is a correction of exposure and loss information on the ASWG form. Please note that only the information that was reported on the original unit is transferred to the new form (new fields do **NOT** need to be filled in).~~

~~Also note the claim 56789 is being added as a new claim.~~

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

ILLUSTRATION 4a

UNIT STATISTICAL REPORT
POLICY INFORMATION

Policy No.	01	Class	M	Contract No.	99688	Policy No.	MAC12345	Company Name	ABC Corp
Insured's Name	ABC Corp								
Insured's Address	123 Main St, Anytown, MN 55401								

EXPOSURE INFORMATION

Exp Date	Class Code	Exposure Amount	Market Value	Insured Value
P 11	8810	175485	.49	800
R 11	8810	233046	.49	1146
A. Total Subject Premium 8846				
B. Experience Mod (000,000) 0.85				
C. Total Market Premium 1854				

LOSS INFORMATION

Claim No	Claim Date	Insured	Insured Value	Loss	Loss Type
23456	07/05/96	ABC Corp	1080	8810	06
56789	09/08/96	ABC Corp	7935	3832	05

LOSS TOTALS

Total Losses	15635	Total Claims	7	Total Premium	8280
--------------	-------	--------------	---	---------------	------

LDB-LSM9 FORM A (STANDARD) 01/01

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

Illustration 5 — First Report Requiring Two Unit Cards

This illustration shows a first reporting requiring two unit pages with a scheduled credit (9887) and Minnesota Contractors Premium Adjustment (9046).

MINNESOTA UNIT STATISTICAL PLAN MANUAL
 Effective July 1, 2006

ILLUSTRATION 5 (Page 1)
 UNIT STATISTICAL REPORT

POLICY INFORMATION									
Insured's Name	Insured's Address	Policy No.	Policy Effective Date	Form No.	Form Date	Contract No.	Contract Date	Contract Class	Contract Code
SALE EAST CO.	123, INC.	0140186	01/01/97	22		4567890			
EXPOSURE INFORMATION									
Exp. No.	Exp. Code	Exposure Amt.	Manual Rate	Rate Class	Rate	Rate	Rate	Rate	Rate
01	5551	25990	69.72	17850					
01	5646	50235	18.57	9320					
01	8742	60212	95	572					
01	8910	74651	43	32					
A. Total Subject Premium Expense		27792							
B. Multiplier		0.84							
C. Total Modified Premium		23445							
D. 9046		7407							
E. 9087		4152							
F. 9087		4152							
G. 9087		4152							
H. 006		Premium Discount Amt.							
I. 0000		Expense Credit Amt.							
J. 0000		Expense Credit Amt.							
K. 0000		Expense Credit Amt.							
L. 0000		Expense Credit Amt.							
LOSS INFORMATION									
Loss No.	Loss Code	Loss Date	Loss Description	Loss Amount	Loss Type	Loss Status	Loss Category	Loss Sub-Category	Loss Code
01	01	01/01/97
TOTAL LOSS		...							

Copyright © 2006 by Minnesota Insurance Guaranty Fund, Inc. All rights reserved.

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

ILLUSTRATION 5 (Page 2)

UNIT STATISTICAL REPORT

INSURANCE INFORMATION

Insured's Name: 123, INC.
Insured's Address:
123 Main St.
City: Minneapolis, MN 55401
Phone: (612) 123-4567
Fax: (612) 987-6543
E-Mail: info@123inc.com
Insured's State: MN
Insured's Zip: 55401
Insured's SIC Code: 8000
Insured's NAICS Code: 800000
Insured's NAICS Description: Other Health Plans

EMPLOYEE INFORMATION

Employee Name: John Doe
Employee ID: 12345
Employee SSN: 123-45-6789
Employee DOB: 01/01/1980
Employee Hire Date: 01/01/2000
Employee Termination Date: 12/31/2005
Employee Status: Active
Employee Position: Manager
Employee Department: Sales
Employee Salary: \$50,000
Employee Grade: 12
Employee Plan Type: P
Employee Plan Code: 01
Employee Plan Description: Medical Insurance

