

A. CODES COMMON TO PREMIUM AND LOSSES

1. **Reporting Number and Valuation Date**

Code	Description
1	Valued as of the 18 th month after the month in which the policy became effective
2	Valued 30 months after the month in which the policy became effective
3	Valued 42 months after the month in which the policy became effective
4	Valued 54 months after the month in which the policy became effective
5	Valued 66 months after the month in which the policy became effective
6	Valued 78 months after the month in which the policy became effective
7	Valued 90 months after the month in which the policy became effective
8	Valued 102 months after the month in which the policy became effective
9	Valued 104 months after the month in which the policy became effective
A	Valued 126 months after the month in which the policy became effective

2. **Correction Type**

Indicates the type of correction report being submitted. Applicable only to correction reports.

Code	Description
H	Header Record Correction
E	Exposure Record Correction (First Reports Only)
L	Loss Record Correction
T	Total Record Correction Only
M	Multiple Record Corrections

3. **Exposure State**

The following state code number **must** be used: New York – 31.

4. Policy Conditions

Report the 1-position code for each policy condition.

a. Three Year Fixed Rate Indicator

“Y” = Policy is a three-year fixed rate policy

“N” = Policy is not a three-year fixed rate policy

b. Multi-state Policy Indicator

“Y” = Policy is a multi-state policy

“N” = Policy is not a multi-state policy

c. Interstate Policy Indicator

“Y” = Policy is interstate rated

“N” = Policy is not interstate rated

d. Estimated Audit Code

“Y” = Exposures expressed on unit report are estimated

“N” = Exposures expressed on unit report are not estimated

“U” = Exposures expressed on unit report are estimated – uncooperative insured

e. Retrospective Rated Policy Indicator

“Y” = Policy is retrospectively rated

“N” = Policy is not retrospectively rated

f. Canceled Mid-Term Indicator

“Y” = Policy has been canceled mid-term

“N” = Policy has not been canceled mid-term

g. Managed Care Organization Indicator

“Y” = Policy has provisions for the administration of losses under an approved managed care organization or preferred provider organization

“N” = Policy does not have provisions for the administration of losses by an approved managed

care organization or preferred provider organization

5. Policy Type ID

Identifies the type of coverage, plan indicator and non-standard provisions of the policy.

a. Type of Coverage

Code	Description
01	Standard Workers' Compensation Policy
09	Non-Standard Policy

b. Plan Type

Code	Description
01	Voluntary Policy

c. Non-Standard Type

Code	Description
01	Non-Standard Code Does Not Apply
02	Excluding Medical
06	Excess Medical

6. Deductible Type

Identifies the type of deductible being reported.

a. Type of Deductible – First Two Positions

Code	Description
00	No Deductible
01	Medical Losses Only
02	Indemnity Losses Only
03	Medical & Indemnity Losses

b. **Type of Plan – Second Two Positions**

Code	Description
00	No Deductible
01	Per Claim
02	Per Accident
03	Per Policy (Aggregate)
04	Percent of Claim Cost
05	Percent of Premium
06	Coinsurance Only
07	Benefit Coinsurance
08	Per Accident Coinsurance
09	Per Policy and Accident (Aggregate)
10	Per Claim and Policy (Aggregate)
11	Coinsurance Percent With Claim and Policy Aggregate Limits
12	Variable