

2. CORRECTION REPORTS

Correction reports must be filed **without delay** when any of the conditions outlined below occur:

- An error of any kind is made on a previously filed statistical report(s).
- When the exposure previously reported has been changed by reason of an audit, a re-audit or any other adjustment affecting classification codes, exposure or premiums.
 - If a classification code is revised for a claim on a subsequent report, correction reports must be submitted for all prior reports which include the claim.
- If the carrier performs a final audit on an employer subsequent to performing an estimated audit.
- If the carrier performs a revised final audit on an employer subsequent to performing a final audit.
- If the header/policy information was reported incorrectly.
- The experience modification has been revised.
- Loss values are found to have been included or excluded through clerical errors.
- Corrections to the type of injury are required as defined in Part IV, Item (15) of this Plan.
- A claim, or any part thereof, is declared non-compensable as defined in Part IV, Item (17)(e) of this Plan.
- If the claim number changes during the life of the claim as defined in Part IV, Item (3) of this Plan.
- A claim is ruled or declared to be partially or fully fraudulent subsequent to the 1st Refer to Part IV, Item (8) “Fraudulent Claims” of this Plan.
- The carrier or the claimant has obtained a subrogation recovery in an action against a third party. Refer to Part IV, Item (10) “Recoveries” of this Plan.
- A carrier recovers paid indemnity or medical on a partially fraudulent or fully fraudulent claim under the applicable state law. Refer to Part IV, Item (8) “Fraudulent Claims”.
- The specific Part of Body Code is determined subsequent to reporting Part of Body Code 65, Insufficient Info to Property Identify – Unclassified”.

Correction reports are **not** permissible under the following conditions:

- Any change in loss amounts due to development in loss values from one valuation to the next.
- Any change in injury type of a claim due to development from one valuation to the next.

Correction reports submitted in connection with 1st – 10th reports must be identified with a correction type and sequence number. Refer to Part II, Items (2) and (3) of this Plan for specific codes and instructions.

Correction reports must be filed as soon as the changes are known.