2010 ANNUAL REPORT

WORKERS' COMPENSATION BOARD

Andrew M. Cuomo, Governor

Robert E. Beloten, Chair
The Workers’ Compensation Board is pleased to submit its 2010 annual report. Pursuant to Workers’ Compensation Law § 153, this report sets forth basic data regarding the Board’s operations, including assembly and adjudication of workers’ compensation claims and issuance of stop work orders against employers that fail to maintain appropriate workers’ compensation coverage.

Workers’ Compensation Board Operations
The Board maintains 11 district offices and 21 customer service centers throughout the state. (Appendix (A) – 1.)

Stop Work Orders
As part of the 2007 workers’ compensation reform law, the Board gained authority to issue a stop work order (SWO) if an employer that is required to have workers’ compensation coverage fails to carry it or has failed to pay Board penalties (WCL § 141-a). The new SWO authority has been a very effective means to promote compliance, especially among small employers. More than 50% of employers that received a SWO obtained insurance coverage within 24 hours of the SWO and 88% overall obtained insurance. The Board issued 1,616 SWOs in 2010 and 5,443 SWOs since July 2007. (A – 2.)

Claims
Assembly
Claim assembly occurs when the Board learns of a workplace injury and assigns the claim a WCB claim number.1 The Board “assembles” a claim in which an injured worker has lost more than one week of work, has a serious injury that may result in a permanent disability, is disputed by the carrier or employer, or receives a claim form from the injured worker (Form C-3). A claim that is not eligible for an indemnity award, and only receives compensation for medical treatment (i.e. “medical-only”), is not always assembled.2

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1 Assembly was introduced in 2008 in connection with the Rocket Docket regulations for controverted claims, part of the 2007 reform. Prior to 2008, new claims were both assembled and “indexed” when the Board received notice of the workplace injury. The count of assembled claims post-reform (September 28, 2008) here excludes claims that were assigned a claim number but for which the Board does not receive sufficient information, despite requests, to take further action. The standard for assembling a claim today is very similar to the indexing standard used for claims before 2008.
2 Medical-only claims are assembled if there is a request for treatment that costs more than $1,000 (Form C-4AUTH), an objection to a medical bill (Form C-8.1 or C-8.4), or a request for a variance from the medical treatment guidelines (Form MG-2).
Consistent with national trends, the number of workers’ compensation claims has been declining over the last decade. (A – 3.) The Board assembled 122,062 claims in 2010, which is slightly higher than 2009 (119,122). (A – 3, 4.) This represents approximately 2.2 claims for every 100 workers covered by workers’ compensation in the economy. (A-5.) The geographic distribution of assembled claims is represented in the map in A - 6.

**Reopened Claims**
More than 196,000 claims were reopened during 2010. A reopened claim is reactivated to resolve new issues following a finding that no further action was necessary. In contrast with the trend of declining new claims, the Board has experienced consistent growth in the number of reopened claims over the last decade, with the exception of a small decline in 2010. (A – 3.)

**Controverted Claims**
Controverted claims are those in which the insurance carrier or self-insured employer challenges the injured worker’s eligibility for workers’ compensation benefits and in which a pre-hearing conference is held.³ The 2007 reform created the Rocket Docket to address concerns about how long it took to resolve controverted claims. Since 2008, the number of controverted claims has declined dramatically, though there was an 8% increase in 2010 (9,113) relative to 2009 (8,461). (A – 7.) There has been a similar decline in the number of C-7 forms filed. (A – 7.) A breakdown of controverted claims by district is at A – 8. The rate of controversy in 2010, whether measured at 90, 180 or 360 days, remained stable at 7%. (A – 9.)

The Rocket Docket sets a goal of having a pre-hearing conference within 30 days of the date of controversy and of resolving the controverted claim within 90 days. On average, pre-hearing conferences were held after just 26 days. (A – 10.) On average it took 72 days to address the issues in the controverted claims. (A – 11.) Nearly 60% of controverted claims met the goal of being resolved within 90 days, while another 21% were resolved in 91-180 days. (A – 12.)

