

2019 DATA REPORTING INSTRUCTIONS

The Department of Workers' Claims (DWC) is requiring loss data for the 2019 simulated premium and security calculation to be submitted electronically in an **Excel spreadsheet** by **February 18, 2019**. Below is a detailed explanation as to how this process will work:

DATA REQUIRED

1) Loss Reports:

A: Security Loss Report

This loss report shall contain **ALL** (open and closed) losses that occurred during the **entire** self-insurance period (**valued as of 12/31/2018**) including claims with last date of exposure for occupational diseases and retraining incentive benefits (RIB). For claims that do not have any reserves, the Department is requiring the paid to date amounts for indemnity, medical, and rehab. In addition, DWC requires indemnity, medical, and vocational rehabilitation amounts paid for calendar year 2018 to be included on this loss report. **The total incurred value of the claim (including the amount paid and to be paid by the excess carrier) must be reported, regardless of the self-insurance retention (SIR) limit; this includes both paid and reserve totals.** SIR shall be reported for each injury.

B: Premium Loss Report

A separate loss report will also need to be included for simulated premium calculation purposes. This loss report shall include all losses for the years 2014, 2015, and 2016 for each entity included in the self-insurance program **valued as of 12/31/2018**. If at any time during the year a new entity is added, a new loss report, a new Simulated Premium Calculation, as well as a new Guarantee Agreement must be submitted to include the new entity.

The loss reports shall include lost time as well as no lost time injuries. **The valuation date shall be 12/31/2018. This report shall also include the total incurred value of the claim, regardless of the SIR limit for both paid and reserve totals (including those from the excess carrier).** The loss reports must be submitted by February 18, 2019.

The format for both loss reports will include the following information:

- Social Security Number of employee
- Last name of injured employee
- First name of injured employee
- Date of injury or last exposure for an occupational disease or RIB in MM/DD/YYYY format
- NCCI body part code
- Indicator that claim is closed (C), has exceeded SIR (E), pending litigation (L), or indemnity reserve is discounted (D)
- DWC claim number
- Indemnity payments paid to date as of 12/31/2018
- Medical payments including Medical Rehabilitation paid to date as of 12/31/2018
- Vocational Rehabilitation payments paid to date as of 12/31/2018
- Indemnity Reserve-Remaining amount projected to be paid for the life of the claim as of 12/31/2018
- Medical and Medical Rehab Reserve-Remaining amount projected to be paid for the life of the claim as of 12/31/2018
- Vocational Rehab Reserve-Remaining amount projected to be paid for the life of the claim as of 12/31/2018
- Self-Insured Retention (SIR) for each claim
- Indemnity payments paid from 1/1/2018 to 12/31/2018
- Medical payments including Medical Rehabilitation paid from 1/1/2018 to 12/31/2018
- Vocational Rehabilitation payments paid from 1/1/2018 to 12/31/2018

The loss reports shall include yearly totals for all dollar amount figures.

Enclosed is an example (Enclosure A) of this report. However, the Department recommends exercising the option of downloading the file from our web site at the following address:

https://labor.ky.gov/comp/Pages/Security-and-Compliance.aspx#Reporting_Requirements_for_Individual_Self-Insurers

(This file contains headings and allows the user to enter required data). There are two versions of this file on the site. The file entitled "Loss Report" may be used to assist the preparer in assuring that the minimum indemnity reserves are adequate. **It**

is imperative that the loss data be reported in this format. The date of injury must be in column D and must be in MM/DD/YYYY format. Other requirements are as follows:

Column H: Indemnity Paid to Date

Column I: Medical Paid to Date

Column J: Vocational Rehab Paid to Date

Column K: Indemnity Reserve

Column L: Medical Reserve

Column M: Vocational Rehab Reserve

Column N: Leave Blank

Column O: SIR

All dollar amounts must be in dollar amount format; numbers formatted as text or abbreviations must not be used, i.e. use \$1,000,000 instead of “1 mill.”

Any deviation from this format may result in your loss report being returned for correction.

