

8. MULTI-STATE POLICIES	
	<p>Statistical reports must be filed for each state of a multi-state policy. A report must be filed for each state on a policy with estimated exposure, including those for which no exposure was developed.</p>
★	<p>For policies with effective date on or before December 31, 2020, statistical reports for New York coverage on a multi-state policy must be filed with the Rating Board and if applicable, with the National Council on Compensation Insurance (“NCCI”).</p> <p>For policies with effective date on or after January 1, 2021, statistical reports for New York coverage on a multi-state policy must be filed with the Rating Board and are no longer required to be reported to NCCI.</p>
9. UNCOLLECTIBLE PREMIUMS	
	<p>(a) Audited Policies</p> <p>Report all earned premiums for those policies on which an audit has been conducted and the earned premium is known, even if the premium is uncollectible. Likewise, report the corresponding exposure and loss data.</p>
	<p>(b) Policies on Which a Final Audit is Not Possible</p> <p>Report the estimated earned premium and exposure corresponding to the term of coverage for those policies on which a final audit is not possible and the audited earned premium and exposure is not known. Likewise, report the loss data for the corresponding term of coverage.</p>
10. REINSURANCE	
	<p>Statistics are to be reported only for direct business. Do not submit unit statistical reports for workers’ compensation assumed policies (e.g., exclude premiums received from, or losses paid to, other carriers on account of reinsurance assumed by the carrier). Do not submit unit report statistics for workers’ compensation ceded policies (e.g., reductions should not be made for premiums ceded to, or for losses recovered from, other carriers due to ceded reinsurance).</p>

9. EXPOSURE STATE	
	Report the state in which coverage is provided. The exposure state should always be "31" for New York. If New York is not the exposure state a USR is not required to be submitted to the Rating Board.
10. STATE EFFECTIVE DATE	
	Report in the format (YYMMDD), the year, month and day of the endorsement effective date if the New York Coverage was endorsed mid-term; otherwise, zero-fill this field.
11. RISK ID NUMBER (OPTIONAL)	
★	Report the 7-position Coverage Identification Number assigned by the Rating Board, if available.
12. EMPLOYER NAME	
	Report the primary name of the employer as shown in Item 1. of the Policy Information Page or as endorsed.
13. EMPLOYER ADDRESS	
	Report the street address, city, state and zip code of the employer as shown on Item 1. of the Policy Information Page or as endorsed.
14. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	
	Report the Federal Employer Identification Number of the employer shown on the Policy Information Page.

15. POLICY CONDITIONS		
Report the 1 position alphabetical code for each of the policy conditions that apply to the statistical data being reported:		
Category	Description	Code
Three-Year Fixed Rate Policy Indicator	Policy is a three-year fixed rate.	Y
	Policy is not a three-year fixed rate.	N
Multi-state Policy Indicator	Policy is a multi-state policy.	Y
	Policy is not a multi-state policy.	N
★ Interstate Rated Policy Indicator	Policy is interstate rated. (Not applicable for policies effective on or after January 1, 2023).	Y
	Policy is not interstate rated.	N
Estimated Audit Indicator	Exposures expressed on unit report are estimated.	Y
	Exposures on unit report are not estimated.	N
	Exposures on unit report are Estimated - Uncooperative Insured.	U
Retrospective Rated Policy Indicator	Policy is retrospectively rated.	Y
	Policy is not retrospectively rated.	N
Canceled Mid-Term Policy Indicator	Policy was canceled mid-term.	Y
	Policy was not canceled mid-term.	N

	<p>(b) Construction Classification Premium Adjustment Program Premium Credit</p> <p>Report the premium credit amount resulting from this program under Statistical Code 9046 "Premium Adjustment Credit Factor."</p>										
	<p>(c) Drug-Free Workplace Premium Credit</p> <p>Report the premium credit amount under Statistical Code 9846 "Drug-Free Workplace Credit – Not Subject to Experience Rating" for policies written in conjunction with a carrier filed Drug-Free Workplace Program, when filed not subject to experience rating.</p>										
	<p>(d) Deductible Programs</p> <p>Report the premium credit amount for carrier filed and approved deductible programs under Statistical Code 9663 "Deductible Prem. Credit After Experience Rating" when filed not subject to experience rating.</p>										
	<p>(e) Managed Care/Preferred Provider Organization Premium Credit</p> <p>Report the premium credit amount under Statistical Code 9874 "Managed Care/PPO Prem Credit – Not Subject to Experience Rating" for policies written in conjunction with a carrier filed and approved Managed Care or Preferred Provider Organization program.</p>										
★	<p>(f) Merit Rating Premium Amount (Not applicable for policies effective on or after October 1, 2022).</p> <p>Report the premium amount resulting from the application of New York Merit Rating factors as follows:</p> <table border="1" data-bbox="212 1287 1468 1465"> <thead> <tr> <th>Merit Rating Factor</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>.92</td> <td>9885</td> </tr> <tr> <td>1.00</td> <td>9884</td> </tr> <tr> <td>1.04</td> <td>9896</td> </tr> <tr> <td>1.08</td> <td>9886</td> </tr> </tbody> </table> <p>Note: Zero-fill the premium amount when Code 9884 applies.</p>	Merit Rating Factor	Code	.92	9885	1.00	9884	1.04	9896	1.08	9886
Merit Rating Factor	Code										
.92	9885										
1.00	9884										
1.04	9896										
1.08	9886										
	<p>(g) Minimum Premium Policies</p> <p>(i) Other than Maritime or FELA</p> <p>The additional premium necessary to bring the total standard premium up to the minimum premium must be reported separately from the classification code(s) manual premium and the expense constant. The Balance to Minimum Premium must be report under Statistical Code 0990 "Minimum Premium Balance." The amount reported under this statistical code should not include the expense constant.</p> <p>Note: If the minimum premium applies to a multi-state policy, the additional premium required to bring the total risk standard premium up to the minimum premium must be reported to the state with the highest minimum premium.</p>										

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 (14) of this Plan.
- A claim, or any part thereof, is declared non-compensable as defined in Part IV, Item (16)(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 reporting. 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 (9) "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.

(b) Premium Not Subject to Experience Modification (Lines "D", "E" or "F")		
	Description	Code
	(i) Radiation Exposure	9985
	(ii) CPAP Premium Credit	9046
	(iii) Premium Credit From Carrier Filed Drug-Free Workplace Program After Experience Rating	9846
	(iv) Deductible Applied to Manual Premium From Carrier Filed Deductible Programs After Experience Modification	9663
	(v) Premium Credit From Managed Care or Preferred Provider Organization Programs	9874
★	(i) New York Merit Rating Program (Not applicable for policies with effective dates on or after October 1, 2022) Factor = .92 Factor = 1.00 Factor = 1.04 Factor = 1.08	9885 9884 9896 9886
	(ii) Premium to Balance To Minimum Premium Other Than Maritime or FELA Maritime or FELA	9884 9849
	(iii) Non-Ratable Elements For Class 4771 For Class 7405 For Class 7431	0771 7445 7453
	(iv) Compulsory Workplace Safety Program Surcharge	9747