COVERAGE INFORMATION

Plan Code	Plan Description	Employee	Spouse	Child	Dependent	Benefit Type	Benefit Amount	Benefit Start Date	Benefit End Date	Benefit Status
01	Medical Insurance	Y	N	N	N	Medical	\$500	01/01/2000	12/31/2005	Active
02	Dental Insurance	Y	N	N	N	Dental	\$500	01/01/2000	12/31/2005	Active
03	Vision Insurance	Y	N	N	N	Vision	\$500	01/01/2000	12/31/2005	Active
04	Life Insurance	Y	N	N	N	Life	\$50,000	01/01/2000	12/31/2005	Active
05	Accident and Sickness Insurance	Y	N	N	N	Accident and Sickness	\$50,000	01/01/2000	12/31/2005	Active
06	Disability Insurance	Y	N	N	N	Disability	\$50,000	01/01/2000	12/31/2005	Active
07	Health Savings Account	Y	N	N	N	Health Savings Account	\$500	01/01/2000	12/31/2005	Active
08	Flexible Spending Account	Y	N	N	N	Flexible Spending Account	\$500	01/01/2000	12/31/2005	Active
09	Employee Stock Purchase Plan	Y	N	N	N	Employee Stock Purchase Plan	\$500	01/01/2000	12/31/2005	Active
10	Employee Stock Ownership Plan	Y	N	N	N	Employee Stock Ownership Plan	\$500	01/01/2000	12/31/2005	Active
11	Employee Annuity Plan	Y	N	N	N	Employee Annuity Plan	\$500	01/01/2000	12/31/2005	Active
12	Employee Pension Plan	Y	N	N	N	Employee Pension Plan	\$500	01/01/2000	12/31/2005	Active
13	Employee Profit Sharing Plan	Y	N	N	N	Employee Profit Sharing Plan	\$500	01/01/2000	12/31/2005	Active
14	Employee 401(k) Plan	Y	N	N	N	Employee 401(k) Plan	\$500	01/01/2000	12/31/2005	Active
15	Employee 408(a) Plan	Y	N	N	N	Employee 408(a) Plan	\$500	01/01/2000	12/31/2005	Active
16	Employee 457(b) Plan	Y	N	N	N	Employee 457(b) Plan	\$500	01/01/2000	12/31/2005	Active
17	Employee 457(f) Plan	Y	N	N	N	Employee 457(f) Plan	\$500	01/01/2000	12/31/2005	Active
18	Employee 529 Plan	Y	N	N	N	Employee 529 Plan	\$500	01/01/2000	12/31/2005	Active
19	Employee 529(e) Plan	Y	N	N	N	Employee 529(e) Plan	\$500	01/01/2000	12/31/2005	Active
20	Employee 529(f) Plan	Y	N	N	N	Employee 529(f) Plan	\$500	01/01/2000	12/31/2005	Active
21	Employee 529(g) Plan	Y	N	N	N	Employee 529(g) Plan	\$500	01/01/2000	12/31/2005	Active
22	Employee 529(h) Plan	Y	N	N	N	Employee 529(h) Plan	\$500	01/01/2000	12/31/2005	Active
23	Employee 529(i) Plan	Y	N	N	N	Employee 529(i) Plan	\$500	01/01/2000	12/31/2005	Active
24	Employee 529(j) Plan	Y	N	N	N	Employee 529(j) Plan	\$500	01/01/2000	12/31/2005	Active
25	Employee 529(k) Plan	Y	N	N	N	Employee 529(k) Plan	\$500	01/01/2000	12/31/2005	Active
26	Employee 529(l) Plan	Y	N	N	N	Employee 529(l) Plan	\$500	01/01/2000	12/31/2005	Active
27	Employee 529(m) Plan	Y	N	N	N	Employee 529(m) Plan	\$500	01/01/2000	12/31/2005	Active
28	Employee 529(n) Plan	Y	N	N	N	Employee 529(n) Plan	\$500	01/01/2000	12/31/2005	Active
29	Employee 529(o) Plan	Y	N	N	N	Employee 529(o) Plan	\$500	01/01/2000	12/31/2005	Active
30	Employee 529(p) Plan	Y	N	N	N	Employee 529(p) Plan	\$500	01/01/2000	12/31/2005	Active
31	Employee 529(q) Plan	Y	N	N	N	Employee 529(q) Plan	\$500	01/01/2000	12/31/2005	Active
32	Employee 529(r) Plan	Y	N	N	N	Employee 529(r) Plan	\$500	01/01/2000	12/31/2005	Active
33	Employee 529(s) Plan	Y	N	N	N	Employee 529(s) Plan	\$500	01/01/2000	12/31/2005	Active
34	Employee 529(t) Plan	Y	N	N	N	Employee 529(t) Plan	\$500	01/01/2000	12/31/2005	Active
35	Employee 529(u) Plan	Y	N	N	N	Employee 529(u) Plan	\$500	01/01/2000	12/31/2005	Active
36	Employee 529(v) Plan	Y	N	N	N	Employee 529(v) Plan	\$500	01/01/2000	12/31/2005	Active
37	Employee 529(w) Plan	Y	N	N	N	Employee 529(w) Plan	\$500	01/01/2000	12/31/2005	Active
38	Employee 529(x) Plan	Y	N	N	N	Employee 529(x) Plan	\$500	01/01/2000	12/31/2005	Active
39	Employee 529(y) Plan	Y	N	N	N	Employee 529(y) Plan	\$500	01/01/2000	12/31/2005	Active
40	Employee 529(z) Plan	Y	N	N	N	Employee 529(z) Plan	\$500	01/01/2000	12/31/2005	Active

