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# DATA REPORTING
# 2018 NEW YORK DATA CALL INFORMATION

The instructions, due dates and other information are now available for the 2018 reporting of workers' compensation statistics as set forth in the New York Aggregate Financial Data Calls and Special Data Calls.

Please read all instructions carefully to ensure the timely and accurate submissions of call data, especially noting the following:

- Availability of templates for each call for use in importing data into the New York Financial Data Reporting Application (FDRA).
- Expansion, by one year, of the policy year and accident year Aggregate Financial Data Calls. Note, this will be the last year of expansion, years will shift for the 2019 Aggregate Financial Data Calls NY 101 and NY 125. Calls NY 101D and NY 125D will continue to expand until they have the same number of years as NY 101 and NY 125.
- Continuation of Designated Statistical Reporting (DSR) Level for the reporting of standard premium beginning with policy year and accident year 2008.
- Requirement to report earned expense constant premium in the Aggregate Financial Data Calls for policies effective on and after October 1, 2008 is now mandatory. Note that expense constant premium is reported on an earned basis.
- The Rate Deviation field in the Policy Year Calls (NY 101 and NY 101D) for policy years 2010 and subsequent should contain zeroes. The Rate Deviation field for policy years 2009 and prior should be reported as in previous calls.
- Requirement that Standard Premium at Company Level is premium including the application of a carrier's loss cost multiplier(s).
- Requirement that Standard Premium at DSR Level is premium excluding the application of loss cost multipliers.
- Clarification that Standard Written Premium (Column 25 in the Policy Year Calls, NY 101 and NY 101D) is required to be reported at DSR Level, i.e., excluding the application of deviations on policies prior to 10/01/08 and excluding loss cost multipliers on policies subsequent to 10/01/08.
- Due date of the call for Employers Liability Claim Data, NY 141, is July 1, 2018. Requirement to report the policy number and policy effective date in NY 141 is mandatory. The requirement that call NY 141 must also include both the individual carrier number and group number became effective in 2012.
- Enhanced data quality edits – see Edit section of call instructions.
- The NY 225 reconciliation form now includes Line 11a (retrospective adjustments) and Line 11b (earned but unbilled premium amounts) for which no explanation is required, as well as Line 11c (other-explain) for which an explanation is required if numeric values are entered.
- Beginning in 2015, Schedule Rating adjustments should be reflected in the Net Earned Premium (Column 3 in the Policy Year Calls, NY 101 and NY 101D and Accident Year Calls, NY 125 and NY 125D). Schedule Rating adjustments should also be reflected in the

Net Written Premium (Column 24 in the Policy Year Calls) and Safety & Specialty Programs (Column 26 in the Policy Year Calls). In NY 115, Schedule Rating adjustments should be reflected in the Premium Adjustments for Safety Program Credits & Debits (Column 6).

- Beginning in 2018, **premium credits under the Safe Patient Handling Program** must be reported. See individual call instructions for details.
- As clarification, please note that in the NY Data Call Incentive Program, the following two flat charges may apply concurrently:

  $150 per day flat charge for each day after 5 business days that a carrier fails to respond to a Rating Board data inquiry (phone call, email, letter), whether or not a correction is required.

  $250 flat charge per day for each error not corrected and resubmitted within 5 business days from the date that the carrier was notified by the Rating Board of the error.

  New York Data Call Incentive Program (NYDCIP)

Note: **Extensions of call due dates will not be granted** except under the most extreme circumstances. In these unusual cases, only a formal written request for an extension from the carrier's data quality officer to the Rating Board's Vice-President & Actuary will be considered if received prior to a call's due date.

Questions regarding the 2018 New York Calls may be addressed to the Rating Board at FDRA@nycirb.org

2018 Financial Data Calls

2018 Special Data Calls

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# DATA REPORTING
# NEW YORK FINANCIAL DATA CALLS

Aggregate Financial Data is required to be reported annually by each member carrier of the New York Compensation Insurance Rating Board in a prescribed format. Policy year and accident year aggregate statistics are reported in this manner together with Annual Statement information that pertains to workers' compensation. This data forms the basis for the annual loss cost revision.

The details underlying the New York Aggregate Financial Data Calls can be found below.

2018 Financial Data Call Due Dates

2018 Financial Data Call Instructions

New York Financial Data Reporting Application (FDRA)

New York Data Call Incentive Program (NYDCIP)

New York Financial Call Data Quality Standards

New York Premium Components

New York Financial Data Call Edits

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# DATA REPORTING
# 2018 NEW YORK FINANCIAL DATA CALL DUE DATES

| NY Call Number | New York Financial Data Call | Call Due Date | FDRA Y/N | Subject To NYDCIP |
|---|---|---|---|---|
| 101 | Policy Year, excl. Large Ded. | 3/15/18 | Y | Y |
| 101 A | Policy Year – CAT 48 | 3/15/18 | Y | Y |
| 101 D | Policy Year Large Ded. | 3/15/18 | Y | Y |
| 101 DA | Policy Year Large Ded. – CAT 48 | 3/15/18 | Y | Y |
| 125 | Accident Year, excl. Large Ded. | 4/01/18<br>3/15/18 (optional) | Y | Y |
| 125 A | Accident Year – CAT 48 | 4/01/18<br>3/15/18 (optional) | Y | Y |
| 125 D | Accident Year Large Ded. | 4/01/18<br>3/15/18 (optional) | Y | Y |
| 125 DA | Accident Year Large Ded. – CAT 48 | 4/01/18<br>3/15/18 (optional) | Y | Y |
| 222 | Insurance Expense Exhibit – Net | 4/01/18 | Y | Y |
| 223 | Insurance Expense Exhibit – Direct | 4/01/18 | Y | Y |
| 214 | Statutory Page 14 | 4/01/18 | Y | Y |
| 225 | New York Data Reconciliation | 4/01/18 | Y | Y |
| 115 | New York Direct Written Premium | 4/01/18 | Y | Y |

**2018 FINANCIAL DATA CALL INSTRUCTIONS**

**SEE ALSO:** New York Financial Data Reporting Application (FDRA)

New York Data Call Incentive Program (NYDCIP)

New York Financial Call Data Quality Standards

New York Financial Data Call Edits

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# DATA REPORTING
# 2018 NEW YORK FINANCIAL DATA CALL INSTRUCTIONS

The instructions for reporting Aggregate Financial Data as of 12/31/2017 are provided below for the following New York Calls:

- Policy Year Data – Form NY 101
- Policy Year Data, Catastrophe Code 48 – Form NY 101 Appendix
- Calendar-Accident Year Data – Form NY 125
- Calendar-Accident Year Data, Cat Code 48 – Form NY 125 Appendix
- Insurance Expense Exhibit, Net WC Data – Form 222
- Insurance Expense Exhibit, Direct WC Data – Form 223
- Statutory Page 14 New York WC Data – Form NY 214
- New York Data Reconciliation – Form NY 225
- Policy Year Large Deductible Data – Form NY 101D
- Policy Year Large Deductible Data, Catastrophe Code 48 – Form NY 101D Appendix
- Calendar-Accident Year Large Deductible Data – Form NY 125D
- Calendar-Accident Year Large Deductible Data, Cat Code 48 – Form NY 125D Appendix
- Calendar Year Direct Written Premium – Form NY 115

## I. Policy Year Data (Form NY 101 and Appendix) - Due March 15, 2018

### A. Notes

1. This form requires the reporting of New York Workers' Compensation experience **by policy year**. From the accumulated policy year experience, calendar year experience for the latest annual period will also be determined.