A closed claim, "C", is a claim that no future indemnity, medical, or vocational rehabilitation payments are expected. An "E" in the indicator column indicates that a claim has exceeded SIR. **ANY AND ALL amounts paid or expected to be paid on a claim, even by the excess carrier, shall be included on all loss reports.** An "L" in the indicator column indicates that a claim is in litigation and minimum reserve amounts, based on body part, are required. A "D" in the indicator column indicates that the indemnity reserve has been discounted. **The interest discount rate is 2.375%. Discounting only applies to the indemnity reserve on the premium loss report and does not apply to medical reserves; indemnity reserves reported on the security loss report shall not be discounted.** Open claims do not require anything in the indicator column. The DWC claim number is the claim number assigned by the Department of Workers' Claims.

Loss Report Instructions for Enclosure A:

In cell A2, edit the cell to allow you to type your company name one space beyond the colon. In cell A3, edit the cell to allow you to type the calendar year(s) one space beyond the colon. Now, starting in cell A6, begin entering the data required by the headings. Enter as many rows of data as you have to enter. **All losses must be contained in one worksheet.** When you are finished entering all of the data, save the workbook, and then complete the simulated premium calculation report. **Please**

make sure there are no negative amounts entered in the loss reports.

2) Simulated premium calculation report:

Enclosed are detailed instructions (Enclosure B) on how to create the simulated premium calculation report. This spreadsheet will calculate the 2019 simulated premium by entering yearly loss totals and payroll amounts in the proper cells. Again, the recommended method is to download the file from our web site. If you download this file, you will only need to enter yearly loss and reserve totals and payroll amounts in the proper cells. **Yearly loss and reserve totals shall reconcile with totals on the submitted premium loss report for years 2014, 2015 and 2016.** Gross payroll figures for 2014, 2015 and 2016 (the base years) shall be the gross payroll figures reported to the Office of Employment & Training, Department for Workforce Investment, Education Cabinet via the “Online UI-3 Tax and Wage Report” (UI-3). The current payroll shall be the calendar year 2018 gross payroll figures as reported via UI-3. A separate sheet shall be returned showing all entities and a year-end payroll amount for each entity for the year 2018 broken down by quarter (Enclosure E). **Any discrepancies between the amounts reported via the UI-3 and the simulated premium shall be explained in writing.**

Please make note of the following requirements. The person who would be able to address questions about the submitted amounts shall be the person listed on the top of the calculation sheet along with that individual’s phone number. The company name shall be the name of the self-insured. Please ensure all Federal Identification Numbers (FINs) for **all** entities for which payroll figures are submitted are reported on the top of the calculation sheet. If there is not adequate room for reporting all the FINs, please submit an additional page listing all numbers.

The Department is requiring that the loss reports, the simulated premium calculation report, and Enclosure E (payroll) be submitted no later than **February 18, 2019**. These files shall be submitted to the Department of Workers’ Claims via e-mail at: KYWC.SELFINSURANCE@ky.gov . **Please contact MacKenzie Napier at (502)782-4517 if you need to password-protect your reports.**

RESERVE GUIDELINES

Indemnity Reserves: Pursuant to KRS 342.0011(28)(a) indemnity reserve values for claims for which awards have been made or settlements reached because of findings of permanent partial or permanent total disability shall be calculated using the life expectancy based on the mortality tables referenced in 803 KAR 25:036 (Enclosure C).

For claims in litigation status on 12/31/2018, a minimum amount of indemnity reserve must be applied based on the type of injury. A chart (Enclosure D), listing these minimum amounts, is enclosed. The amounts are based on the NCCI body part code that is reported on the first report of injury or the nature of injury code for an occupational disease, RIB, carpal tunnel or hernia. The aforementioned reserves cannot fall below the minimum amounts listed. In some cases, the reserves may be higher depending on the amount calculated by the company or the TPA.