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

Illustration 6 — Second Reporting of Losses for Unit for Illustration 1

Note that the claim previously reported as open has been reported and revalued as of 30 months after the effective date of the policy (valuation 07/98).

Note that the first loss record is the claim's previously reported information, indicated by a P in the Update Type field. The second loss record is the claim's revised information, indicated by an R in the Update Type field. The loss totals are the revised totals only.

Subsequent levels can be reported on a Unit Statistical Report (as shown) or on a Supplemental Loss Report using the same format shown here.

When reporting loss information on a subsequent report, provide both previous and revised information.

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

ILLUSTRATION 6
UNIT STATISTICAL REPORT

POLICY INFORMATION

Report No. 07	Issue Date 07/01/09	Policy No. 0109186	Issue Date 01/01/97	Sub No. 22	Sub No.	Sub No.	Sub No.	Sub No.	Sub No.
Issue's Name: First National	Issue's Name: First National	Issue's Name: First National	Issue's Name: First National	Issue's Name: First National	Issue's Name: First National	Issue's Name: First National	Issue's Name: First National	Issue's Name: First National	Issue's Name: First National
Issue's Address:	Issue's Address:	Issue's Address:	Issue's Address:	Issue's Address:	Issue's Address:	Issue's Address:	Issue's Address:	Issue's Address:	Issue's Address:
Head Office:	Head Office:	Head Office:	Head Office:	Head Office:	Head Office:	Head Office:	Head Office:	Head Office:	Head Office:

EXPOSURE INFORMATION

Line	Class	Code	Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
A	Ind. S. P. 1000	1000	0.01	1000	0.01	1000	0.01	1000	0.01	1000
B	Ind. S. P. 2000	2000	0.02	2000	0.02	2000	0.02	2000	0.02	2000
C	Ind. S. P. 3000	3000	0.03	3000	0.03	3000	0.03	3000	0.03	3000
D	Ind. S. P. 4000	4000	0.04	4000	0.04	4000	0.04	4000	0.04	4000
L	Ind. S. P. 5000	5000	0.05	5000	0.05	5000	0.05	5000	0.05	5000
F	Ind. S. P. 6000	6000	0.06	6000	0.06	6000	0.06	6000	0.06	6000
G	Ind. S. P. 7000	7000	0.07	7000	0.07	7000	0.07	7000	0.07	7000
H	Ind. S. P. 8000	8000	0.08	8000	0.08	8000	0.08	8000	0.08	8000
I	Ind. S. P. 9000	9000	0.09	9000	0.09	9000	0.09	9000	0.09	9000
J	Ind. S. P. 10000	10000	0.10	10000	0.10	10000	0.10	10000	0.10	10000
K	Ind. S. P. 11000	11000	0.11	11000	0.11	11000	0.11	11000	0.11	11000
L	Ind. S. P. 12000	12000	0.12	12000	0.12	12000	0.12	12000	0.12	12000

