



# COMPENSATION RATING AND INSPECTION BUREAU

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GROVER E. CZECH, ESQ.  
Executive Director

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November 20, 2009

## STATISTICAL CIRCULAR #111

To all Bureau Members and Subscribers:

Re: New Jersey Statistical Plan

The Commissioner of Banking and Insurance has approved the following amendments to the New Jersey Statistical Plan, namely 3:13 of the New Jersey Workers Compensation and Employers Liability Insurance Manual (Manual). The amendments are effective January 1, 2010. The Manual amendments are necessary to remove obsolete instructions from the following rules: 3:13-36, 3:13-48A, 3:13-52, 3:13-53A, 3:13-85 and 3:13-140, and to clarify the requirements of the following rules: 3:13-6, 3:13-18, 3:13-51 and 3:13-57. The Primary Unit Statistical Reporting Form (USR - ASWG - A) is amended to include the latest version used nationally, and is attached as Exhibit I. It includes three new data elements, none of which are applicable in New Jersey at this time. Further, the New Jersey – Letter of Transmittal (Form S-31NJ) is amended to revise the mailing address, and is attached as Exhibit II. Changes to Manual rules are indicated in *italics* and **bold**.

**Amend 3:13-6** as follows:

### PRESENT

### AMENDED

**6. Forms to be used for Reportings.** The forms (designated by form number) to be used for reporting experience, together with the name of the organization from which they may be obtained, are set forth in the following exhibit:

**NO CHANGE**

#### STATISTICAL REPORTING FORMS

#### STATISTICAL REPORTING FORMS

<u>Form</u>	<u>Description</u>
USR-ASWG-A	Primary Unit Statistical Reporting Form
USR-ASWG-B	Supplemental Loss Form
USR-ASWG-NJ	Optional NJ-Only Form
ICR-ASWG	Individual Claim Report Form
S-30 NJ	Unit Statistical & Individual Claim Report (Electronic) Transmittal Letter Form
S-31 NJ	Unit Statistical & Individual Claim Report (Manually prepared Reports) Transmittal Letter Form

<u>Form</u>	<u>Description</u>
USR-ASWG-A	Primary Unit Statistical Reporting Form
	<b>DELETE</b>
USR-ASWG-NJ	Optional NJ-Only Form
ICR-ASWG	Individual Claim Report Form
S-30 NJ	Unit Statistical & Individual Claim Report (Electronic) Transmittal Letter Form
S-31 NJ	Unit Statistical & Individual Claim Report (Manually prepared Reports) Transmittal Letter Form

**PRESENT**

**See Hard Copy Forms 3:13-142**

Transmittal forms may be secured from the Compensation Rating and Inspection Bureau. The remaining forms may be printed in-house or secured from outside vendors. In each case the forms must be properly aligned to accommodate the data fields.

**Exception:** Where prior approval has been granted, it is permissible to submit statistical experience via magnetic tape (WCSTAT) or Electronic File Protocol (NJCRIB FTP). Both vehicles use the same data file format which is included in the WCIO “Workers Compensation Data Specifications Manual” available from the NCCI, Product #2965.

NJCRIB FTP authorization is available by calling 973-622-6014, Ext. 271.

**AMENDED**

**See Hard Copy Forms 3:13-142**

Transmittal forms may be secured from the Compensation Rating and Inspection Bureau. The remaining forms may be printed in-house, *from the Bureau’s website* or secured from outside vendors. In each case the forms must be properly aligned to accommodate the data fields.

**Exception:** *As an alternative to the reporting of statistical experience in hard copy format, it is permissible to submit statistical experience to the Bureau via magnetic tape, by using the Electronic File Transfer Protocol (NJCRIB FTP) or by filing through the Compensation Data Exchange (CDX). Users filing experience by any of these methods of transmission must receive prior approval before use. It is strongly suggested that experience be filed using any of these alternative methods.*

*The NJCRIB FTP can be accessed from the Bureau website and experience can be submitted directly to the Bureau via NJCRIB FTP. CDX is a web based application used for the transmission of workers compensation insurance experience to data collection organizations. Users who opt to submit experience through CDX must be authorized by the Bureau to access the system.*

*All data submitted to the Bureau by magnetic tape, by NJCRIB FTP or through CDX uses the “Workers Compensation Insurance Organizations” (WCIO) file format known as WCSTAT. Information on the WCSTAT filing format is described in the “Workers Compensation Data Specifications Manual” available at the WCIO website. It should be noted that WCSTAT uses different coding criteria than the coding criteria for hard copy reports in some fields.*