Special procedures are used to calculate indemnity reserves for occupational disease (OD) claims in litigation with a date of injury (DOI) between 12/12/1996 and 7/14/2002, inclusive. For claimants under the age of 57 on the date of last exposure, the indemnity reserve will be the RIB Rate for the year of injury times 104 weeks times 20%. For claimants aged 57 or older on the date of last exposure, the indemnity reserve will be the RIB Rate for the year of injury times 425 weeks (or the number of weeks to age 65) times 25% times 20%.

The indemnity reserve calculation for OD claims in litigation with a DOI before 12/12/1996 or after 7/14/2002 is different. For claimants under the age of 57 on the date of last exposure, the indemnity amount will be the RIB Rate for the year of injury times 104 weeks. For claimants aged 57 or older on the date of last exposure, the indemnity reserve will be the RIB Rate for the year of injury times 425 weeks (or the number of weeks to age 65) times 25%

Again, accessing the file entitled, "Loss Report" from the web site will assist in assuring that these minimums are met. This loss report file contains two additional columns that are linked to a table containing the DWC minimum indemnity reserves for claims in litigation as of 12/31/2018. If an "L" is placed in the "Indicator" column, the file will automatically put the DWC minimum reserves amount in "column P" and the difference between the company's established reserve and minimum in "column Q".

A formula is entered on the first row of "column P" and will need to be copied down each row for all rows that contain loss data. If for some reason this formula is deleted you can retype the following: =IF(F5="L",(VLOOKUP(E5,table,3,FALSE)),K5). This formula assumes that the first row of loss data will be entered on row #5. Once this formula is entered in cell P5, it will need to be copied down the column for all rows containing loss data. The formula in "column Q" simply subtracts the minimum reserve amount from the company-reported amount. That formula is =K5-P5. **If a negative number is the result in "column Q", the company or TPA shall adjust the reserve to an appropriate amount prior to submission of the loss report.**

A list of the NCCI body part codes along with definitions of each code can be found at the following web address:

<http://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx>

Medical reserves: (Shall be projected for the life of the claim)

ALL claims that have an indemnity reserve as of 12/31/2018 and/or have not fully paid, fully settled, or lapsed shall also have a minimum medical reserve amount. To establish these minimum medical reserves, the company will first apply a percentage to the indemnity reserve amount based on the occurrence year as detailed in the following chart.

The minimum amounts are:

Occurrence Year	Percentage of Indemnity Reserve
2018	50%
2017	50%
2016	50%
2015	25%
2014	25%
Prior to 2014	10%

The company or the TPA shall then calculate a 3-year average of medical expenses and project that amount over the life expectancy of the claim.

The medical reserve shall be the higher of these two calculated amounts.

The minimum medical reserve for occupational diseases is 10% of the indemnity reserve for all years or the amount calculated using a 3-year average of medical expenses, whichever is higher. There is no medical reserve on RIB or death. Claims with no indemnity reserve amount on 12/31/2018 shall have the medical reserve amount established by the company or the TPA. In no case shall the minimum medical reserve be greater than \$100,000 when using the above percentages, however, if the company or TPA uses another method, such as a 3-year average to estimate future medical reserves and that amount is greater than \$100,000, then the higher amount shall be used. If the company or TPA has knowledge of certain medical procedures that may happen in the future and those procedures are not reflected in the 3-year average then adjustments shall be made to properly account for these events.

Please note that per 803 KAR 25:021 Sec. 8 (3) (c) an individual self-insured employer shall file loss data which shall include a certification that the medical reserves are calculated and projected for the life of the claim pursuant to KRS

342.0011 (28) (a). A copy of the required certification is included with these instructions. Please mail the original Certification form to the attention of MacKenzie Napier prior to the February 18, 2019 deadline. This certification must be signed by an Owner, Partner, Officer or individual who has been given the authority to represent the Company.