**Accepted Claims**
Regulations require the Board to issue a formal decision determining liability in all claims involving more than one week of lost time, even if the carrier has accepted the claim and is making payment. The Board also issues such determinations in claims that are assembled where there is no compensatory lost time. To find liability, the Board must determine that there was 1) an accident or occupational disease, 2) timely notice given to the employer, and 3) a causal relationship between the work injury or illness and the consequential disability. This is known as ANCR⁴ or ODNCR⁵.

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³ Carriers file a C-7 form to challenge a claim, but the BOARD’s business rules do not treat a claim as controverted unless a qualifying medical form is filed by an authorized heath care provider. In many claims, the carrier withdraws the C-7 or the claimant does not pursue the claim.
⁴ Accident, Notice, Causal Relationship
⁵ Occupational Disease, Notice, Causal Relationship
In 2010, the Board established 110,760 claims: 110,096 under the Workers’ Compensation Law and the remaining 664 under either the Volunteer Firefighter or Volunteer Ambulance Workers Benefit Laws. (A – 13.) The breakdown of established claims by district is in A – 14. These claims include both controverted and non-controverted claims. Almost half of these claims were established within 120 days from assembly with another 22% established in 120-180 days. (A – 15.)

Claim Resolutions
By statute, the Board resolves issues in workers’ compensation claims through both formal and informal means. The Board issued more than 300,000 resolutions in 2010 – nearly two-thirds of which were formal.

Formal resolution refers to the formal hearing process, in which a workers’ compensation law judge receives evidence, hears testimony, decides disputed legal and factual questions, and awards benefits. There were 199,284 formal resolutions in 2010, including 10,576 that involved Section 32 waiver agreements. (A – 16.)

Informal resolutions do not involve hearings. Decisions are made based on information collected in the electronic case file of the injured worker. Informal resolutions, which include administrative determinations and conciliation, are used to memorialize certain events in a claim that require a Board decision when there is no dispute between the parties. Informal resolutions are proposed by the Board and are not effective if either party objects within 30 days. In 2010, there were 69,708 administrative determinations and 34,537 conciliation decisions. (A – 16.)

Hearings
The Board is unique in the United States for its use of formal hearings to address issues in workers’ compensation claims. In 2010, the Board held 291,737 hearings, more than any other state in the country. (A – 17.) The number of hearings has been increasing over the last several years despite the lower claim counts and the vast reduction in controverted claims. (A – 18.)

Not every hearing results in a resolution of the open issues in the claim. Approximately 65% (188,708) of hearings resulted in a resolution. (A – 19.) On average, 1.5 hearings were required before the first indemnity benefit was awarded, for those claims handled by the hearing process. (A – 20.)

The Board has steadily reduced the number of claims pending at the end of the year. This suggests that claims are getting on the law judge’s hearing calendar more quickly and are not remaining in an open status for an extended period. At the end of 2010, 85,286 claims were pending (A – 21.) The ratio of hearings to pending claims has been increasing steadily throughout the decade. (A – 18.)
**Average Weekly Wage**

Indemnity benefits are based on the injured worker’s average weekly wage (AWW) in the year prior to the accident, subject to statutory maximum benefit rates. The 2007 reform provided for a series of increases in the maximum benefit rate, which hadn’t increased in more than a decade. For accidents between July 1, 2010 and June 30, 2011, the maximum rate is $739.83, which is 2/3 of the prior year’s state average weekly wage.

There is a wide distribution of average weekly wages in established claims in 2010. More than 35% of claimants had an AWW of less than $600, while 22.4% had an AWW at or above the state average weekly wage of $1,109.75. Another 24.8% had an AWW between $750 and $1,109.74. (A – 22.)

Respectfully submitted,

Robert Beloten
Chair
New York State Workers’ Compensation Board
Current District Office
And
Service Center Locations

Source: New York State Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
As of 1/04/2011
Oswego and Norwich Customer Service Centers closed as of Oct. 2010

[Map of New York State showing district office and service center locations]
*Includes all SWOs served from 1/01/2010 through 12/31/2010. A total of 5,443 SWOs have been issued since the implementation of the Stop Work Order program on July 17, 2007.

NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

New York State Workers' Compensation Board
Stop Work Orders (SWOs) Served*

<table>
<thead>
<tr>
<th>County Name</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kings</td>
<td>470</td>
</tr>
<tr>
<td>Queens</td>
<td>357</td>
</tr>
<tr>
<td>Nassau</td>
<td>182</td>
</tr>
<tr>
<td>New York</td>
<td>150</td>
</tr>
<tr>
<td>Richmond</td>
<td>119</td>
</tr>
<tr>
<td>Bronx</td>
<td>98</td>
</tr>
<tr>
<td>Suffolk</td>
<td>65</td>
</tr>
<tr>
<td>Westchester</td>
<td>45</td>
</tr>
<tr>
<td>Rockland</td>
<td>22</td>
</tr>
<tr>
<td>Dutchess</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>1,616</td>
</tr>
</tbody>
</table>

*SWOs Served Top Counties

A-2
The count of claims assembled post WCB reform (after September 28, 2008) excludes claims that were assigned a WCB claim number but for which the Board did not receive sufficient information, despite requests, to take further action.

A reopened claim is one which has been reactivated to resolve new issues following a finding that no further action was necessary.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
Claims Assembled in 2010
By District Office

Assembled and Reopened Claims in 2010
By District Office

<table>
<thead>
<tr>
<th>District Office</th>
<th>Claims Assembled</th>
<th>Claims Reopened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan</td>
<td>15,974</td>
<td>22,631</td>
</tr>
<tr>
<td>Queens</td>
<td>15,035</td>
<td>21,270</td>
</tr>
<tr>
<td>Albany</td>
<td>14,433</td>
<td>18,385</td>
</tr>
<tr>
<td>Hauppauge</td>
<td>11,814</td>
<td>18,268</td>
</tr>
<tr>
<td>Buffalo</td>
<td>11,190</td>
<td>18,268</td>
</tr>
<tr>
<td>Syracuse</td>
<td>11,136</td>
<td>19,777</td>
</tr>
<tr>
<td>Rochester</td>
<td>9,851</td>
<td>16,072</td>
</tr>
<tr>
<td>Peekskill</td>
<td>9,827</td>
<td>19,301</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>9,430</td>
<td>13,936</td>
</tr>
<tr>
<td>Hempstead</td>
<td>7,910</td>
<td>14,852</td>
</tr>
<tr>
<td>Binghamton</td>
<td>5,462</td>
<td>9,256</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>122,062</strong></td>
<td><strong>196,160</strong></td>
</tr>
</tbody>
</table>

The count of claims assembled post WCB reform (after September 28, 2008) excludes claims that were assigned a WCB claim number but for which the Board did not receive sufficient information, despite requests, to take further action.

A reopened claim is one which has been reactivated to resolve new issues following a finding that no further action was necessary.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
Estimated Annual Rate of Claims Assembled per 100 Workers in 2010

<table>
<thead>
<tr>
<th>Month</th>
<th>Estimated Annual Rate of Claims Assembled per 100 Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>2.0</td>
</tr>
<tr>
<td>February</td>
<td>2.0</td>
</tr>
<tr>
<td>March</td>
<td>2.6</td>
</tr>
<tr>
<td>April</td>
<td>2.3</td>
</tr>
<tr>
<td>May</td>
<td>2.1</td>
</tr>
<tr>
<td>June</td>
<td>2.4</td>
</tr>
<tr>
<td>July</td>
<td>2.2</td>
</tr>
<tr>
<td>August</td>
<td>2.3</td>
</tr>
<tr>
<td>September</td>
<td>2.2</td>
</tr>
<tr>
<td>October</td>
<td>2.1</td>
</tr>
<tr>
<td>November</td>
<td>2.0</td>
</tr>
<tr>
<td>December</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Average: 2.2

The total employment from American Community Survey less estimated non-coverage workers and claims assembled by WCB during report period are used for calculation. Number is converted to yearly rate for easy comparison.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
New York State Workers' Compensation Board
Claims Assembled in 2010 by County