LOSS INFORMATION

Line	Class	Code	Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
1	Ind. S. P. 1000	1000	0.01	1000	0.01	1000	0.01	1000	0.01	1000
2	Ind. S. P. 2000	2000	0.02	2000	0.02	2000	0.02	2000	0.02	2000
3	Ind. S. P. 3000	3000	0.03	3000	0.03	3000	0.03	3000	0.03	3000
4	Ind. S. P. 4000	4000	0.04	4000	0.04	4000	0.04	4000	0.04	4000
5	Ind. S. P. 5000	5000	0.05	5000	0.05	5000	0.05	5000	0.05	5000
6	Ind. S. P. 6000	6000	0.06	6000	0.06	6000	0.06	6000	0.06	6000
7	Ind. S. P. 7000	7000	0.07	7000	0.07	7000	0.07	7000	0.07	7000
8	Ind. S. P. 8000	8000	0.08	8000	0.08	8000	0.08	8000	0.08	8000
9	Ind. S. P. 9000	9000	0.09	9000	0.09	9000	0.09	9000	0.09	9000
10	Ind. S. P. 10000	10000	0.10	10000	0.10	10000	0.10	10000	0.10	10000
11	Ind. S. P. 11000	11000	0.11	11000	0.11	11000	0.11	11000	0.11	11000
12	Ind. S. P. 12000	12000	0.12	12000	0.12	12000	0.12	12000	0.12	12000

Convert rates to 100% basis.

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

This page reserved for future use

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

SECTION ONE — REPORTING OF INDIVIDUAL EMPLOYER EXPERIENCE

PART X — SAMPLE FORMS

<u>Description</u>	<u>Form Number</u>
Unit Statistical Report	WC 7552
Supplemental Loss Report	WC 7575

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

UNIT STATISTICAL REPORT

POLICY INFORMATION										LOSS INFORMATION																					
Report No.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos. State	State Effective Date	Certificate No.	Card Serial No.	Risk ID Number	Page No.																					
											F.E.I.N.																				
Insured's Name:										F.E.I.N.																					
Insured's Address:										F.E.I.N.																					
Policy Conditions										Deductible/Amount Per Claim/Accident Aggregate																					
3 Yr FR Policy	Multi-state Policy	Intra-state Rating	Manual Rate	Estimated Exposure	Ratio Policy	Cancelled Mid Term	MCO Indicator	Type Cov.	Non-Std.	Deduct. Type	Injury	Class Code	Occupation Description	Status	Act	Recov	Chm	Disct	ALAE Paid	MCO Type	For Bureau Use										
										1																					
EXPOSURE INFORMATION										LOSS INFORMATION																					
Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/ No. Claims	Type Cov.	Non-Std.	Deduct. Percent	Injury	Class Code	Occupation Description	Status	Act	Recov	Chm	Disct	ALAE Paid	MCO Type	For Carrier Use										
A. Total Subject Premium										Reversed for Future Use																					
B. Experience Mod (XX.XXX)										Reversed for Future Use																					
C. Total Modified Premium										Reversed for Future Use																					
D.										Reversed for Future Use																					
E.										Reversed for Future Use																					
F.										Reversed for Future Use																					
G. Total Standard Exposure										Reversed for Future Use																					
H. Premium Discount Amt.										Reversed for Future Use																					
I. Expense Constant Amt										Reversed for Future Use																					
J.										Reversed for Future Use																					
K.										Reversed for Future Use																					
L.										Reversed for Future Use																					
LOSS TOTALS										LOSS TOTALS																					
Total Incurred Indemnity										Total Incurred Medical																					
Total No. Claims										Total Paid Indemnity																					
Tot. Claimant's Atty. Fees										Total ALAE Paid																					
Total Incurred Indemnity										Total ALAE Incurred																					
Total Incurred Medical										Total ALAE Incurred																					
Total No. Claims										Total ALAE Paid																					
Tot. Claimant's Atty. Fees										Total ALAE Incurred																					