***Note: If the individual signing the Certification of Submitted Loss Data form is not the president or secretary of the corporation, a notarized copy of the power of attorney or the resolution of the board of directors, which grants the individual the legal authority to represent the company should accompany the certification form. (This does not apply to a single proprietorship or partnership.)**

This information shall be submitted no later than **February 18, 2019**. Failure to submit this by the **February 18, 2019** deadline could result in revocation of the self-insurance certificate. Please be aware that these figures will be subject to a review by the Department of Workers' Claims and the KY Workers' Compensation Funding Commission. Please be advised that both the indemnity and medical minimum reserve amounts are not intended to replace higher more appropriately determined company reserves. **If it is discovered that a company did not submit adequate reserves reflecting what is expected to be paid for the life of the claim, it is possible that the Department will use the results of the last reserve review conducted on your claim files and adjust all reserves based on those findings.**

ENCLOSURE A

Form SI-08 Rev. 10/05																		
Employer Name: _____																		
Loss Experience Report for Calendar Year(s): _____																		
Social Security Number	Employee Last Name	Employee First Name	Injury Date	NCCI Body Part and/or Nature of Injury Code	Indicator	DWC Agency Claim Number	Indemnity Paid as of 12/31/18	Medical Paid as of 12/31/18	Vocational Rehab. Paid as of 12/31/18	Indemnity Reserve as of 12/31/18	Medical Reserve as of 12/31/18	Vocational Rehab. Reserve as of 12/31/18	SIR	Indemnity Paid from 1/1/18 to 12/31/18	Medical Paid from 1/1/18 to 12/31/18	Vocational Rehab. Paid from 1/1/18 to 12/31/18		
* Please Total Each Individual Year																		

Employers Name:																		
Loss Experience Report																		
Social Security Number	Employee Last Name	Employee First Name	Injury Date	NCCI Body Part Code(s)	Indicator	DWC Agency Claim Number	Indemnity Paid as of 12/31/18	Medical Paid as of 12/31/18	Vocational Rehab. Paid as of 12/31/18	Indemnity Reserve as of 12/31/18	Medical Reserve as of 12/31/18	Vocational Rehab. Reserve as of 12/31/18	SIR	Body Part Floor Reserve Amount	Body Part Reserve Difference	Indemnity Paid from 1/1/18 to 12/31/18	Medical Paid from 1/1/18 to 12/31/18	Vocational Rehab. Paid from 1/1/18 to 12/31/18
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
														\$0	\$0			
*Please Total Each Individual Year																		

	Person Completing:					
	Phone Number:					
	Company Name:					
	Fed Emp #:					
Claims				Factor		
2014						
	Indemnity Paid:	\$0		1.13		\$0
	Medical Paid:	\$0		1.00		\$0
	Vocational Rehab Paid:	\$0		1.00		\$0
	Indemnity Reserve:	\$0		1.13		\$0
	Medical Reserve:	\$0		1.00		\$0
	Vocational Rehab Reserve:	\$0		1.00		\$0
					Total 2014	\$0
2015						
	Indemnity Paid:	\$0		1.12		\$0
	Medical Paid:	\$0		1.00		\$0
	Vocational Rehab Paid:	\$0		1.00		\$0
	Indemnity Reserve:	\$0		1.12		\$0
	Medical Reserve:	\$0		1.00		\$0
	Vocational Rehab Reserve:	\$0		1.00		\$0
					Total 2015	\$0
2016						
	Indemnity Paid:	\$0		1.09		\$0
	Medical Paid:	\$0		1.00		\$0
	Vocational Rehab Paid:	\$0		1.00		\$0
	Indemnity Reserve:	\$0		1.09		\$0
	Medical Reserve:	\$0		1.00		\$0
	Vocational Rehab Reserve:	\$0		1.00		\$0
					Total 2016	\$0
				Total Claims:		\$0
Payrolls						
	2014	\$0		1.13		\$0
	2015	\$0		1.12		\$0
	2016	\$0		1.09		\$0
				Total Payroll:		\$0
				Total claims to total payroll ratio:		#DIV/0!
				Ratio X 1.25:		#DIV/0!
	Current (2018) Payroll:	\$0				
				SIMULATED PREMIUM		#DIV/0!
				MINIMUM PREMIUM		\$0
				2019 SIMULATED PREMIUM		#DIV/0!