Distribution of Claims Assembled in 2010 by County

- 10,001 to 20,000 (4)
- 5,001 to 10,000 (5)
- 1,001 to 5,000 (15)
- 0 to 1,000 (38)

Source: New York State Workers' Compensation Board
Division of Policy and Program Development / Office of MIS
Controverted Claims and C-7 Forms Filed
In 2008 - 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Controverted Claims</th>
<th>Percent Change</th>
<th>C-7 Forms Filed</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>16,083</td>
<td>N/A</td>
<td>28,175</td>
<td>N/A</td>
</tr>
<tr>
<td>2009</td>
<td>8,461</td>
<td>-47%</td>
<td>16,686</td>
<td>-41%</td>
</tr>
<tr>
<td>2010</td>
<td>9,113**</td>
<td>8%</td>
<td>18,589</td>
<td>11%</td>
</tr>
</tbody>
</table>

* Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.

** 101 claims removed from this population due to data anomalies.

A controverted claim is one for which the Board has received: 1) “Notice That Right To Compensation Is Controverted” (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

“C-7 Forms Filed” is a count of the “Notice That Right To Compensation Is Controverted” forms filed with the Board.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
A controverted claim is one for which the Board has received: 1) “Notice That Right To Compensation Is Controverted” (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS

<table>
<thead>
<tr>
<th>District Office</th>
<th>Number of Claims Controverted*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan</td>
<td>1,466</td>
</tr>
<tr>
<td>Queens</td>
<td>1,334</td>
</tr>
<tr>
<td>Albany</td>
<td>937</td>
</tr>
<tr>
<td>Peekskill</td>
<td>909</td>
</tr>
<tr>
<td>Buffalo</td>
<td>851</td>
</tr>
<tr>
<td>Syracuse</td>
<td>842</td>
</tr>
<tr>
<td>Hauppauge</td>
<td>734</td>
</tr>
<tr>
<td>Rochester</td>
<td>565</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>532</td>
</tr>
<tr>
<td>Hempstead</td>
<td>527</td>
</tr>
<tr>
<td>Binghamton</td>
<td>416</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,113</strong></td>
</tr>
</tbody>
</table>

* Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.
** 101 claims removed from this population due to data anomalies.
### Percentage of Assembled Claims Controverted
#### 2010 Report

#### Rate of Controversy

<table>
<thead>
<tr>
<th>Rate of Controversy</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 Day Rate of Controversy</td>
<td>7.0%</td>
</tr>
<tr>
<td>Claims Assembled (Oct. 2009 to Sept. 2010)</td>
<td>119,402</td>
</tr>
<tr>
<td>Claims Controverted</td>
<td>8,318</td>
</tr>
<tr>
<td>180 Day Rate of Controversy</td>
<td>7.1%</td>
</tr>
<tr>
<td>Claims Assembled (July 2009 to June 2010)</td>
<td>119,414</td>
</tr>
<tr>
<td>Claims Controverted</td>
<td>8,487</td>
</tr>
<tr>
<td>360 Day Rate of Controversy</td>
<td>7.0%</td>
</tr>
<tr>
<td>Claims Assembled (Jan. 2009 to Dec. 2009)</td>
<td>115,811</td>
</tr>
<tr>
<td>Claims Controverted</td>
<td>8,082</td>
</tr>
</tbody>
</table>

This report is run with a ‘90 day’, ‘180 day’ and ‘360 day’ lag. It presents the rates of controversy for claims assembled during the 12 month periods ending 90 days ago, 180 days ago and 360 days ago as of January 1, 2011.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
### Claims Controverted in the First Nine Months of 2010
#### By Number of Days to Resolve the Issues

<table>
<thead>
<tr>
<th>Days</th>
<th>Controverted Claims*</th>
<th>Percentage of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unresolved Claims</td>
<td>878</td>
<td>12.8%</td>
</tr>
<tr>
<td>0 to 90 Days</td>
<td>4,048</td>
<td>59.2%</td>
</tr>
<tr>
<td>91 to 180 Days</td>
<td>1,453</td>
<td>21.2%</td>
</tr>
<tr>
<td>181 to 270 Days</td>
<td>369</td>
<td>5.4%</td>
</tr>
<tr>
<td>271+ Days</td>
<td>90</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6838</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.