MINNESOTA UNIT STATISTICAL PLAN MANUAL
 Effective July 1, 2006

UNIT STATISTICAL REPORT

POLICY INFORMATION									
Policy Number	Policy Effective Date	Policy Expiration Date	Expense Code	Class No	Class Name	Class Description	Class Code	Class Rate	Class Type
<p>Insured's Name: _____ Insured's Address: _____ Social Security Number: _____</p>									
EXPOSURE INFORMATION									
Exp. Date	Class Code	Expense Amount	Manual Rate	Human Rate	Rate	Rate	Rate	Rate	Rate
A.	Total Subject Premium								
B.	Experience Modified (XX.XXX)								
C.	Total Modified Premium								
D.									
E.									
F.									
G.	Total Subject Exposure								
H.	006	Premium Discount Amt.							
I.	0900	Expense Constant Amt.							
J.									
K.									
L.									
LOSS INFORMATION									
Claim Number	Class Code	Class Name	Class Description	Class Code	Class Rate	Class Type	Class Rate	Class Type	Class Rate
<p>Insured's Name: _____ Insured's Address: _____ Social Security Number: _____</p>									
LOSS TOTALS									
<p>Total Insured Losses: _____ Total Insured Premium: _____ Total Insured Expense: _____</p>									

UNIT-ORIGINATING & SUPPLY, INC. WFC (SIN7) (F.A. 1997)
 USR-BROKER FURNISH A (USA-BARR) (1/1/06)

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

SUPPLEMENTAL LOSS REPORT

Report No.										Pending File No.		Page No.		Last Page No.	
Repon No.	Cor No.	Cor Type	Replaces Rpt. Inc.	Carrier Code	Policy Number				Policy Effective Date		Policy Expiration Date		Estate State		
Insured's Name:										P.E.I. No.		Card Serial No.			
Insured's Address:															
Unit No.	Claim Number	Acc. Date No. Claims	Injured Identity	Injured Medical	Class Code	Injury	Status	Loss Conditions					Jurisdiction State	Cat. No.	MCO Type
								Act	Type	Recov	Cov	Sett			
Social Security Number		Part	Nature	Cause	Occupation Description			Vol.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
Occupation's Anticipated Hours		Employee's Anticipated Hours		Deductible Reimbursement			Reserved for Future Use			Paid Medical		Paid Medical			
Unit No.	Claim Number	Acc. Date No. Claims	Injured Identity	Injured Medical	Class Code	Injury	Status	Loss Conditions					Jurisdiction State	Cat. No.	MCO Type
Social Security Number		Part	Nature	Cause	Occupation Description			Vol.	Lump	Fraud	Deduct	Paid Indemnity	Paid Medical		
Occupation's Anticipated Hours		Employee's Anticipated Hours		Deductible Reimbursement			Reserved for Future Use			Paid Medical		Paid Medical			
LOSS TOTALS															
Reserved for Future Use		Total No. Claims		Total Incurred Indemnity			Total Incurred Medical			Reserved for Future Use		Total Paid Indemnity		Total Paid Medical	
Occupation's Anticipated Hours		Employee's Anticipated Hours		Deductible Reimbursement			Reserved for Future Use			Paid Medical		Paid Medical			