ENCLOSURE B

2019 Simulated Premium Calculation Report Instructions

Enter cell by cell per the following instructions:

D1 Name of person completing the form (This is Very Important)

D2 Phone number of person completing the form (This is also Very Important)

D3 Name of self-insured company

D4 Federal employers' ID numbers – LIST ALL SELF-INSURED COMPANIES REGISTERED IN KENTUCKY

D9 Amount of indemnity paid as of 12/31/2018 for all injuries that occurred in 2014.

D10 Amount of medical payments paid as of 12/31/2018 for all injuries that occurred in 2014.

D11 Amount of vocational rehab payments paid as of 12/31/2018 for all injuries that occurred in 2014.

D12 Amount of indemnity reserves as of 12/31/2018 for all injuries that occurred in 2014.

D13 Amount of medical reserves as of 12/31/2018 for all injuries that occurred in 2014.

D14 Amount of vocational rehab reserves as of 12/31/2018 for all injuries that occurred in 2014.

D18 Amount of indemnity paid as of 12/31/2018 for all injuries that occurred in 2015.

D19 Amount of medical payments paid as of 12/31/2018 for all injuries that occurred in 2015.

D20 Amount of vocational rehab payments paid as of 12/31/2018 for all injuries that occurred in 2015.

D21 Amount of indemnity reserves as of 12/31/2018 for all injuries that occurred in 2015.

D22 Amount of medical reserves as of 12/31/2018 for all injuries that occurred in 2015.

D23 Amount of vocational rehab reserves as of 12/31/2018 for all injuries that occurred in 2015.

D27 Amount of indemnity paid as of 12/31/2018 for all injuries that occurred in 2016.

D28 Amount of medical payments paid as of 12/31/2018 for all injuries that occurred in 2016.

D29 Amount of vocational rehab payments paid as of 12/31/2018 for all injuries that occurred in 2016.

D30 Amount of indemnity reserves as of 12/31/2018 for all injuries that occurred in 2016.

D31 Amount of medical reserves as of 12/31/2018 for all injuries that occurred in 2016.

D32 Amount of vocational rehab reserves as of 12/31/2018 for all injuries that occurred in 2016.

D39 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2014 for all entities currently included in the self-insurance program.

D40 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2015 for all entities currently included in the self-insurance program.

D41 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2016 for all entities currently included in the self-insurance program.

D49 Amount of payroll reported to the Office of Employment and Training, Department for Workforce Investment, Education Cabinet for the calendar year 2018 for all entities currently included in the self-insurance program.

H54 2019 SIMULATED PREMIUM CALCULATION:

WHICHEVER IS THE HIGHEST BETWEEN CELLS H51 AND H52 WILL BE THE COMPANY'S PREMIUM AMOUNT FOR 2019.

When you have completed all reports, after saving them for your benefit, attach them to an email note and send to this address:

kywc.selfinsurance@ky.gov

Thank you for your cooperation. Be sure to keep these forms and this email address, as you will need them next year as well.

ENCLOSURE C

803 KAR 25:036. Computation of life expectancies for purposes including apportionment and attorney's fees.

Section 3. Other Computations. If calculation of a life expectancy is necessary for another purpose, including computation of an assessment or reserve for a self-insured employer, the male or female mortality tables in Appendix A shall be utilized.