** 82 claims removed from this population due to data anomalies.

A controverted claim is one for which the Board has received: 1) “Notice That Right To Compensation Is Controverted” (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

Controversy is resolved when the Board accepts the claim, closes it administratively, decides that no further action is necessary, or files a typist form letter “Notice to Carrier Regarding Action Taken on Form C-7” indicating the controversy is resolved.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
Average Number of Days to Resolve the Issues Raised in a Controverted Claim in 2010
By Month

<table>
<thead>
<tr>
<th>Month</th>
<th>Average Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>70</td>
</tr>
<tr>
<td>February</td>
<td>66</td>
</tr>
<tr>
<td>March</td>
<td>73</td>
</tr>
<tr>
<td>April</td>
<td>73</td>
</tr>
<tr>
<td>May</td>
<td>71</td>
</tr>
<tr>
<td>June</td>
<td>74</td>
</tr>
<tr>
<td>July</td>
<td>72</td>
</tr>
<tr>
<td>August</td>
<td>71</td>
</tr>
<tr>
<td>September</td>
<td>75</td>
</tr>
<tr>
<td>October</td>
<td>77</td>
</tr>
<tr>
<td>November</td>
<td>70</td>
</tr>
<tr>
<td>December</td>
<td>75</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>

A claim is considered eligible for hearing as a controverted claim only if a C-7 form and a qualifying medical form have been filed.

Controversy is resolved when the Board accepts the claim, closes it administratively, decides that no further action is necessary, or files a typist form letter “Notice to Carrier Regarding Action Taken on Form C-7” indicating the controversy is resolved.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
### Pre-Hearing Conferences (PHC) Held in 2010
#### Median Days from Controversy to PHC
By Month

<table>
<thead>
<tr>
<th>Month</th>
<th>Total PHC</th>
<th>Eligible PHC*</th>
<th>Median Days from Controversy to PHC</th>
<th>Unknown Controversy Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>527</td>
<td>511</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>February</td>
<td>573</td>
<td>557</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>March</td>
<td>679</td>
<td>645</td>
<td>26</td>
<td>34</td>
</tr>
<tr>
<td>April</td>
<td>691</td>
<td>645</td>
<td>26</td>
<td>46</td>
</tr>
<tr>
<td>May</td>
<td>635</td>
<td>607</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>June</td>
<td>766</td>
<td>730</td>
<td>25</td>
<td>36</td>
</tr>
<tr>
<td>July</td>
<td>637</td>
<td>610</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>August</td>
<td>806</td>
<td>766</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>September</td>
<td>660</td>
<td>628</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>October</td>
<td>655</td>
<td>618</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td>November</td>
<td>799</td>
<td>766</td>
<td>26</td>
<td>33</td>
</tr>
<tr>
<td>December</td>
<td>609</td>
<td>588</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td><strong>8,037</strong></td>
<td><strong>7,671</strong></td>
<td><strong>26</strong></td>
<td><strong>366</strong>*</td>
</tr>
</tbody>
</table>

*Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.*

* An ‘Eligible PHC’ is the first pre-hearing conference for a controverted claim.

** The total number of PHCs held in calendar year 2010 is 8,493; out of these claims, 456 had a PHC in the previous year.

*** The ‘Unknown Controversy Date’ number reflects re-opened controverted claims, data anomalies, and claims with unknown controversy dates.

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A controverted claim is one for which the Board has received: 1) “Notice That Right To Compensation Is Controverted” (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

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Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
## Claims Accepted in 2010
### By Claim Type and Month