2. a. All data reported on Rows (A) through (UK) are accumulated totals for each of the indicated policy years as of December 31, 2017.

   b. All data reported on Row (V) are accumulated totals for each of the policy years as of December 31, 2017.

   c. All data reported in Row (W) are accumulated totals for all policy years as of December 31, 2016. These totals correspond to the sum of the policy years reported on last year's call as displayed in Row (V) of that call. **FDRA will automatically utilize the previous year's Row (V) data to populate this row.**

   d. The earliest separately identifiable policy year in this call is 1987 (Line B). The combined experience for all years prior to 1987 is to be shown on Line A.

   e. Note, an additional policy year of data is being added annually until a total of 31 individual policy years are contained in the call. The 2018 financial data reporting season, for data as of 12/31/2017, is the last year the call is expanded by an additional year.

3. The only negative amounts that are acceptable in this call are those that may be derived in Row (X), Calendar Year Experience, and those that may be reported in Column (26), Safety & Security Programs, and Column (29), Retrospective Rating Adjustments. **FDRA will not allow negative amounts in any other rows or columns.**

4. All data reported on Form NY 101 are to include the experience of all claims relating to the terrorist attacks of September 11, 2001 including those that have been designated as Catastrophe Number 48 cases.

   In addition, aggregate losses and expenses from claims that have been designated as Catastrophe Number 48 cases are to be reported separately on Page NY 101 Appendix.

5. All data reported on Form NY 101 are to exclude latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site and designated as Catastrophe Number 87 cases. These claims must be reported individually on NY 131, Large Claim & Catastrophe Call.

6. Experience from policies with a large deductible (generally deductibles greater than or equal to $100,000) are to be excluded from this call. However, experience from policies with a small deductible under the New York Small Deductible Program are to be included.

7. Premiums and losses are to be reported in whole dollars only.

**B. General Instructions**

**Accumulated Policy Year Earned Premium**

Columns # (1) through (3)

(1) Standard Earned Premium at Designated Statistical Reporting Level

- **Policy Years 2007 and Prior**- Sum of Columns (26), (27), (28), (29), (30), and (3). Report the entire earned premium resulting from standard rating procedures including premium credits or debits under the Experience Rating and Merit Rating Plans, expense constant premiums, credits resulting from the use of the New York Construction Classification Premium Adjustment Program and Territory Differential Premium for construction classes, but **prior** to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and the natural disasters and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment. **This column is calculated by FDRA for all policy years through policy year 2007.**

- **Policy Years 2008 and Subsequent**- Report the entire earned premium resulting from standard rating procedures, including premium credits or debits under the Experience Rating and Merit Rating Plans, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program and Territory Differential Premium for construction

classes, but **prior** to the application of rate deviations (for policies effective prior to 10/01/08) and loss cost multipliers (LCMs), and expense constant for policies effective on and after 10/01/08), schedule rating adjustments, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and the natural disasters and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment. Expense constant should be included for policies effective before 10/01/08, and excluded from policies effective on or after 10/01/08. **For policy years 2008 and subsequent, this column must be entered and will be subject to verification. Please refer to the New York Designated Statistical Reporting Level Guide for information on the reporting of premium for policies effective on and after 10/01/08.**

(2) Standard Earned Premium at Company Level - The standard earned premium shown in Column (1), including the application of rate deviations, should be entered for each policy year during which a deviation from Rating Board rates was effective (for policies effective prior to 10/01/08) and including the application of loss cost multipliers, and expense constant (for policies effective on and after 10/01/08).

(3) Net Earned Premium - Report the actual earned premium **prior** to the payment of policyholder dividends, but **after** the application of premium credits or debits under the Experience Rating and Merit Rating Plans, any Retrospective Rating premium adjustments, premium discounts, schedule rating adjustments, approved rate deviations (for policies effective prior to 10/01/08) and loss cost multipliers (for policies effective on and after 10/01/08), schedule rating adjustments, premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits under the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). The New York State Assessment, Workers' Compensation Security Fund surcharge, the terrorism policy surcharge and

the natural disasters and catastrophic industrial accident charge amounts are to be excluded from this column.

Note: a. The New York State Assessment, collected, as a separate identifiable policy charge by carriers beginning with policies effective April 1, 1994, must be excluded from all the premiums reported in this call. To the extent any New York State Assessment amounts are included in your statutory page 14 premium amounts, Assessment amounts must be reported on Line (4) of the Reconciliation Form NY 225, but are not to be included on Form NY 101.

b. Premium amounts from the terrorism policy surcharge (Code 9740) and the natural disaster and catastrophic industrial accident policy surcharge (Code 9741) must be excluded from all premium amounts reported in this call. These surcharge amounts must be reported on Lines (7) and (8), respectively, on the Reconciliation Page, Form NY 225.

c. Premium amounts from the Workers' Compensation Security Fund surcharge (Code 9749) must be excluded from all premium amounts reported in this call. These surcharge amounts must be reported on Line (5) of the Reconciliation Page, Form NY 225.

**Accumulated Policy Year Incurred Losses**

Note: a. All loss amounts on this call are required to be reported **prior** to the application of any deductible (i.e., on a gross basis).

b. Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be included in the medical losses reported in this call.

c. All loss amounts on Form NY 101 must include claims emanating from the September 11, 2001 terrorist attacks including those that have been designated as Catastrophe Number 48 cases.

d. All loss amounts on Form NY 101 must exclude disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.

Columns # (4) through (23)

(4) Paid - Sum of Columns (9) and (10). **This column is calculated by FDRA**.

(5) Outstanding Excl. IBNR - Sum of Columns (11) and (12). **This column is calculated by FDRA**.