MINNESOTA UNIT STATISTICAL PLAN MANUAL
Effective July 1, 2006

This page reserved for future use

INDEX

Premium Not Subject to Experience		Subrogation and Third Party Cases	23
Modification	16, 17, 44, 45	Subsequent and Corrections Reports	33
Premium Subject to Experience Modification ..	42	Subsequent Fines	103
Pulpwood Transition Program	45	Subsequent Reports - When Required	33
		Summary of Changes to Aggregate Calls	
Radiation Exposure	5	For Experience	124
Rate Deviation Premium Adjustment.....	43, 45	Supplemental Disease Experience	45
Rate Effective Date.....	9	Supplemental Loss Report.....	3, 83
Reinsurance.....	5		
Replacement Indicator.....	7	Tape Specifications	107
Report Number	7	Temporary Injury/Temporary Total or	
Report Number and Valuation Date	39	Temporary Partial	25
Reporting Instructions—Exposure and		Terrorism Risk Insurance Act of 2002 17, 45, 125	
Premium.....	13	Three Year Fixed Rate Indicator	41
Reporting Instructions—Losses.....	19	Three-Year Fixed Rate Policies	37
Reporting Instructions—Policy Identification		Total ALAE Incurred	31
Data.....	7	Total ALAE Paid	31
Reporting Of Aggregate Financial Data	119	Total Claimant's Attorney Fees	31
Reporting Of Individual Employer		Total Employer's Attorney Fees	31
Experience	3	Total Incurred Indemnity.....	30
Required Reports		Total Incurred Medical.....	31
Correction of Exposure Record Only	86	Total Modified Premium	15
Correction of Header Information Only	84	Total Number of Claims.....	30
Correction of Old Form Information on		Total Paid Indemnity.....	31
New Form.....	88, 90	Total Paid Medical.....	31
First Report	82	Total Standard Exposure.....	17
First Report Requiring Two Unit Cards.....	92	Total Standard Premium	17
Second Reporting of Losses for Unit for		Total Subject Premium	15
Illustration 1	95		
Sample Forms 1.....	83	Unallocated Adjustment Expenses	22
Retrospective Rated Indicator	41	Uncollectible Premiums.....	5
Return to Work Credit.....	45	Uniform Printing & Supply Inc.	3
Revising Unit Reports with Policy Effective		Unit Report Expected Report	103
Dates Prior to January 1, 1996	35	Unit Reporting Basis.....	37
Risk ID Number	8	Unit Statistical Report.....	3, 84
		Unit Total Record - First Reports	111
Sample Forms	83	Unit Total Record - Subsequent Reports	111
Schedule Z Basis.....	37	Update Type.....	13, 19, 41
Scope of Report.....	3		
Self Insured Experience	6	Valuation Date	
Short Rate Penalty Premium	43	Multiple Year	5
Social Security Number	29	One Year	4
Special Compensation Fund Assessment		Three -Year Fixed Rates	37
Premium.....	44	Vocational Rehabilitation Evaluation/Testing	
Special Compensation Fund Reporting.....	20	Expense	22
State Effective Date	8	Vocational Rehabilitation Indicator.....	30, 48
Statistical Call Edit Criteria	191	Volunteer Firefighters	14
Statistical Codes	34		
Submission Control Record.....	112	Waiver of Subrogation.....	43
Submission Monitoring Form.....	123	Workplace Safety Premium.....	45

MINNESOTA UNIT STATISTICAL PLAN MANUAL

ORIGINAL PRINTING

TABLE OF CONTENTS
PAGE iv**Effective July 1, 2006**

TABLE OF CONTENTS

PART VI — THREE-YEAR FIXED RATE POLICIES.....	37
Option A. Schedule Z Basis.....	37
Option B. Unit Reporting.....	37
Option C. Magnetic Tape Reporting.....	37
PART VII — DATA VALUES AND STATISTICAL CODES.....	39
Codes Common to Premium and Losses.....	39
1. Report Number and Valuation Date.....	39
2. Correction Type.....	39
3. Exposure State.....	39
4. Policy Type ID Code.....	40
5. Deductible Type.....	40
6. Policy Conditions.....	41
Exposure Information Codes.....	41
1. Update Type.....	41
2. Exposure Coverage Code (Act)	41
3. Premium Codes.....	42
Loss Information Codes	45
1. Injury Type.....	45
2. Claim Status.....	46
3. Loss Conditions.....	46
4. Managed Care Organization Type.....	47
5. Injury Description Code.....	47
6. Vocational Rehabilitation Indicator.....	48
Injury Description Codes.....	49
PART VIII — ANNUITY TABLES.....	53
Table A-1—Male.....	54
Table A-2—Female.....	55
Table A-3—Total Population.....	56
Table B-1—Male.....	57
Table B-2—Female.....	61
Table B-3—Total Population.....	65
Table C-1—Male.....	69
Table C-2—Female.....	72
Table D—Total Population.....	75
PART IX — EXAMPLES.....	81
Illustration 1 — First Report.....	82
Illustration 2 — Correction of Header Information Only.....	84
Illustration 3 — Correction of Exposure Record Only.....	86
Illustration 4 — Correction of Old Form Information on New Form.....	88
Illustration 4a — Correction of Old Form Information on New Form.....	90
Illustration 5 — First Report Requiring Two Unit Cards.....	92
Illustration 6 — Second Reporting of Losses for Unit for Illustration 1.....	95
PART X — SAMPLE FORMS.....	83
PART XI — FINE SYSTEM FOR LATE UNIT REPORTS.....	85
1. Policy Verification Report.....	85
2. Unit Report Expected Report.....	85

FILING MEMORANDUM

ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

Effective Dates—The effective dates applicable to the proposed changes in this item filing vary by the type of change and are outlined to become effective as follows:

1. Part/Nature/Cause codes—Effective 12:01 a.m. on January 1, 2006 for new and renewal policies : Applicable to coding specification additions and changes of new codes and additional narrative descriptions.