<table>
<thead>
<tr>
<th>Month Accepted</th>
<th>Total Claims Accepted</th>
<th>WCL Claims (a)</th>
<th>VFBL Claims (b)</th>
<th>VAWBL Claims (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>9,082</td>
<td>9,036</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>February</td>
<td>8,397</td>
<td>8,345</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>March</td>
<td>9,714</td>
<td>9,668</td>
<td>43</td>
<td>3</td>
</tr>
<tr>
<td>April</td>
<td>9,602</td>
<td>9,538</td>
<td>59</td>
<td>5</td>
</tr>
<tr>
<td>May</td>
<td>9,727</td>
<td>9,670</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>June</td>
<td>10,509</td>
<td>10,438</td>
<td>66</td>
<td>5</td>
</tr>
<tr>
<td>July</td>
<td>9,467</td>
<td>9,426</td>
<td>37</td>
<td>4</td>
</tr>
<tr>
<td>August</td>
<td>9,305</td>
<td>9,251</td>
<td>45</td>
<td>9</td>
</tr>
<tr>
<td>September</td>
<td>8,625</td>
<td>8,574</td>
<td>45</td>
<td>6</td>
</tr>
<tr>
<td>October</td>
<td>9,112</td>
<td>9,051</td>
<td>55</td>
<td>6</td>
</tr>
<tr>
<td>November</td>
<td>8,035</td>
<td>7,970</td>
<td>64</td>
<td>1</td>
</tr>
<tr>
<td>December</td>
<td>9,185</td>
<td>9,129</td>
<td>51</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110,760</strong></td>
<td><strong>110,096</strong></td>
<td><strong>605</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

(a) Claims under the Workers’ Compensation Law  
(b) Claims under the Volunteer Firefighters’ Benefit Law  
(c) Claims under the Volunteer Ambulance Workers’ Benefit Law

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim’s status; it is estimated that these affirmations account for less than 5% of the total.)

Source: NYS Workers’ Compensation Board  
Division of Policy and Program Development / Office of MIS
Percentage of All Claims Accepted in 2010
By District Office

Manhattan, 12%
Albany, 12%
Queens, 11%
Binghamton, 5%
Brooklyn, 5%
Hempstead, 7%
Rochester, 9%
Peekskill, 9%
Buffalo, 10%
Hauppauge, 10%
Syracuse, 10%

Claims Accepted in 2010
By District Office

<table>
<thead>
<tr>
<th>District Office</th>
<th>Claims Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan</td>
<td>13,474</td>
</tr>
<tr>
<td>Albany</td>
<td>13,374</td>
</tr>
<tr>
<td>Queens</td>
<td>12,509</td>
</tr>
<tr>
<td>Hauppauge</td>
<td>11,304</td>
</tr>
<tr>
<td>Syracuse</td>
<td>11,102</td>
</tr>
<tr>
<td>Buffalo</td>
<td>11,018</td>
</tr>
<tr>
<td>Peekskill</td>
<td>10,121</td>
</tr>
<tr>
<td>Rochester</td>
<td>9,442</td>
</tr>
<tr>
<td>Hempstead</td>
<td>7,252</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>5,665</td>
</tr>
<tr>
<td>Binghamton</td>
<td>5,499</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110,760</strong></td>
</tr>
</tbody>
</table>

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim’s status; it is estimated that these affirmations account for less than 5% of the total.)

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
Claims are assembled when the Board has received sufficient documentation that a work related accident or disease may have occurred.

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim’s status; it is estimated that these affirmations account for less than 5% of the total.)
Resolutions by Board Processes in 2010

<table>
<thead>
<tr>
<th>Claim Resolution</th>
<th>Number of Resolutions</th>
<th>Percentage of Resolutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal</td>
<td>104,245</td>
<td>34.3%</td>
</tr>
<tr>
<td>Administrative</td>
<td>69,708</td>
<td>23.0%</td>
</tr>
<tr>
<td>Conciliation</td>
<td>34,537</td>
<td>11.4%</td>
</tr>
<tr>
<td><strong>Formal</strong></td>
<td><strong>199,284</strong></td>
<td><strong>65.7%</strong></td>
</tr>
<tr>
<td>Hearings</td>
<td>188,708</td>
<td>62.2%</td>
</tr>
<tr>
<td>Waiver Agreements</td>
<td>10,576</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>303,529</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*“Administrative” includes Administrate Determinations, Administrative Closures and Cancellations (A claim is cancelled if it is determined to be a duplicate).*

*“Conciliation” provides an informal and prompt resolution of the claim based upon the cooperation of both parties: the injured worker and the insurance carrier/self-insured employer.*

A claim resolved by the “Hearing” process is one for which a judge had determined that no further action by the Board was necessary at the conclusion of the hearing, this includes Pre-Hearing Conferences. A Pre-Hearing Conference provides a mechanism for the identification of issues and relevant evidence and to permit parties [in interest] an opportunity to assess their case and to resolve outstanding issues prior to [trial] scheduling a hearing regarding those issues.