(6) IBNR - Sum of Columns (13) and (14). **This column is calculated by FDRA**.

(7) Incurred Losses Incl. IBNR - Sum of Columns (4), (5) and (6). **This column is calculated by FDRA**.

(8a) Incurred Indemnity Claim Count - Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate, on the checklist, whether you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payment only. These and other medical-only claims must be excluded from the counts. **This column is calculated by FDRA**.

(8b) Closed Indemnity Claim Count – Enter in Column (8b), the number of indemnity claims for each policy year that have been paid in full, with no existing outstanding loss or loss expense reserves as of December 31, 2017. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.

(8c) Open Indemnity Claim Count – Enter in Column (8c), the number of indemnity claims for each policy year as of December 31, 2017 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.

Note, if a historical split between open and closed claim counts is unavailable for certain years, enter the total claim count, both open and closed, into the closed paid column. This procedure will ensure that the correct counts are calculated in the total claim count, column (8a).

(9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the accumulated Indemnity and Medical paid losses for each policy year as of December 31, 2017. **These amounts cannot be negative**.

(9a) & (10a) Paid Losses on Closed Claims - Enter in Columns (9a) and (10a), respectively, the accumulated Indemnity and Medical paid losses for each policy year corresponding to the closed indemnity claims reported in Column (8b) as of December 31, 2017. Note, also include paid losses on medical-only claims, as well as on indemnity claims (even though medical-only claims are not included in column (8b)). **These amounts cannot be negative.**

(11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) – Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). **These columns are calculated by FDRA**.

(13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2017. **These amounts cannot be negative.**

(15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases, as of December 31, 2017. **These amounts cannot be negative.**

(16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves which are not associated with specific claims. **These amounts cannot be negative.**

Note:

a. The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they should be reported in the IBNR category.

b. The footnote shown on sheet 3 requires the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns among carriers as the result of changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line. **This item must be entered for the data submission to be complete.**

(19) Paid Defense & Cost Containment Expense (DCCE) - Enter in Column (19) the accumulated paid DCCE for each of the policy years shown as of December 31, 2017. **These amounts cannot be negative.**

(20) DCCE Case Reserves - Enter in Column (20) the DCCE reserves established for specific known cases as of December 31, 2017. **These amounts cannot be negative.**

(21) DCCE Bulk Reserves - Enter in Column (21) the DCCE reserves associated with the establishment of reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims. **These amounts cannot be negative.**

(22) DCCE IBNR - Enter in Column (22) DCCE reserves associated with IBNR loss reserves as of December 31, 2017. **These amounts cannot be negative.**

(23) Incurred DCCE Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by FDRA**.

Note: The reporting of DCCE is mandatory for policy years 1994 and subsequent. **These amounts cannot be negative.** The Rating Board recognizes that not all carriers establish case reserves for DCCE. If case DCCE reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.

## Accumulated Policy Year Written Premium

Columns # (24) through (25)

(24) Net Written Premium - Report in Column (24) premiums written on an actual basis **prior** to the application of policyholder dividends, but **after** the application of premium credits or debits under Experience Rating and Merit Rating Plans, premium discounts, schedule rating adjustments, premium adjustments under the Retrospective Rating Plan, expense constant, rate deviations (for policies effective prior to 10/01/08), loss cost multipliers (for policies effective on and after 10/01/08), premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits under the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). The New York State Assessment, the Workers' Compensation Security Fund surcharge and the charges for terrorism and natural disasters and catastrophic industrial accidents must be excluded from this column.

(25) Standard Written Premium at DSR Level - Report in Column (25) the entire written premium resulting from standard rating procedures including premium credits or debits under Experience Rating and Merit Rating Plans, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, but **prior** to the application of rate deviations (for policies effective prior to 10/01/08), loss cost multipliers and expense constant (for policies effective on and after 10/01/08), premium discounts,

schedule rating adjustments, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). Expense constant should be included for policies effective before 10/01/08, and excluded from policies effective on or after 10/01/08. The New York State Assessment, the Workers' Compensation Security Fund surcharge and the charges for terrorism and natural disasters and catastrophic industrial accidents must be excluded from this column.

## Accumulated Policy Year Premium Adjustments

Columns # (26) through (1a)

(26) Safety & Specialty Programs - Enter in Column (26) the accumulated premium adjustments resulting from the New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, schedule rating adjustments, and independently filed and approved specialty programs such as alternative dispute resolution, drug-free workplace, managed care and preferred provider organization programs.

Note, for purposes of this call, specialty programs do not include carrier dividend or retention programs. **Schedule rating credits should be reported as a positive amount. Schedule rating debits should be reported as a negative amount. If the total amount of adjustments is a debit (because of schedule rating), the amount should be reported in Column (26) as a negative amount.**

(27) Premium Discounts - Enter in Column (27) the accumulated premium discounts earned for each of the policy years shown. **These amounts cannot be reported as negative.**

(28) Rate Deviations (applicable only for policies effective prior to 10/01/08) - Enter in Column (28) the policy year earned premium resulting from the application of approved rate deviations. Any carrier that has received an approved rate deviation and does not show amounts on the appropriate line(s) (or provide a reasonable explanation for their omission) will have its submission rejected for proper completion and will be subject to Incentive Program penalties. **These amounts cannot be reported as negative.**

(29) Retrospective Rating Adjustments – Enter in Column (29) the accumulated earned premium adjustments, including any earned but unbilled premium reserves (EBUB) resulting from the application of retrospective rating plans for each policy year as of December 31, 2017. These adjustments must be assigned to the original policy year in which the policies were written, not the calendar year in which the adjustments were made. **Both positive and negative numbers are allowed.**

(30) Small Deductible Premium Credits - Enter in Column (30) the accumulated earned premium credited to policies written with small deductibles from the New York Small Deductible Program. **These amounts cannot be reported as negative.**

(1a) Expense Constant Premium - Enter in Column (1a) the premium generated by the application of expense constants for policies effective on and after 10/01/08. Note that expense constant premium is reported on an earned basis.

Note: The sum of Columns (26), (27), (28), (29), (30), and (3) will be calculated by FDRA to produce the amounts shown in Column (1) for each policy year though policy year 2007. The amounts for policy years 2008 and subsequent must be entered.

## C. Catastrophe Number 48 Losses – NY 101 Appendix

All accumulated losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in Form NY 101, are to be separately reported in NY 101 Appendix as of December 31, 2017. **These amounts cannot be negative.** The loss and expense data elements and their definitions are identical to those specified previously. With respect to indemnity claim counts, both open and closed counts for these claims are required.

