

**COMPENSATION RATING AND INSPECTION BUREAU**

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February 13, 2025

**CIRCULAR LETTER #2082**

Re: **IDC Quarterly Record – New Data Reporting Elements Announcement**

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The Bureau is expanding the Indemnity Data Call (WCIND) to enhance analysis, research, and industry consistency. These updates align with the Workers Compensation Insurance Organizations' (WCIO) WCIND electronic data specification and will take effect with Fourth Quarter 2025 data, due by the First Quarter 2026 ending March 31, 2026.

This expansion introduces new data elements, and we encourage all data reporters to review the details and electronic layouts in the attached document to begin preparations for implementation.

Updated reporting guidelines and supporting documentation will be provided in the coming months.

If you have any questions, please do not hesitate to contact Amanda Springer ([aspringer@njcrib.com](mailto:aspringer@njcrib.com)) or Terry Huang ([thuang@njcrib.com](mailto:thuang@njcrib.com)).

A handwritten signature in black ink that reads 'Bonnie Piacentino'.

Bonnie Piacentino  
Executive Director

**ATTACHMENT A**

This attachment provides the details of the new data elements being added to the NJCRIB’s Indemnity Data Call. This information will be added to the *Indemnity Data Call (IDC) Reporting Guidebook*.

**38. Classification Code**

<b>Record Type</b>	Quarterly
<b>Field(s)</b>	38
<b>Position(s)</b>	195-198
<b>Class</b>	Numeric (N)—Field contains only numeric characters
<b>Bytes</b>	4
<b>Format</b>	N 4

**Definition:** A code used to identify the classification assigned to the insured according to the rules of the manual for workers compensation, or the statistical code defined by the jurisdiction.

**Reporting Requirement:** Report each classification code corresponding to the classification assigned to the insured according to the rules of the manual for workers compensation, or the statistical code defined by the jurisdiction.

**39. Return to Work Date**

<b>Record Type</b>	Quarterly
<b>Field(s)</b>	39
<b>Position(s)</b>	199-206
<b>Class</b>	Numeric (N)—Field contains only numeric characters
<b>Bytes</b>	8
<b>Format</b>	CCYYMMDD

**Definition:** The date of the claimant’s most recent return to work.

**Reporting Requirement:** Report the most recent date on which the claimant returned to work.

**40. Zip Code of Injury Site**

<b>Record Type</b>	Quarterly
<b>Field(s)</b>	40
<b>Position(s)</b>	207-215
<b>Class</b>	AN
<b>Bytes</b>	9
<b>Format</b>	AN 9 Left-justified and right zero filled.

**Definition:** The postal or United States Postal Service ZIP+4 Code of the location where the injury occurred.

**Reporting Requirement:** Report the postal or United States Postal Service ZIP+4 Code of the location where the injury occurred.

**ATTACHMENT A**

**41. Number of Dependents**

<b>Record Type</b>	Quarterly
<b>Field(s)</b>	41
<b>Position(s)</b>	216-217
<b>Class</b>	N
<b>Bytes</b>	2
<b>Format</b>	N 2

**Definition:** The number of dependents the injured worker has at the time of injury.

**Reporting Requirement:** Report the number of dependents eligible to receive compensation at time of injury.

Report a value of 00 through 20. If more than 20 dependents, report 20.

**42. Exposure State Code**

<b>Record Type</b>	Quarterly
<b>Field(s)</b>	42
<b>Position(s)</b>	218-219
<b>Class</b>	N
<b>Bytes</b>	2
<b>Format</b>	N 2

**Definition:** A code used to identify the state in which coverage has been provided for the classifications and corresponding exposures, if any, and to which the payrolls of claimants have been assigned.

**Reporting Requirement:** Report the state code in which coverage has been provided for the classification and corresponding exposure, and to which the payroll of claimant has been assigned.

**43. Indemnity Claim Code**

<b>Record Type</b>	Quarterly
<b>Field(s)</b>	43
<b>Position(s)</b>	220
<b>Class</b>	N
<b>Bytes</b>	1
<b>Format</b>	N 1

**Definition:** A code that can aid in identifying and deleting claims.

**Reporting Requirement:** Report the applicable code.

**Coding Values:**

<b>Code</b>	<b>Description</b>
1	Compensable indemnity claim
2	Noncompensable indemnity claim
3	Medical-only claim
4	Jurisdiction State no longer applicable

**ATTACHMENT A**

**New Quarterly Record Layout**

Field No.	Field Title	Class	Position	Byte
<b>Processing Data Element (Fields 1–2)</b>				
1	Record Type Code	N	1–2	2
2	Transaction Date	N	3–10	8
<b>Key Fields (Fields 3–7)</b>				
3	Carrier Code - NCCI	N	11–15	5
4	Policy Number Identifier	AN	16–33	18
5	Policy Effective Date	N	34–41	8
6	Claim Number Identifier	AN	42–53	12
7	Accident Date	N	54–61	8
<b>Quarterly Indemnity Claim Data Elements (Fields 8–37)</b>				
8	Jurisdiction State Code	N	62–63	2
9	Claimant Gender Code	N	64	1
10	Birth Year	N	65–68	4
11	Hire Date	N	69–76	8
12	Employment Status Code	AN	77	1
13	Closing Date	N	78–85	8
14	Reopen Date	N	86–93	8
15	Maximum Medical Improvement (MMI) Date	N	94–101	8
16	Reported to Insurer Date	N	102–109	8
17	Accident State Code	N	110–111	2
18	Attorney or Authorized Representative Indicator	A	112	1
19	Method of Determining Pre-Injury/Average Weekly Wage Code	N	113	1
20	Impairment Percentage Basis Code	N	114	1
21	Impairment Percentage	N	115–117	3
22	Disability/Loss of Earnings Capacity (LOEC) Percentage	N	118–120	3
23	Pre-Existing Disability Percentage	N	121–123	3
24	Part of Body Code—Injury Description	N	124–125	2
25	Nature of Injury Code—Injury Description	N	126–127	2
26	Cause of Injury Code—Injury Description	N	128–129	2
27	Act—Loss Condition Code	N	130–131	2
28	Type of Settlement—Loss Condition Code	N	132–133	2
29	Medical Extinguishment Indicator	A	134	1
30	Temporary Disability Benefit Extinguishment Code	N	135	1
31	Indemnity Paid-To-Date	N	136–144	9
32	Medical Paid-To-Date	N	145–153	9
33	Incurred Indemnity Amount	N	154–162	9
34	Incurred Medical Amount	N	163–171	9
35	Employer Legal Amount Paid	N	172–180	9
36	Allocated Loss Adjustment Expense (ALAE) Paid	N	181–189	9
37	Pre-Injury/Average Weekly Wage Amount	N	190–194	5

**ATTACHMENT A**

<b>New Quarterly Indemnity Claim Data Elements (Fields 38 – 44)</b>				
38	Classification Code	N	195–198	4
39	Return to Work Date	N	199–206	8
40	Zip Code of Injury Site	AN	207–215	9
41	Number of Dependents	N	216-217	2
42	Exposure State Code	N	218–219	2
43	Indemnity Claim Code	N	220	1
44	RESERVED FOR FUTURE USE		221-300	80