APPENDIX A

LIFE EXPECTANCY TABLE			
AGES	BOTH SEXES	MALES	FEMALES
0	75.8	72.3	79.1
1	75.4	72.0	78.7
2	74.5	71.1	77.8
3	73.5	70.1	76.8
4	72.5	69.1	75.8
5	71.6	68.1	74.8
6	70.6	67.2	73.9
7	69.6	66.2	72.9
8	68.6	65.2	71.9
9	67.6	64.2	70.9
10	66.6	63.2	69.9
11	65.6	62.2	68.9
12	64.6	61.2	67.9
13	63.7	60.3	66.9
14	62.7	59.3	65.9
15	61.7	58.3	65.0
16	60.7	57.4	64.0
17	59.8	56.4	63.0
18	58.8	55.5	62.0
19	57.9	54.6	61.1
20	56.9	53.7	60.1
21	56.0	52.7	59.1
22	55.1	51.8	58.2
23	54.1	50.9	57.2
24	53.2	50.0	56.2
25	52.2	49.1	55.2
26	51.3	48.2	54.3
27	50.4	47.2	53.3
28	49.4	46.3	52.3
29	48.5	45.4	51.4
30	47.5	44.5	50.4
31	46.6	43.6	49.4
32	45.7	42.7	48.5
33	44.7	41.8	47.5
34	43.8	40.9	46.6
35	42.9	40.0	45.6
36	42.0	39.1	44.7
37	41.0	38.2	43.7
38	40.1	37.3	42.8
39	39.2	36.4	41.8
40	38.3	35.5	40.9
41	37.4	34.6	39.9

AGES	BOTH SEXES	MALES	FEMALES
42	36.5	33.7	39.0
43	35.6	32.8	38.0
44	34.7	32.0	37.1
45	33.8	31.1	36.2
46	32.9	30.2	35.3
47	32.0	29.4	34.3
48	31.1	28.5	33.4
49	30.2	27.6	32.5
50	29.3	26.8	31.6
51	28.5	25.9	30.7
52	27.6	25.1	29.8
53	26.8	24.3	29.0
54	25.9	23.5	28.1
55	25.1	22.7	27.2
56	24.3	21.9	26.4
57	23.5	21.1	25.5
58	22.7	20.4	24.7
59	21.9	19.6	23.9
60	21.1	18.9	23.1
61	20.4	18.2	22.3
62	19.7	17.5	21.5
63	18.9	16.8	20.7
64	18.2	16.1	19.9
65	17.5	15.4	19.2
66	16.8	14.8	18.4
67	16.1	14.2	17.7
68	15.5	13.5	16.9
69	14.8	12.9	16.2
70	14.2	12.4	15.5
71	13.5	11.8	14.8
72	12.9	11.2	14.1
73	12.3	10.7	13.5
74	11.7	10.1	12.8
75	11.2	9.6	12.2
76	10.6	9.1	11.6
77	10.0	8.6	10.9
78	9.5	8.1	10.3
79	9.0	7.7	9.7
80	8.5	7.2	9.2
81	8.0	6.8	8.6
82	7.5	6.4	8.1
83	7.1	6.0	7.6
84	6.6	5.6	7.1
85	6.2	5.3	6.6

ENCLOSURE D

MINIMUM RESERVES			* RIB RATES PER WEEK	
NCCI BODY PART CODE	PART OF BODY	MINIMUM INDEMNITY RESERVES	YEAR	AMOUNT
10	MULTIPLE HEAD INJURIES	\$29,000	2019	\$651.35
11	SKULL	\$37,000	2018	\$636.32
12	BRAIN	\$29,000	2017	\$626.29
13	EAR (HEARING LOSS)	\$5,000	2016	\$598.98
14	EYES	\$24,000	2015	\$580.21
15	NOSE	\$11,000	2014	\$576.80
16	TEETH	\$5,000	2013	\$564.52
17	MOUTH	\$14,000	2012	\$552.13
19	FACE	\$21,000	2011	\$541.47
20	MULTIPLE NECK	\$15,000	2010	\$533.84
21	NECK VERTEBRAE	\$23,000	2009	\$520.72
22	NECK DISC	\$23,000	2008	\$502.51
25	NECK SOFT TISSUE	\$9,000	2007	\$484.85
26	TRACHEA	\$18,000	2006	\$473.42
30	MULTI UPPER EXTREMITIES	\$15,000	2005	\$455.42
31	UPPER ARM	\$9,000	2004	\$441.32
32	ELBOW	\$9,000	2003	\$428.57
33	LOWER ARM	\$9,000	2002	\$413.00
34	WRIST	\$10,000	2001	\$397.55
35	HAND	\$9,000	2000	\$381.77
36	FINGER	\$5,000	1999	\$365.40
37	THUMB	\$5,000	1998	\$349.02
38	SHOULDER	\$5,000		
40	MULTI TRUNK	\$15,000		
41	UPPER BACK	\$25,000		
42	LOWER BACK	\$9,000		
43	DISC (TRUNK)	\$17,000		
44	CHEST	\$25,000		
45	SACRUM & COCCYX	\$6,000		
46	PELVIS	\$17,000		
49	HEART	\$35,000		
50	MULTI LOWER EXTREMITIES	\$15,000		
51	HIP	\$45,000		
52	UPPER LEG	\$24,000		
53	KNEE	\$7,000		
54	LOWER LEG	\$24,000		
55	ANKLE	\$11,000		
56	FOOT	\$11,000		
57	TOES	\$11,000		
58	GREAT TOE	\$11,000		
61	ABDOMEN (Including groin)	\$14,000		
62	BUTTOCKS	\$15,000		
NATURE CODE				
34	HERNIA	\$14,000		
60	DUST DISEASE	RIB or OD RATE *		
61	ASBESTOSIS	RIB or OD RATE *		
62	BLACK LUNG	RIB or OD RATE *		
78	CARPAL TUNNEL	\$10,000		
90	MULTI PHYSICAL INJURIES	\$15,000		
91	MULTI INJURY	\$15,000		