Note: The sum of the total loss amounts and claim counts reported in the Appendix for NY 101 plus NY 101D must be equal to the amounts reported in the appendices for NY 125 plus NY 125D, and equal to the sum of the individually reported Catastrophe Number 48 claims reported in NY 131, Large Loss and Catastrophe Call. These entries must also reconcile with total amounts reported on unit statistical reports for Catastrophe Number 48 cases.

## D. Miscellaneous Instructions

1. Assessments

   a. Reported losses must include amounts paid into the Vocational Rehabilitation Fund.

b. Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs must be excluded from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense (DCCE) - Reported losses should exclude loss adjustment and all other allocated and unallocated expenses except Employers Liability DCCE. DCCE for other than Employers Liability claims are to be reported on sheet 4 of this call.

Note: The definition of DCCE reported in this call must be consistent with the carrier's treatment of DCCE on Schedule P.

3. Reinsurance - Experience reported should be for direct business only. No deductions shall be made from premiums and losses for, or on account of, reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.

4. Federal Classifications - All Federal classification experience in New York must be included in this call.

5. Excess Policies - Premiums and losses on excess policies must be excluded from this call.

6. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be excluded from this call.

## II. Calendar-Accident Year Data (Form NY 125 and Appendix) - Due April 1, 2018 Optional Due date March 15, 2018

### A. Notes

1. This form requires the reporting of New York Workers' Compensation premium data by calendar year and accumulated loss data by accident year evaluated as of December 31, 2017. From the accumulated accident year loss data, calendar year loss data for the latest annual period will also be determined.

2. Carriers are requested to submit the Calendar-Accident Year Call by March 15, 2018, if possible, mandatory by April 1, 2018. This earlier date will allow the Rating Board more time to review and compile this data prior to the submission of its annual loss cost filing, which must be made by May 15.

3. This call requires the reporting of premiums for all calendar years shown. Therefore, data should be reported in Columns (1), (2) and (3) of Rows (A) through

(UK). It is not necessary to complete Columns (1), (2) and (3) of Rows (V), (W) and (X).

Note: The 2017 calendar year premiums in Row (UK) of this call must be the same as the calendar year premiums reported on the Policy Year Call (Form NY 101) in Row (X).

4. a. All loss data reported on Rows (A) through (UK) are accumulated totals for each of the indicated accident years as of December 31, 2017.

   b. All data reported on Row (V) are accumulated totals for all accident years as of December 31, 2017.

   c. All loss data reported in Row (W) are accumulated totals for all accident years as of December 31, 2016. These totals must correspond to the sum of the accident years reported on last year's call as displayed in Row (V) of that call. **FDRA will automatically utilize the previous year's call data to populate this row.**

   d. The earliest separately identifiable accident year in this call is 1987 (Line B). The combined experience for all accident years prior to 1987 is to be accumulated and shown on Line A.

   e. Note, an additional policy year of data is being added annually until a total of 31 individual policy years are contained in the call. The 2018 financial data reporting season, for data as of 12/31/2017, is the last year the call is expanded by an additional year.

   f. The only negative amounts that are acceptable in this call are those columns associated with calendar year premiums. **FDRA will not allow negative amounts in any other columns.**

5. Loss data reported on Form NY 125 are to include the experience of all claims relating to the terrorist attacks of September 11, 2001 which are those that have been designated as Catastrophe Number 48 cases.

   In addition, losses and expenses from claims that have been designated as Catastrophe Number 48 cases are to be reported separately on Page NY 125 Appendix.

6. All loss amounts on Form NY 125 must exclude latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.

7. Experience from policies with a large deductible (generally deductibles greater than or equal to $100,000) shall be excluded in this call. However, experience from policies with small deductibles under the New York Small Deductible Program is to be included.

8. Premiums and losses are to be reported in whole dollars only.

9. Carriers are required to submit this call on the same basis (i.e., group report versus individual company report) as the call for policy year data (Form NY 101).

## B. General Instructions

### Calendar Year Earned Premium

Columns # (1) through (3)

(1) Standard Earned Premium at Designated Statistical Reporting Level

- **Calendar Years 2007 and prior -** Report the entire earned premium resulting from standard rating procedures including premium credits or debits under the Experience Rating and Merit Rating Plans, expense constant premium, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, but **prior** to the application of rate deviations, premium discounts, schedule rating adjustments, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and the natural disaster and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment.

- **Calendar Years 2008 and subsequent -** Report the entire earned premium resulting from standard rating procedures including premium credits or debits under the Experience Rating and Merit Rating Plans, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program and Territory Differential Premium for construction classes, but **prior** to the application of rate deviations (for policies effective prior to 10/01/08) and loss cost multipliers (LCMs), and expense constant for policies effective on and after 10/01/08), premium discounts, schedule rating adjustments, policyholder dividends, premium adjustments under the

Retrospective Rating Plan, premium credits under the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and the natural disaster and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment. Expense constant should be included for policies effective before 10/01/08, and excluded from policies effective on or after 10/01/08. **For calendar years 2008 and subsequent, this column will be subject to verification. Please refer to the New York Designated Statistical Reporting Level Guide for information on the reporting of premium for policies effective on and after 10/1/08.**

(2) Standard Earned Premium at Company Level - The standard earned premium, **including** expense constant and the application of rate deviations, should be shown in Column (2) for each calendar year during which a deviation from Rating Board rates was effective (for policies effective prior to 10/01/08) and including the application of loss cost multipliers, and expense constant (for policies effective on and after 10/01/08).

(3) Calendar Year Net Earned Premium - Net earned premium reported in Column (3) shall be the actual earned premium prior to the payment of policyholder dividends, but after the application of premium credits or debits under Experience Rating and Merit Rating Plans, expense constant premium, any Retrospective Rating premium adjustments, premium discounts, schedule rating adjustments, approved rate deviations (for policies effective prior to 10/01/08), approved loss cost multipliers (for policies effective on and after 10/01/08), premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits resulting from use of the New York Small Deductible Program, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). Policy charges for terrorism and natural disasters and catastrophic industrial accidents, the New York Workers' Compensation Security Fund and New York State Assessment amounts must be excluded from this premium element.

(1a) Expense Constant Premium - Enter in column (1a) the premium generated by the application of expense constants for policies effective on and after 10/01/08. Note that expense constant premium is reported on an earned basis.