*“Waiver Agreements” settle any or all issues in a claim for workers’ compensation benefits, subject to the Board’s approval.*

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
### Hearings Held in 2010
#### By District Office

<table>
<thead>
<tr>
<th>District Office</th>
<th>Number of Hearings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooklyn</td>
<td>38,252</td>
</tr>
<tr>
<td>Manhattan</td>
<td>33,630</td>
</tr>
<tr>
<td>Hauppauge</td>
<td>32,815</td>
</tr>
<tr>
<td>Queens</td>
<td>30,683</td>
</tr>
<tr>
<td>Buffalo</td>
<td>27,926</td>
</tr>
<tr>
<td>Peekskill</td>
<td>27,474</td>
</tr>
<tr>
<td>Albany</td>
<td>25,138</td>
</tr>
<tr>
<td>Hempstead</td>
<td>22,660</td>
</tr>
<tr>
<td>Rochester</td>
<td>20,927</td>
</tr>
<tr>
<td>Syracuse</td>
<td>20,410</td>
</tr>
<tr>
<td>Binghamton</td>
<td>11,822</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>291,737</strong></td>
</tr>
</tbody>
</table>

The number of hearings excludes commissioner hearings, board panel reviews and waiver agreements.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
Number of Hearings Held
Nine Year Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Hearings Held</th>
<th>Claims Pending at End of Year</th>
<th>Ratio of Hearings Held to Claims Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>369,819</td>
<td>160,176</td>
<td>2.3</td>
</tr>
<tr>
<td>2003</td>
<td>337,396</td>
<td>149,588</td>
<td>2.3</td>
</tr>
<tr>
<td>2004</td>
<td>319,751</td>
<td>137,735</td>
<td>2.3</td>
</tr>
<tr>
<td>2005</td>
<td>305,722</td>
<td>126,054</td>
<td>2.4</td>
</tr>
<tr>
<td>2006</td>
<td>290,406</td>
<td>122,860</td>
<td>2.4</td>
</tr>
<tr>
<td>2007</td>
<td>287,864</td>
<td>116,392</td>
<td>2.5</td>
</tr>
<tr>
<td>2008</td>
<td>267,277</td>
<td>96,058</td>
<td>2.8</td>
</tr>
<tr>
<td>2009</td>
<td>279,870</td>
<td>90,315</td>
<td>3.1</td>
</tr>
<tr>
<td>2010</td>
<td>291,737</td>
<td>85,286</td>
<td>3.4</td>
</tr>
</tbody>
</table>

The number of hearings excludes commissioner hearings, board panel reviews and waiver agreements.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
Number of Claims Resolved by Hearing Process in 2010
By Month

<table>
<thead>
<tr>
<th>Month</th>
<th>Resolved by Hearing Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>15,072</td>
</tr>
<tr>
<td>February</td>
<td>14,693</td>
</tr>
<tr>
<td>March</td>
<td>16,389</td>
</tr>
<tr>
<td>April</td>
<td>16,345</td>
</tr>
<tr>
<td>May</td>
<td>15,712</td>
</tr>
<tr>
<td>June</td>
<td>17,172</td>
</tr>
<tr>
<td>July</td>
<td>15,603</td>
</tr>
<tr>
<td>August</td>
<td>15,893</td>
</tr>
<tr>
<td>September</td>
<td>14,847</td>
</tr>
<tr>
<td>October</td>
<td>16,003</td>
</tr>
<tr>
<td>November</td>
<td>14,218</td>
</tr>
<tr>
<td>December</td>
<td>16,761</td>
</tr>
<tr>
<td>Total</td>
<td>188,708</td>
</tr>
</tbody>
</table>

*As of 1/31/2011.