2. All other revisions—Effective upon approval: Applicable to all other revisions in this item filing, e.g., Type of Claim name change, Social Security Number as nonapplicable reporting element for NCCI states—to address privacy concerns, references to the *Unit Statistical Reporting Guidebook*, where they appear throughout the *URE Workers Compensation Statistical Plan*.

PURPOSE

The purpose of this item filing is to propose revisions to NCCI's *URE Workers Compensation Statistical Plan* as follows:

- Implementation of several data reporting specification changes that NCCI proposed, and were subsequently approved by the Workers Compensation Insurance Organization's Advisory Statistical Working Group (ASWG), as follows:
 - Update coding specifications for Deductible Type (Code) and Injury Description Code
 - Rename the data element Loss Condition Code—Type of Coverage to Loss Conditions Code—Type of Claim
- In response to privacy concerns, we are proposing that the data element of Social Security Number not be applicable to NCCI states
- Global updates to reference the current NCCI department, Regulatory Assurance, which was previously named Business Classification and Rating Services
- Global manual updates to reference the new *Unit Statistical Reporting Guidebook*, which combined and further enhanced the prior *Unit Report Quality (URQ)* and *Unit Report Control (URC) Users' Guides*
- Update the Classification Code and Correction Reports instructions to reference the *Unit Statistical Reporting Guidebook* for specific reporting requirements

BACKGROUND

NCCI has identified the need for updates to the *URE Workers Compensation Statistical Plan* to reflect current information for the following items:

Coding Specifications

Coding specification changes were coordinated and approved by the Workers Compensation Insurance Organization's ASWG; we are proposing to implement the approved changes as follows:

- Deductible Type (Code)—The description for Coinsurance Percent with Claims and Policy Aggregate (Code 11) has been revised to be consistent with the industry standard definition for this data element. We are replacing the current description Coinsurance with Per Claim and Policy Aggregate with Coinsurance Percent With Per Claim and Policy Aggregate Limit.
- Deductible Type (Code)—Variable (Code 12), we are adding this new coding option.

The enclosed materials are copyrighted materials of the National Council on Compensation Insurance, Inc. ("NCCI"). The use of these materials may be governed by a separate contractual agreement between NCCI and its licensees such as an affiliation agreement between you and NCCI. Unless permitted by NCCI, you may not copy, create derivative works (by way of example, create or supplement your own works, databases, software, publications, manuals, or other materials), display, perform, or use the materials, in whole or in part, in any media. Such actions taken by you, or by your direction, may be in violation of federal copyright and other commercial laws. NCCI does not permit or acquiesce such use of its materials. In the event such use is contemplated or desired, please contact NCCI's Legal Department for permission.

FILING MEMORANDUM

ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

- For Nature of Injury Code 16, we are revising the narrative description from MD Dislocation to Medical Doctor Dislocation
- For Nature of Injury Code 36, we are revising the narrative description to add Mold to the description
- For Nature of Injury Code 79, Hepatitis C, we are adding this code
- For Cause of Injury Code 88, Natural Disaster, we are adding this code and its applicable narrative description
- For Cause of Injury Code 91, Mold, we are adding this code

Loss Condition—Type of Coverage

The Type of Coverage reporting field is intended to capture under which provision(s) of the policy the loss was incurred. The proposed name change to Type of Claim is intended to alleviate any misunderstanding that this is a “type of policy” reporting field; this reporting field name change was coordinated and approved by the Workers Compensation Insurance Organization’s Advisory Statistical Working Group (ASWG). The ASWG participants, including other workers compensation bureaus and carrier data reporting professionals, agreed that the new name, Type of Claim, is more accurate.

Social Security Number

Social Security Number is currently an **optional** data element for unit statistical reporting purposes. In response to privacy concerns relating to Social Security Numbers, we are proposing that the reference to this data element be eliminated from the reporting requirements.

Claim Number

This concerns the current affiliated self-insured rule that allows the reporting of the Claim Number or Social Security Number in the claim number field. We are proposing the elimination of the reference of the Social Security Number as a reporting option for the Claim Number field. This relates directly to the privacy concerns described above in Social Security Number.