Note:

a. The New York State Assessments, collected as a separate policy charge by carriers beginning with policies effective April 1, 1994, must be excluded from all premiums reported in this call. The Assessment amounts must be reported on Line (4) on the Reconciliation Form NY 225 as part of the Statutory Page 14 reporting requirements, but are not to be included on Form NY 125.

b. Premium amounts from the terrorism policy surcharge (Code 9740) and the policy charge for natural disasters and catastrophic industrial accidents (Code 9741) must be excluded from all premium amounts reported in this call. The surcharge amounts must be reported on Lines (7) and (8), respectively, on the Reconciliation Page, Form NY 225.

c. Premium amounts from the Workers' Compensation Security Fund surcharge (Code 9749) must be excluded from all premium amounts reported in this call. These surcharge amounts must be reported on Line (5) on the Reconciliation Page, Form NY 225.

## Accumulated Accident Year Incurred Losses

Note:

a. All loss amounts on this call must be reported PRIOR to the application of any deductible (i.e., on a gross basis).

b. Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be included in the medical losses reported in this call.

c. All loss amounts on Form NY 125 must include claims emanating from the September 11, 2001 terrorist attacks including those that have been designated as Catastrophe Number 48 cases.

d. All loss amounts on Form NY 125 must exclude latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.

e. Reconciliation of this call to calendar year data from the Policy Year Call will be possible if complete accident year data is being submitted on this year's call and had been submitted on last year's call. Row (X) (calendar year figures) will not reconcile unless losses for all accident years are included in both the "as-of" totals (Rows (V) and (W)).

f. **Negative amounts are not allowed for any loss element**.

Columns # (4) through (23)

(4) Paid – Sum of Columns (9) and (10). **This column is calculated by FDRA**.

(5) Outstanding Excl. IBNR - Sum of Columns (11) and (12). **This column is calculated by FDRA**.

(6) IBNR - Sum of Columns (13) and (14). **This column is calculated by FDRA**.

(7) Incurred Losses Incl. IBNR - Sum of Columns (4), (5) and (6). **This column is calculated by FDRA**.

(8a) Incurred Indemnity Claim Count – Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate, on the checklist, whether or not you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payments only. These and other medical-only claims must be excluded from the counts. **This column is calculated by FDRA**.

(8b) Closed Indemnity Claim Count – Enter in Column (8b), the number of indemnity claims for each accident year that have been paid in full, with no existing outstanding loss or loss expense reserves as of December 31, 2017. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.

(8c) Open Indemnity Claim Count – Enter in Column (8c), the number of indemnity claims for each accident year as of December 31, 2017 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.

If a historical split between open and closed claim counts is unavailable for certain years, enter the total claim count, both open and closed, into the closed paid column, Column (8b). This procedure will ensure that the correct counts are calculated in the total claim count column.

(9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the accumulated Indemnity and Medical paid losses as of December 31, 2017. **These amounts cannot be negative.**

(9a) & (10a) Paid Losses on Closed Claims - Enter in Columns (9a) and (10a), respectively, the accumulated Indemnity and Medical paid losses for each accident year relating to the closed indemnity claims reported in Column (8b) as of December 31, 2017.

Note: Also include paid losses on medical only claims, as well as on indemnity claims, even though medical only claims are not included in column (8b). **These amounts cannot be negative.**

(11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) – Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). **These columns are calculated by FDRA**.

(13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2017. **These amounts cannot be negative.**

(15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases, as of December 31, 2017. **These amounts cannot be negative.**

(16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims. **These amounts cannot be negative.**

Note: The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they should be allocated to the IBNR category.

The footnote shown on sheet 3 requires the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns between carriers as the result of legislated changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line. **This item must be entered for the data submission to be complete.**

(19) Paid Defense & Cost Containment Expense (DCCE) - Enter in Column (19) the accumulated paid DCCE for each of the accident years shown as of December 31, 2017.

(20) DCCE Case Reserves - Enter in Column (20) the DCCE reserves established for specific known cases as of December 31, 2017.

(21) DCCE Bulk Reserves - Enter in Column (21) the DCCE reserves associated with the establishment of reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims.

(22) DCCE IBNR - Enter in Column (22) DCCE reserves associated with IBNR loss reserves as of December 31, 2017.

(23) Incurred DCCE Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by FDRA**.

Note: The reporting of DCCE is mandatory for Accident Years 1994 and subsequent. The Rating Board recognizes that not all carriers establish case reserves for DCCE. If case DCC reserves are not established, the reporting of reserves as bulk or IBNR is acceptable. **These amounts cannot be negative.**

## C. Catastrophe Number 48 Losses – NY 125 Appendix

All losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in Form NY 125, are to be separately reported in NY 125 Appendix. The loss and expense data elements and their definitions are identical to those specified previously. **These amounts cannot be negative.** With respect to indemnity claim counts, both open and closed counts for these claims are required.

Note: The total loss amounts and claim counts reported in this Appendix must be equal to the sum of the two policy year amounts reported in NY 101 Appendix**.**

## D. Miscellaneous Instructions

1. Assessments

   a. Reported losses must include amounts paid into the Vocational Rehabilitation Fund.

   b. Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under

OSHA programs must be excluded from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense (DCCE) - Reported losses should exclude loss adjustment and all other allocated and unallocated expenses except Employers Liability DCCE. DCCE for other than Employers Liability claims are to be reported on Sheet 3 of this call Note, the definition of DCCE reported in this call must be consistent with the carrier's treatment of DCCE on Schedule P.

3. Reinsurance - Experience reported should be for direct business only. No deductions shall be made from premiums and losses for, or on account of, reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.

4. Federal Classifications - All Federal classification experience in New York must be included in this call.

5. Excess Policies - Premiums and losses on excess policies must be excluded from this call.

6. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be excluded from this call.

## III. Insurance Expense Exhibit Data (Forms 222 and 223) - Due April 1, 2018

a. Form 222 - Data as reported only on Line 16 (Workers' Compensation) in Part II of the 2017 countrywide Insurance Expense Exhibit. This is data on a **NET** of reinsurance basis. If Column 15 (General Expenses Incurred) contains credits for servicing carrier allowances, these amounts are to be shown on the designated space at the bottom of this Form.

b. Form 223 - Data as reported only on Line 16 (Workers' Compensation) in Part III of the 2017 countrywide Insurance Expense Exhibit. This is data on a **DIRECT** basis. If Column 15 (General Expenses Incurred) contains credits for servicing carrier allowances, these amounts are to be shown on the designated space at the bottom of this Form.

Note: Insurance Expense Exhibit data must be submitted through FDRA. A hard copy submission of this data is not acceptable.

**DO NOT submit the Annual Statement to the Rating Board for purposes of this reporting requirement.**

Note: The reporting of data on the Insurance Expense Exhibits is in thousands of dollars and should be reported in that manner on Forms 222 and 223 (this is a different basis than that of Forms NY 101 and NY 125 which require whole dollars).

## IV. Annual Statement Statutory Page 14 Data (Form NY 214) - Due April 1, 2018

The call requires the submission of the New York Statutory Page 14 workers' compensation data from the 2017 Annual Statement via FDRA. Enter the New York Statutory Page 14 data directly into the system.

Note: Page 14 data must be submitted through FDRA. A hard copy submission of this data is not acceptable.

**Do not submit the Annual Statement to the Rating Board for purposes of this reporting requirement.**

## V. Reconciliation Page (Form NY 225) - Due April 1, 2018

A Reconciliation Form (Form NY 225) is required from all carriers to enable the Rating Board to reconcile data reported on its calls to the carrier's financial records. Form NY 225 for Calendar Year 2017 is included in FDRA and it is mandatory that this form be submitted. Failure to submit Form NY 225 in a timely manner, or at all, will result in penalties under the New York Data Call Incentive Program.

Rows # (4) through (11c)

(4) New York State Assessment - Following the changes in the New York State Assessment process which became effective January 1, 2014, New York State Assessment amount are no longer considered part of premium amounts to be reported on Statutory Page 14. However, to the extent that you have charged assessments on policies effective prior to 01/01/14, due to audits, etc., and have included these amounts in the Annual Statement premiums, please include these amounts here.

(5) NY WC Security Fund Charge - If you have included these amounts in Annual Statement premiums, please enter them in this line.

(6) Large Deductible Experience - If you have included these amounts in the Annual Statement, please enter them in this line.

(7) Terrorism Premium Charges - Statistical Code 9740 amounts should be included in this line.

(8) Nat. Disaster & Cat Ind. Accident Charges - Statistical Code 9741 amounts should be included in this line.

(9) Cat 87 Claims - Enter all amounts for occupational disease claims emanating from the rescue, recovery, and clean-up operations at the World Trade Center site that were undertaken between September 11, 2001 and September 12, 2002, as defined under New York Workers' Compensation Law.

(10) Excess WC Experience – If you have grouped these amounts with other Workers' Compensation experience in the Annual Statement, please enter the excess amounts in this line.

(11a) Retroactive Adjustment (due to timing differences) - If there are differences between the Annual Statement experience and Form NY 101 experience due to timing (e.g., an adjustment to financial data in December after the accounting books had been closed for the year in November), please enter these amounts in this line.

(11b) Earned but Unbilled (EBUB) – EBUB amounts include premium that has been earned but not yet billed to the insured. To the extent that these amounts were in the Annual Statement, please enter them in this line.

(11c) Other (explain) - Enter any other reconciling items between the Annual Statement and Form NY 101. Clear explanations are required for these amounts, and will be thoroughly reviewed.

Note: a. Line 1 of Form NY 225 will be populated from Statutory Page 14 and Line 2 of Form NY 225 will be populated from Form NY 101 by FDRA.

b. An explanation is required if any amount on Line (13) is other than 0. FDRA will not allow a Form NY 225 without the appropriate explanation.

c. The Forms NY 101, NY 101D, and NY 214 must be submitted to the Rating Board through FDRA prior to the submission of Form NY 225.

## VI. Policy Year Large Deductible Data (Form NY 101D and Appendix) - Due March 15, 2018

### A. Notes

1. This form requires the reporting of New York Workers' Compensation experience by policy year for only those policies written under the terms of a Large Deductible Program. A Large Deductible Program is defined as any independently filed deductible program approved by the New York State Department of Financial Services. Experience from policies written under the terms of the Rating Board's Small Deductible Program should be reported on the standard Policy Year Call (Form NY 101).

2. All the data required in this call other than net premium and IBNR, must be submitted on a gross (prior to deductible). Gross reporting refers to standard premium prior to deductible credits. With respect to losses, both paid loss and case reserves are to be reported on a first dollar basis, i.e., as if no deductible applied. **IBNR can be reported on a net basis in this call.**

   Failure to provide data on a gross basis, other than IBNR, will constitute an incomplete call and will result in fines under the Rating Board's Financial Data Call Incentive Program. In addition, carriers that submit unacceptable data in terms of gross reporting will be excluded from the ratemaking database and will subsequently be reported to the New York State Department of Financial Services when the loss cost filing documents are prepared.

3. a. All data reported on Rows (A) through (UI) are accumulated totals for each of the indicated policy years as of December 31, 2017.

   b. All data reported on Row (V) are accumulated totals for all policy years as of December 31, 2017.

   c. All data reported on Row (W) are accumulated totals for all policy years as of December 31, 2016. These totals correspond to the sum of the policy years reported on last year's call as displayed in Row (V) of that call. **FDRA will automatically utilize the previous year's Row (V) data to populate this row.**

4. All data reported on Form NY 101D are to include the experience of all claims relating to the terrorist attacks of September 11, 2001, which are those that have been designated as Catastrophe Number 48 cases.

   In addition, losses and expenses from claims that have been designated as Catastrophe Number 48 cases are also to be reported separately on Page NY 101D Appendix, which can be found following sheet 6.

All data reported on Form NY 101D are to exclude latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site and designated as Catastrophe Number 87 cases.

5. Premiums and losses are to be reported in whole dollars only. Rounding to amounts other than one dollar (for example-nearest thousand dollars) is not acceptable.

6. If this is a group reporting, each carrier writing large deductible workers' compensation policies in New York must be listed individually on the reporting form.

7. The only negative amounts that are acceptable in this call are those that may be derived in Row (X), Calendar Year Experience, and those that may be reported in column (26), Safety & Security Programs, and column (29), Retrospective Rating Adjustments. **FDRA will not allow negative amounts in any other rows or columns.**

## B. General Instructions

### Accumulated Policy Year Earned Premium

Columns # (1) through (3)

(1) Standard Earned Premium at Designated Statistical Reporting Level

- **Policy Years 2007 and Prior** - Sum of Columns (26), (27), (28), (29), (30), and (3). Report the entire earned premium resulting from standard rating procedures including premium credits or debits under the Experience Rating and Merit Rating Plans, expense constant premium, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program and Territory Differential Premium for construction classes, but **prior** to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), surcharges under the Compulsory Workplace Safety Program, premium credits, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and the natural disasters and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment. **This column is calculated by FDRA through policy year 2007.**

- **Policy Years 2008 and Subsequent,** Report the entire earned premium resulting from standard rating procedures including premium credits or debits under the Experience Rating and Merit Rating Plans, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program and Territory Differential Premium for construction classes, but **prior** to the application of rate deviations (for policies effective prior to 10/1/08) and loss cost multipliers (LCMs) and expense constant for policies effective on and after 10/1/08), schedule rating adjustments, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and the natural disasters and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment. Expense constant should be included for policies effective before 10/01/2008, and excluded from policies effective on or after 10/01/2008. **For policy years 2008 and subsequent, this column must be entered and will be subject to verification. Please refer to the New York Designated Statistical Reporting Level Guide for information on the reporting of premium for policies effective on and after 10/1/08.**

(2) Standard Earned Premium at Company Level - The standard earned premium, including expense constant and the application of rate deviations, should be entered in Column (2) for each policy year during which a deviation from Rating Board rates was effective (for policies effective prior to 10/1/08) and including the application of loss cost multipliers, and expense constant (for policies effective on and after 10/1/08).

(3) Net Earned Premium - Report the actual earned premium prior to the payment of policyholder dividends, but after the application of premium credits or debits under the Experience Rating and Merit Rating Plans, expense constant premium, any Retrospective Rating premium adjustments, premium discounts, schedule rating adjustments, approved rate deviations (for policies effective prior to 10/1/08), approved loss cost multipliers (for policies effective on and after 10/1/08), premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits under Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the**

**Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). The New York State Assessment, the Workers' Compensation Security Fund surcharge, the terrorism policy surcharge and the natural disasters and catastrophic industrial accident charge amounts are to be excluded from this column.

Note**:** The New York State Assessments, collected as a separate identifiable policy charge by carriers beginning with policies effective April 1, 1994, must be excluded from all premiums reported in this call. The Assessment amounts must be included on Line (4) of the Reconciliation Form NY 225, which is part of the Statutory Page 14 reporting requirements but are not to be included on Form NY 101D.

Premium amounts from the terrorism policy surcharge (Code 9740) and the natural disaster and catastrophic industrial accident policy surcharge (Code 9741) must be excluded from all premium amounts reported in this call. These surcharge amounts must be reported on Lines (7) and (8), respectively, on the Reconciliation Page, Form NY 225.

Premium amounts from the Workers' Compensation Security Fund surcharge (Code 9749) must be excluded from all premium amounts reported in this call. These surcharge amounts must be reported on Line (5) of the Reconciliation Page, Form NY 225.

## Accumulated Policy Year Incurred Losses

Note:

a. Paid losses and case reserves must be reported on a first dollar basis (i.e., prior to the application of a deductible). However, IBNR can be reported on a net basis for this call.

b. Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be included in the medical losses reported in this call.

c. All loss amounts on Form NY 101D must include claims emanating from the September 11, 2001 terrorist attacks which are those that have been designated as Catastrophe 48. In addition, aggregate losses and expenses from claims that have been designated as Catastrophe Number 48 cases must be reported separately on Page NY 101D Appendix.

d. All loss amounts on Form NY 101D must exclude disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.

Columns # (4) through (23)

(4) Paid - Sum of Columns (9) and (10). **This column is calculated by FDRA**.

(5) Outstanding Excl. IBNR – Sum of Columns (11) and (12). **This column is calculated by FDRA**.

(6) IBNR – Sum of Columns (13) and (14). **This column is calculated by FDRA**.

(7) Incurred Losses Incl. IBNR - Sum of Columns (4), (5) and (6). **This column is calculated by FDRA**.

(8a) Incurred Indemnity Claim Count – Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate, on the checklist, whether or not you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payment only. These and other medical-only claims must be excluded from the counts. **This column is calculated by FDRA**.

(8b) Closed Indemnity Claim Count – Enter in Column (8b), the number of indemnity claims for each policy year that have been paid in full with no existing outstanding loss or loss expense reserves as of December 31, 2017. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.

(8c) Open Indemnity Claim Count – Enter in Column (8c), the number of indemnity claims for each policy year as of December 31, 2017 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.

(9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the Indemnity and Medical Paid Losses for each policy year as of December 31, 2017. **These amounts cannot be negative.**

(9a) & (10a) Paid Losses on Closed Claims - Enter in Columns (9a) and (10a), respectively, the accumulated Indemnity and Medical paid losses for each policy year relating to the closed indemnity claims reported in Column (8b) as of December 31, 2017. Note also, include paid losses on medical-only claims as

well as on indemnity claims (even though medical-only claims are not included in column (8b). **These amounts cannot be negative.**

(11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) - Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). **These columns are calculated by FDRA**.

(13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2017. **These amounts cannot be negative.**

(15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases as of December 31, 2017. **These amounts cannot be negative.**

(16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims. **These amounts cannot be negative.**

Note: The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they should be allocated to the IBNR category.

The footnote shown on Sheet 3 requires the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns among carriers as the result of legislated changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line**. This item must be entered for the data submission to be complete.**

(19) Paid Defense & Cost Containment Expense (DCCE) - Column (19), enter the accumulated paid DCCE for each of the policy years shown as of December 31, 2017. **These amounts cannot be negative.**

(20) DCCE Case Reserves - Enter in Column (20), the DCCE reserves established for specific known cases as of December 31, 2017. **These amounts cannot be negative.**

(21) DCCE Bulk Reserves - Enter in Column (21), the DCCE reserves associated with the establishment of reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or

other reserves that are not associated with specific claims. **These amounts cannot be negative.**

(22) DCCE IBNR - Enter in Column (22), DCCE reserves associated with IBNR loss reserves as of December 31, 2017. **These amounts cannot be negative.**

(23) Incurred DCCE Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by FDRA.**

Note: The reporting of DCCE is mandatory for Policy Years 1994 and subsequent. **These amounts cannot be negative.** The Board recognizes that not all carriers establish case reserves for DCCE. If case DCCE reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.

## Accumulated Policy Year Written Premium

Columns # (24) through (25)

(24) Net Written Premium - Report in Column (24) policy year premiums written on an actual basis prior to the application of policyholder dividends, and after the application of premium credits or debits under Experience Rating and Merit Rating Plans, premium discounts, schedule rating adjustments, premium adjustments under the Retrospective Rating Plan, expense constant premium, rate deviations (for policies effective prior to 10/1/08), loss cost multipliers (for policies effective on and after 10/1/08), premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits under Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). The New York State Assessment, the Workers' Compensation Security Fund surcharge and the charges for terrorism and natural disasters and catastrophic industrial accidents must be excluded from this column.

(25) Standard Written Premium at DSR Level - Report in Column (25) the entire written premium resulting from standard rating procedures including premium credits or debits under Experience Rating and Merit Rating Plans, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, and but **prior** to the application of rate deviations

(for policies effective prior to 10/1/08), loss cost multipliers and expense constant (for policies effective on and after 10/1/08), premium discounts, schedule rating adjustments, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and natural disasters and catastrophic industrial accidents policy surcharges, the Workers' Compensation Security Fund surcharge and the New York State Assessment. Expense constant premium should be included for policies effective before 10/01/2008, and excluded from policies effective on or after 10/01/2008.

