

## UNIT STATISTICAL PLAN - INDIVIDUAL CLAIM REPORT

Class Code	Report No. Code*	Trans. Type Code*	Injury Type Code*	Carrier Code	Carrier Name					Exposure State Code*	Adm. File Number							
Policy Number		Certificate No.  * * *	Policy Effective Date			Claim Number.		Status Code*	Date Attny. Disc.			Loss Conditions			Jurisdict. State	MCO Type		
			Mo.	Day	Yr.				Mo.	Day	Yr.	Act	Type	Recov			Clm	Settl
										**	*	***						
Insured's Name					Accident Date		Date of Death			Date Reported			Date of Birth			Surg Code*	Attny Code*	
						Mo.	Day	Yr.	Mo.	Day	Yr.	Mo.	Day	Yr.	Mo.			Day
Worker's Last Name		Workers Sex	Avg. Weekly Wage	Injury Description. Code* ➔		Part	Nature	Cause	Occupation Description			Date Closed		Reserve	Lump	Fraud	S/S	
													Mo.	Yr.	Typ.Code*	Sum		Offset
														***	***	***		
Social Security Number * * *			Date Single Sum Paid ➔		Mo.	Day	Yr.	Employment Status ➔		Year Last Exposed ➔		CCYY	Date of Hire ➔		Mo.	Day	Yr.	
<b>BENEFITS OTHER THAN PENSION</b>										<b>PENSION BENEFITS</b>								
KIND OF BENEFIT			% Disab.	Body Memb. Code*	No. Weeks	Incurred			Beneficiary Data*			Data Provider Comments						
1. Temporary Disability Indemnity			<b>X X X</b>	<b>X X X</b>					Code	DATE OF BIRTH MO DAY YR								
2. Scheduled Indemnity																		
3. Non-Scheduled Indemnity				<b>X X X</b>	<b>XXXX</b>													
4. Employers Liability OR Other Indemnity																		
5. Vocational Rehabilitation Total Incurred																		
6. Claimant's Attorney Fees									7. Pension Indem. Paid To Val. Date									
Physician Paid				Temp. Disability Paid						8. Pens. Indem. Prev. Rsvd., Not Paid								
Hospital Paid				Perm. Partial Paid			* * *			9. Present Value Future Indem. Payment.								
App. Med. Eval. Paid			* * *	Perm. Total Paid			* * *			10. Funeral Allowance								
Defense Med. Eval Paid			* * *	Death Paid			* * *			11. Lump Sum Remarriage								
Indep. Med. Eval. Paid			* * *	Single Sum Paid			* * *			12. Total Incurred Indemnity,(Sum 1-6 & 7-11)								
Employer's Attorney Fees				V.R. Paid						13. Total Incurred Medical								
Annuity Purchase Amt.			* * *	V.R. Indemnity Incurred			* * *			14. Total Indemnity Paid To Valuation Date								
Total Gross Incurred			* * *	V.R. Training Incurred			* * *			15. Total Medical Paid To Valuation Date								
				V.R. Evaluation Incurred			* * *			16. Soc. Sec. or Other Offset Amount.								

\*SEE MANUAL FOR CODING