*Authorization for filing by magnetic tape, by NJCRIB FTP or through CDX is available by calling 973-622-6014, Ext. 268.*

**Amend 3:13-18 as follows:**

**PRESENT**

**18. Insured.** The name of the insured may be abbreviated. The address of location of the insured is optional.

**AMENDED**

**18. Insured.** The name of the insured may be abbreviated.

*18a. Insured's Address. The address of the insured is optional.*

**Amend 3:13-36 as follows:**

**36. Class to Which Accident Is Assigned.** The code number to which the particular claim has been assigned shall be reported. In this connection it shall be observed that no claims shall be charged to a classification for which no exposure is reported

**NO CHANGE**

In cases where losses have been incurred under the benefits of a state other than where the payroll is assigned the claim shall be assigned to the state where the payroll is assigned identifying the claim in the "Jurisdiction State" column as stipulated in 3:13-54.

**NO CHANGE**

Reports for policies with effective dates prior to 1/1/96 shall identify such losses by loss coverage code "43" as stipulated in 3:13-52 and report such loss in the space provided for Loss Conditions - Act on the hard copy form.

**DELETE**

**Amend 3:13-48A as follows:**

**48A. Approved Managed Care Loss.** The incurred cost of claims (3:13-50) under a managed care program shall be identified in the space provided for "Managed Care Organization (MCO) Type" using the appropriate code shown in 3:13-56 of this Manual.

**NO CHANGE**

Reports for policies with effective dates prior to 1/1/96 shall identify such losses by the appropriate loss coverage code shown in 3:13-52 and report such loss in the space provided for Loss Conditions - Act on the hard copy form. Under any managed care arrangement, losses reported shall reflect the cost of the services provided on a per claim basis.

**DELETE**

**Amend 3:13-51 as follows:**

**PRESENT**

**51. Open or Closed.** Open claims shall be designated by the Number “0” and closed claims by the Number “1” in column captioned “Open or Closed.” A claim shall be considered closed when final payment has been made.

**Amend 3:13-52 as follows:**

**52. Loss Coverage.** The following codes are only applicable to losses reported on policies with effective date prior to 1/1/96. The appropriate loss coverage code should be reported on the hard copy report in the space provided for “Loss Conditions-Act.

<b>Code</b>	<b>Basis of Liability</b>
10 State Act	— Compromise Settlements R.S.N.J. 34:15-20
11 State Act	— Trauma
12 State Act	— Trauma—Subrogation
14 State Act	— Disease Loss
15 State Act	— Disease Loss—Subrogation
17 State Act	— Cumulative Injury
18 State Act	— Cumulative Injury— Subrogation
21 USL	— Trauma
22 USL	— Trauma—Subrogation
24 USL	— Disease Loss
25 USL	— Disease Loss—Subrogation
27 USL	— Cumulative Injury
28 USL	— Cumulative Injury— Subrogation
31 Employers Liability	— Trauma
34 Employers Liability	— Disease Loss
37 Employers Liability	— Cumulative Injury
41 State Act	— Trauma incl. Employers Liability
42 FELA Benefits Payable	
43 Benefits based on law of another state—report to state where payroll is assigned	
44 State Act	— Disease incl. Employers Liability
45 Admiralty Benefits	
47 State Act	— Cumulative Injury incl. Employers Liability
50 State Act	— Compromise—MCO R.S.N.J. 34:15-20
51 State Ac	— Trauma—MCO
52 State Act	— Trauma— Subrogation—MCO
54 State Act	— Disease Loss—MCO
55 State Act	— Disease Loss- Subrogation—MCO
57 State Act	— Cumulative Injury—MCO
58 State Act	— Cumulative injury- Subrogation—MCO

**AMENDED**

**51. Open or Closed Status Code.** Open claims shall be designated by the Number “0” and closed claims by the Number “1” in column captioned “Open or Closed.” A claim shall be considered closed when final payment has been made.

**52. Reserved for Future Use.**

**DELETE**

**DELETE**

**PRESENT**

When an accident resulting in an injury to one worker involves payments or reserve estimates under different coverages of the policy (i.e., workers compensation and employers liability), the claim shall be reported as a single occurrence under an appropriate loss coverage code.