A claim resolved by the Hearing process is one for which a judge had determined that no further action by the Board was necessary at the conclusion of the hearing, this includes Pre-Hearing Conferences. A Pre-Hearing Conference provides a mechanism for the identification of issues and relevant evidence and to permit parties [in interest] an opportunity to assess their case and to resolve outstanding issues prior to [trial] scheduling a hearing regarding those issues.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
Average Number of Hearings to First Indemnity Award for Claims that Required Hearings in 2010

By Month

<table>
<thead>
<tr>
<th>Month</th>
<th>Average Hearings per Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1.5</td>
</tr>
<tr>
<td>February</td>
<td>1.4</td>
</tr>
<tr>
<td>March</td>
<td>1.5</td>
</tr>
<tr>
<td>April</td>
<td>1.5</td>
</tr>
<tr>
<td>May</td>
<td>1.4</td>
</tr>
<tr>
<td>June</td>
<td>1.5</td>
</tr>
<tr>
<td>July</td>
<td>1.5</td>
</tr>
<tr>
<td>August</td>
<td>1.4</td>
</tr>
<tr>
<td>September</td>
<td>1.5</td>
</tr>
<tr>
<td>October</td>
<td>1.5</td>
</tr>
<tr>
<td>November</td>
<td>1.4</td>
</tr>
<tr>
<td>December</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>1.5</strong></td>
</tr>
</tbody>
</table>

Accepted Claims with indemnity award: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; (3) there is a causal relationship between the work injury or illness and a consequent disability; and (4) the claimant received a monetary award.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS
## Number of Claims Pending
### Nine Year Trend

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Claims Pending at End of Year</th>
<th>Annual Percent Change in Claims Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>160,176</td>
<td>N/A</td>
</tr>
<tr>
<td>2003</td>
<td>149,588</td>
<td>-7%</td>
</tr>
<tr>
<td>2004</td>
<td>137,735</td>
<td>-8%</td>
</tr>
<tr>
<td>2005</td>
<td>126,054</td>
<td>-8%</td>
</tr>
<tr>
<td>2006</td>
<td>122,860</td>
<td>-3%</td>
</tr>
<tr>
<td>2007</td>
<td>116,392</td>
<td>-5%</td>
</tr>
<tr>
<td>2008</td>
<td>96,058</td>
<td>-17%</td>
</tr>
<tr>
<td>2009</td>
<td>90,315</td>
<td>-6%</td>
</tr>
<tr>
<td>2010</td>
<td>85,286</td>
<td>-6%</td>
</tr>
</tbody>
</table>

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS

A pending claim is one with unresolved issues.
### Average Weekly Wage

For Accepted Claims with First Indemnity Award in 2010

<table>
<thead>
<tr>
<th>Average Weekly Wage</th>
<th>Number of Claims</th>
<th>Percentage of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Available</td>
<td>1,583</td>
<td>2.0%</td>
</tr>
<tr>
<td>Less than $150</td>
<td>1,207</td>
<td>1.5%</td>
</tr>
<tr>
<td>$150 - $299</td>
<td>5,686</td>
<td>7.3%</td>
</tr>
<tr>
<td>$300 - $449</td>
<td>9,937</td>
<td>12.7%</td>
</tr>
<tr>
<td>$450 - $599</td>
<td>10,927</td>
<td>14.0%</td>
</tr>
<tr>
<td>$600 - $749</td>
<td>11,945</td>
<td>15.3%</td>
</tr>
<tr>
<td>$750 - $899</td>
<td>9,624</td>
<td>12.3%</td>
</tr>
<tr>
<td>$900 - $1109.74</td>
<td>9,752</td>
<td>12.5%</td>
</tr>
<tr>
<td>$1109.75 or more</td>
<td>17,499</td>
<td>22.4%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>78,160</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

The maximum benefit rate effective 7/1/2010 is based upon the Statewide Average Weekly Wage of $1109.75.

### Claims Accepted

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim's status; it is estimated that these affirmations account for less than 5% of the total.)

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS