

Proposed Instructions

Field	Explanation
WCB Case #	Claim Number Assigned By WCB
CC #	Claim Number Assigned By Insurer
Claimant Name	Name Of Claimant
Beneficiary Information - Name	Name Of Person Receiving Benefits (If Different From Claimant)
Beneficiary Information - Gender	Gender Of Person Receiving Benefits
Beneficiary Information - DOB	Date Of Birth Of Person Receiving Benefits
Beneficiary Information - DOD	Date Of Death Of Person Receiving Benefits (If Applicable)
Beneficiary Information - Age	Age Of Person Receiving Benefits (Form Calculated As Of End Date For Period Reimbursement)
Beneficiary Information - LE	Life Expectancy Of Person Receiving Benefits (Form Calculated Based On 2010 SSA Table)
DOA	Date Of Accident
ANCR/ONDCR	Accident Or Occupational Disease (Check Appropriate Field)
Established Site(s)	Established Body Part(s) of Claim
Capped Case	Subject to Benefit Cap? (Check if Yes)
Benefit Cap	Number Of Weeks Benefits Capped At (If Applicable)
MTG In Effect?	Are Medical Treatment Guidelines Applicable?
Medicare Status	Medicare Status Of Claimant
State of Residence	State Of Residence Of Claimant
Apportionment Findings	% Of Indemnity And Medical Liability Assigned To Claim And Insurer
Concurrent Liability	% Of Indemnity And Medical Liability Assigned Concurrent Employer (Concurrent Employment Claims)
SDF Liability	% Of Indemnity And Medical Liability Assigned Special Disability Fund (Second Injury Claims)
CCP Rate - AWW	Claimant Average Weekly Wage
CCP Rate - Award	CCP Rate Awarded To Beneficiary
CCP Rate - Type	Claimant CCP Type (i.e., PPD, TR, RE, etc.)
CCP Rate - Current	CCP Rate Currently Paid To Beneficiary
CCP Rate - 14(6)	Portion Of Current CCP Rate Attributable To Concurrent Employment
CCP Rate - 15(8)	Portion Of Current CCP Rate Attributable To Second Injury
Begin Date	First Day Of Period For Which Reimbursement Is Claimed ("From Date")
End Date	Last Day Of Period For Which Reimbursement Is Claimant ("To Date")
Weeks	Number Of Weeks For Which Reimbursement is Claimed (Form Calculated)
Total of Period Reimbursement	Total Amount Of Reimbursement Claimed For Period By Fund
Total of Other Reimbursement	Total Amount Of Reimbursement Claimed For Other Payments (e.g.; Lump Sum) By Fund
Credit	Total Amount Of Reimbursement To Be Offset By Credit By Fund
Total Reimbursement	Total Amount of Reimbursement Claimed (Period Plus Other Less Credit) By Fund (Form Calculated)
Projected Life Indemnity	Total Projected Remaining Indemnity Payout By Fund (Form Calculated Based On Life Expectancy)
Last Alive & Well	Date Of Last Alive & Well Check
Third Party Action	Indication Of Outstanding Third Party Actions (Y or N)
Comments / Explanation Of Projected Life Indemnity Calculation	