Unit Statistical Reporting Guidebook

In early 2005, NCCI released the new ***Unit Statistical Reporting Guidebook*** to the data reporting industry. This new manual combined and further enhanced the information that was previously contained in the ***Unit Report Quality (URQ) User’s Guide*** and the ***Unit Report Control (URC) User’s Guide***. Since these two users’ guides have been replaced by the new ***Unit Statistical Reporting Guidebook***, all related ***URE Workers Compensation Statistical Plan*** references need to be updated in the new manual.

Classification Code

We are proposing the modification of the classification code reporting information when carriers have deviations from the NCCI Classification Plan. A reference to the ***Unit Statistical Reporting Guidebook*** for further information is also being added; this guidebook addresses carrier deviations (such as subclassifications) that are made to state insurance departments via independent carrier filed programs.

The enclosed materials are copyrighted materials of the National Council on Compensation Insurance, Inc. (“NCCI”). The use of these materials may be governed by a separate contractual agreement between NCCI and its licensees such as an affiliation agreement between you and NCCI. Unless permitted by NCCI, you may not copy, create derivative works (by way of example, create or supplement your own works, databases, software, publications, manuals, or other materials), display, perform, or use the materials, in whole or in part, in any media. Such actions taken by you, or by your direction, may be in violation of federal copyright and other commercial laws. NCCI does not permit or acquiesce such use of its materials. In the event such use is contemplated or desired, please contact NCCI’s Legal Department for permission.

FILING MEMORANDUM

ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

Correction Reports

The intent for changes under item 2. **Correction Reports** is as follows:

- Provide one up-front general reference to the **Unit Statistical Reporting Guidebook** for correction report examples and further reporting instruction details
- For the fourth bullet point, update the reference to the section of the **URE Workers Compensation Statistical Plan** where requirements for corrections to type of injury are defined
- For the tenth bullet point on header/policy information, remove instructions, which are more appropriately provided in the **Unit Statistical Reporting Guidebook**

PROPOSAL

This item proposes that the updates to NCCI's **URE Workers Compensation Statistical Plan** will be approved and become effective according the **Effective Dates** as outlined on page 1 of this item filing.

Proposed additions or changes to the attached **URE Workers Compensation Statistical Plan** exhibit pages are shaded. Proposed deletions are indicated with strike-through text where deletion is desired.

IMPACT

The two different effective dates applicable to this item filing were chosen:

1. To allow lead-time for system changes as they apply to coding specification changes
2. To implement general update revisions needed as they are approved

Once the states have approved Item Filing U-1396, carriers will use the updated information in NCCI's **URE Workers Compensation Statistical Plan** for reporting purposes.

IMPLEMENTATION

The attached exhibits (1–13) include the proposed changes necessary to implement this item. These exhibits illustrate the affected parts of the **URE Workers Compensation Statistical Plan** as follows:

Exhibit 1—Retrospectively Rated Policies—for NCCI department reference only

Exhibit 2—Class Code

Exhibit 3—Deductible Type (Code), Type of Plan

Exhibit 4—Reporting of Losses

Exhibit 5—Claim Number

Exhibit 6—Loss Information, Loss Condition Code

Exhibit 7—Social Security Number

Exhibit 8—Correction Reports

Exhibit 9—Coding Specifications, Deductible Type (Code)

Exhibit 10—Coding Specifications, Loss Condition Code

FILING MEMORANDUM

ITEM U-1396—URE WORKERS COMPENSATION STATISTICAL PLAN UPDATE

Exhibit 11—Coding Specifications, Nature of Injury, and Cause of Injury Codes

Exhibit 12—Global change reflects the reference for the *Unit Statistical Reporting Guidebook*

Exhibit 13—State-specific update, where applicable.

Upon approval, the manual pages, both online and hard copy, will be updated in NCCI's *URE Workers Compensation Statistical Plan* with the applicable effective date as outlined above.

The enclosed materials are copyrighted materials of the National Council on Compensation Insurance, Inc. ("NCCI"). The use of these materials may be governed by a separate contractual agreement between NCCI and its licensees such as an affiliation agreement between you and NCCI. Unless permitted by NCCI, you may not copy, create derivative works (by way of example, create or supplement your own works, databases, software, publications, manuals, or other materials), display, perform, or use the materials, in whole or in part, in any media. Such actions taken by you, or by your direction, may be in violation of federal copyright and other commercial laws. NCCI does not permit or acquiesce such use of its materials. In the event such use is contemplated or desired, please contact NCCI's Legal Department for permission.