ENCLOSURE E

Record quarter by quarter 2018 payroll amounts as reported to Workforce Investment via the 'Online UI-3 Tax and Wage Report' for each company currently covered by your self insurance privilege.

Any discrepancies between the amounts reported via UI-3 and the simulated premium shall be explained in writing.

Complete this enclosure and return via email to kywc.selfinsurance@ky.gov no later than February 18, 2019.

List each self insured subsidiary separately. Attach additional sheets as needed.

	EXAMPLE:	1	2	3	
NAME	XYZ COMPANY				
FEIN	61-987-1234				
KEIN	00-123456				
4TH QTR	\$ 250,000.00				
3RD QTR	\$ 246,250.00				
2ND QTR	\$ 265,489.00				
1ST QTR	\$ 354,987.00				
TOTAL 2018	\$ 1,116,726.00	0	0	0	
		4	5	6	7
NAME					
FEIN					
KEIN					
4TH QTR					
3RD QTR					
2ND QTR					
1ST QTR					
TOTAL 2018		0	0	0	0

Certification of Submitted Loss Data

In connection with the data submitted for the calculation of this year's Simulated

Premium and Security for _____,
(Company name)

I do hereby certify that:

1. The loss reports submitted contain ALL losses that occurred during the period specified for each report, including claims with last date of exposure for occupational diseases and retraining incentive benefits.
2. The claim values (pursuant to KRS 342.0011 (28)(a) submitted contain:
 - a.the total of the indemnity benefits paid to date as of 12/31/18 and **projected to be paid for the life of the claim;**
 - b.the medical and medical rehabilitation benefits paid to date as of 12/31/18 and **projected to be paid for the life of the claim;**
 - c.the cost of vocational rehabilitation paid to date as of 12/31/18 and **projected to be paid for the life of the claim.**

The undersigned, being duly sworn, also states that I have reviewed the information and am satisfied that the information submitted is a true, accurate and complete representation for

(Employer)

By my signature below I further acknowledge my personal liability pursuant to KRS 342.990(9)(d) in the event a penalty is assessed in accordance with KRS 342.990 due to the information and representations for which this Certification is provided.

Signature of Officer, Owner or Partner

Title

Print

Date

Subscribed and sworn before me by _____.

This the _____ day of _____, 20_____.

Notary Public: _____ My commission expires: _____

Commission State at Large: _____ OR County (list county): _____

***Note: If the individual signing this is not the president or secretary of the corporation, attach a notarized copy of the power of attorney or the resolution of the board of directors, which grants the individual the legal authority to represent the company. (This does not apply to a single proprietorship or partnership.)**