- (a) **Compromise Settlements.** A settlement approved in accordance with R.S.N.J. 34:15-20 of the New Jersey Workers' Compensation Law where the issue involves question of jurisdiction, liability, causal relationship or dependency of the petitioner.
- (b) **Trauma.** An injury resulting in disability or death which is traceable to a definite compensable accident occurring during the employee's employment which cannot be classified as either a Disease Loss or Cumulative Injury as defined below.
- (c) **Disease.** Any condition resulting in disability or death which is not traceable to a definite accident occurring during the employee's employment. The condition is caused by exposure to a disease-producing agent or agents present in the worker's occupational environment. It is intended that, in order for a claim to be coded as a disease claim, it must have resulted from repetitive exposure extending over a period of time. It is **not** intended that claims which arise from single identifiable incidents be coded as disease claims even though they may have been caused by inhalation, absorption, ingestion or environmental factors.
- (d) **Cumulative Injury.** Any injury which results in a disability or death and is not traceable to a definite compensable accident occurring during the employee's employment. The injury occurs from, and is aggravated by, a repetitive employment-related activity.

**AMENDED**

**DELETE**

**DELETE**

**DELETE**

**DELETE**

**DELETE**

**Amend 3:13-53A as follows:**

**PRESENT**

**AMENDED**

**53A. Act.**

- 1— State Act or Federal Act Excluding USL & H
- 2— USL & H Coverage on “F” and Non “F” classes

**NO CHANGE**

**Note:** For unit reports with effective dates prior to 1/1/96, this field is to be used for reporting the two-digit loss coverage code. See 3:13-52.

**DELETE**

**Amend 3:13-57 as follows:**

**57. Injury Description Code.** Beginning with policies effective January 1, 2006 and for all policies effective thereafter, report the two-digit codes that represent the part of body, nature of injury and cause of injury for all claims except for closed medical only claims that can be grouped in accordance with 3:13-45 of this Manual. The Injury Description Code should not be completed for the closed medical only claims that can be grouped. The Injury Description Code is not required for any claim from policies effective prior to January 1, 2006. The two-digit codes for part of body, nature of injury and cause of injury can be found in the Injury Description Code Table in 3:13-142 of this Manual.

**57. Injury Description Code.** Beginning with policies effective January 1, 2006 and for all policies effective thereafter, report the two-digit codes that represent the part of body, nature of injury and cause of injury for all claims except for closed medical only claims that can be grouped in accordance with 3:13-45 of this Manual. The Injury Description Code should not be completed for the closed medical only claims that can be grouped. The Injury Description Code is not required for any claim from policies effective prior to January 1, 2006. The two-digit codes for part of body, nature of injury and cause of injury can be found in the Injury Description Code Table in 3:13-142 of this Manual.

*The Injury Description Code is made up of three separate components as follows:*

*First two positions (xx----) – identify the part of body injured.*

*Middle two positions (--xx--) – identify the nature of the injury.*

*Last two positions (----xx) – identify the specific cause of injury.*

**Amend 3:13-85 as follows:**

**PRESENT**

**85. Loss Coverage Code.** This two-digit code must be identical to that shown on the accompanying statistical report in accordance with the instructions cited in 3:13-52.

**Amend 3:13-140 as follows:**

**140. United States Longshore and Harbor Workers' Compensation Act.**

- (a) **Code Numbers Where Rates Include U.S. Coverage.** In filing experience on such code numbers (those followed by the letter "F" in the Manual), the exposures and premiums shall be reported in accordance with the general provisions of this Manual.

The exposures and incurred claims which are chargeable to the United States Longshore and Harbor Workers' Compensation Act shall be identified in accordance with the instructions set forth in 3:13-52 or 3:13-53A of this Manual.

- (b) **Code Numbers Where Rates Do Not Include U.S. Coverage.** All experience chargeable to the United States Longshore and Harbor Workers' Compensation Act, including exposure, premiums and losses, shall be reported under the appropriate class code number. The Manual rates for such experience shall be reported in accordance with 2:1-4.

Furthermore, all experience chargeable thereto shall be identified in accordance with the instructions set forth in 3:13-20 and 3:13-53A of this Manual.

**AMENDED**

*85. Reserved for Future Use.*

**DELETE**

**NO CHANGE**

The exposures and incurred claims which are chargeable to the United States Longshore and Harbor Workers' Compensation Act shall be identified in accordance with the instructions set forth *in 3:13-53A of this Manual.*

**NO CHANGE**

**NO CHANGE**

**PRESENT**

**Exception:** Experience chargeable to the United States Longshore and Harbor Workers' Compensation Act on policies with an effective date prior to 1/1/96 shall be reported under statistical code number 7777 and identified in accordance with 3:13-52 of this Manual.

**AMENDED**

**DELETE**



Grover E. Czech, Esq.  
Executive Director

GEC:njl  
Att.

**EXHIBIT I**

**Form USR – ASWG – A  
(Primary Unit Statistical Reporting Form)**

**UNIT STATISTICAL REPORT**

POLICY INFORMATION																							
Report No.	Corr. No.	Corr. Type	Replace Rpt. Ind.	Carrier Code	Policy Number	Policy Effective Date	Policy Expiration Date	Expos State	State Effective Date	Certificate Number	Card Seral No.	Risk ID Number	Page No	Last Page No									
Insured's Name:										F.E.I.N. →		Pending File No.											
Insured's Address:										T.P.E./F.E.I.N. →													
Mod. Effective Date	Rate Effective Date	Policy Conditions						Policy Type ID			Deduct Type	Deduct Percent	Deductible Amount Per Claim/Accident	Deductible Amount Aggregate	Business Segment Identifier	For Carrier Use	For Bureau Use						
		3 YR. F/R Policy	Multistate Policy	Interstate Rating	Estimated Exposures	Retro Policy	Cancelled Mid-term	MCO Indicator	C.H.C. Network	Type Cov.	Plan Ind	Non Std											
EXPOSURE INFORMATION										LOSS INFORMATION													
O D E S  S U B J E C T	Upd Type	Exp. Cov.	Class Code	Exposure Amount	Manual Rate	Premium Amount	Upd Type	Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Loss Conditions					Jurisd State	Cat. No.	MCO Type	
																Act	Type	Recv	Cm	Settl			
								Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Reserved For Future Use		ALAE Paid			ALAE Incurred				
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type	
								Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Reserved For Future Use		ALAE Paid			ALAE Incurred				
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type	
								<b>A. Total Subject Premium</b>															
								Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Reserved For Future Use		ALAE Paid			ALAE Incurred				
								<b>B. Experience Mod (XX.XXX)</b>															
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Reserved For Future Use		ALAE Paid			ALAE Incurred				
								<b>C. Total Modified Premium</b>															
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type	
								Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Reserved For Future Use		ALAE Paid			ALAE Incurred				
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type	
								Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Reserved For Future Use		ALAE Paid			ALAE Incurred				
								<b>G.</b>															
								Total Standard Exposure	Total Standard Premium														
								Claim Number	Acc. Date/No. Claims	Incurred Indemnity	Incurred Medical	Class Code	Injury	Status	Act	Type	Recv	Cm	Settl	Jurisd State	Cat. No.	MCO Type	
								Social Security Number	Part	Nature	Cause	Occupation Description			Voc.	Lump	Fraud	Deduct.	Paid Indemnity			Paid Medical	
								Claimant's Attorney Fees	Employer's Attorney Fees			Deductible Reimbursement		Reserved For Future Use		ALAE Paid			ALAE Incurred				
								<b>LOSS TOTALS</b>															
								Reserved For Future Use	Total No. Claims	Total Incurred Indemnity	Total Incurred Medical	Reserved For Future Use	Total Paid Indemnity	Total Paid Medical									
								Tot. Claimant's Attny. Fees	Tot. Employer's Attny. Fees	Reserved For Future Use			Total ALAE Paid			Total ALAE Incurred							

**EXHIBIT II**

**Form S31NJ  
(New Jersey Transmittal Letter)**

**New Jersey – Letter of Transmittal**

Executive Director  
Compensation Rating and Inspection Bureau  
60 Park Place  
Newark, NJ 07102

Insurance Carrier \_\_\_\_\_

RE: Experience Cards – Policy Year \_\_\_\_\_ Month \_\_\_\_\_ Report \_\_\_\_\_

No. of cards included in this submission \_\_\_\_\_

Gentlemen:

Pursuant to the requirements as set forth in the Statistical Plan, Part 3, Section 13 of the New Jersey Workers Compensation and Employers Liability Insurance Manual, the insurance carrier indicated above is herewith transmitting the number of individual risk experience forms indicated above, together with all individual claim reports as required.

The person signatory hereto certifies on behalf of the company that all entries on the forms transmitted herewith are correct and in accordance with the company’s records. The losses reported do not include any case declared non-compensable by competent authority except as follows: \_\_\_\_\_

\_\_\_\_\_  
(The paragraph immediately above shall be completed by the words “No Exception” where that is the case and, in other instances, by the words “See accompanying letter dated \_\_\_\_\_ and captioned \_\_\_\_\_. The accompanying letter shall furnish complete information with regard to each exception.)

\_\_\_\_\_  
(Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Form S-31NJ (Rev. 10/09)