## Accumulate Policy Year Premium Adjustments

Columns # (26) through (1a)

(26) Safety & Specialty Programs - Enter in Column (26) the accumulated premium adjustments resulting from the New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, schedule rating adjustments, and independently filed and approved specialty programs such as alternative dispute resolution, drug-free workplace, managed care and preferred provider organization programs.

Note: For purposes of this call, specialty programs do not include carrier Dividend or Retention Programs. **Schedule rating credits should be reported as a positive amount. Schedule rating debits should be reported as a negative amount. If the total amount of adjustments is a debit (because of schedule rating), the amount should be reported in Column (26) as a negative amount.**

(27) Premium Discounts - Enter in Column (27) the accumulated premium discounts earned for each of the policy years shown. **These amounts cannot be reported as negative.**

(28) Rate Deviations (applicable only for policies effective prior to 10/1/08) - Enter in Column (28) the policy year earned premium resulting from the application of approved rate deviations. **These amounts cannot be reported as negative.** Any carrier that has received an approved rate deviation and does not show amounts on the appropriate line(s) (or provide a reasonable

explanation for their omission) will have its submission rejected for proper completion and will be subject to Incentive Program penalties.

(29) Retrospective Rating Adjustments - Enter in Column (29) the accumulated policy year earned premium adjustments, including any earned but unbilled premium reserves (EBUB) resulting from the application of retrospective rating plans for each policy year as of December 31, 2017. These adjustments must be assigned to the original policy year in which the policies were written, not the calendar year in which the adjustments were made.

(30) Large Deductible Premium Credits - Enter in Column (30) the accumulated policy year earned premium credits resulting from the application of approved large deductible programs. **These amounts cannot be reported as negative.**

(1a) Expense Constant Premium - Enter in column (1a) the premium generated by the application of expense constants for policies effective on and after 10/1/08. Note that expense constant premium is reported on an earned basis.

Note: **The sum of Columns (26), (27), (28), (29), (30), and (3) will be calculated by FDRA to produce the amounts shown in Column (1) for each policy year though policy year 2007. The amounts for policy years 2008 and subsequent must be entered.**

## C. Catastrophe Number 48 Losses – NY 101D Appendix

All losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in Form NY 101D, must be separately reported in NY 101D Appendix as of December 31, 2017. **These amounts cannot be negative.** The loss and expense data elements and their definitions are identical to those specified previously. With respect to indemnity claim counts, both open and closed counts for these claims are required. **Note that the sum of the total loss amounts and claim counts reported in the Appendix for NY 101 plus NY 101D must be equal to the sum of the individually reported Catastrophe Number 48 claims reported in NY 131, Large Loss and Catastrophe Call, as well as the amounts reported on NY 125 plus NY 125D.**

## D. Miscellaneous Instructions

1. Assessments

   a. Reported losses must include amounts paid into the Vocational Rehabilitation Fund.

b. Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs must be excluded from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense (DDCE) - Reported losses should exclude defense & cost containment expense and all unallocated expenses except Employers Liability defense & cost containment expense. DCCE expenses for other than Employers Liability claims are to be reported on Sheet 4 of this call. Note, the definition of DCCE reported in this call must be consistent with the carrier's treatment of DCCE on Schedule P.

3. Reinsurance - Experience reported should be for direct business only. No deductions shall be made from premiums and losses for, or on account of, reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.

4. Federal Classifications - All Federal classification experience in New York must be included in this call.

5. Excess Policies - Premium and losses on excess policies must be excluded from this call.

6. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be excluded from this call.

## VII. Calendar-Accident Year Large Deductible Data (Form NY 125D and Appendix) - Due April 1, 2018; Optional due Date March 15, 2018

### A. Notes

1. This form requires the reporting of New York Workers' Compensation premium data by calendar year and accumulated loss data by accident year evaluated as of December 31, 2017 for only those policies written under the terms of a Large Deductible Program.

2. Carriers are requested to submit the Calendar Accident Year Large Deductible Call by March 15, 2018, if possible, mandatory by April 1, 2018. This earlier date will allow the Rating Board more time to review and compile this data prior to the submission of its annual loss cost filing, which must be made by May 15.

3. All the data required in this call, other than net premiums and IBNR, must be submitted

on a gross (prior to deductible) basis**.** Gross reporting refers to standard premium prior to deductible credits. With respect to losses, both paid loss and case reserves are to be reported on a first dollar basis, i.e., as if no deductible applied. **IBNR can be reported on a net basis in this call.**

Note: Failure to provide data on a gross basis, other than IBNR, will constitute an incomplete call and will result in fines under the Rating Board's Financial Data Call Incentive Program. In addition, carriers that submit unacceptable data in terms of gross reporting will be excluded from the ratemaking database and will subsequently be reported to the New York State Department of Financial Services when the rate filing documents are prepared.

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4. The only negative amounts that are acceptable in this call are those columns associated with calendar year premiums. **FDRA will not allow negative amounts in any other columns.**

5. a. All loss data reported on Rows (A) through (UI) are accumulated totals for each of the indicated accident years as of December 31, 2017.

   b. All loss data reported on Row (V) are accumulated totals for all reported accident years as of December 31, 2017.

   c. All loss data reported on Row (W) are accumulated totals for all previously reported accident years as of December 31, 2016. **FDRA will automatically utilize the previous year's call data to complete this row**.

6. All data reported on Form NY 125D are to include the experience of all claims relating to the terrorist attacks of September 11, 2001, which are those that have been designated as Catastrophe Number 48 cases. In addition, losses and expenses from claims that have been designated as Catastrophe Number 48 cases must be reported separately on Page NY 125D Appendix, which can be found following Sheet 5.

   However, all loss amounts on Form NY 125D must exclude latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.

7. Premiums and losses are to be reported in whole dollars only. Rounding to amounts other than one dollar (for example-nearest thousand dollars) is not acceptable.

8. Carriers are required to submit this call on the same basis (i.e., group report versus individual company report) as the call for Large Deductible Policy Year Data (Form NY 101D).

## B. General Instructions

## Calendar Year Earned Premium

Columns # (1) through (1a)

(1) Standard at Designated Statistical Reporting Level

- **Calendar Years 2007 and prior -** Report the entire earned premium resulting from standard rating procedures including premium credits or debits under the Experience Rating and Merit Rating Plans, expense constant premium, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes but **prior** to the application of rate deviations, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, preferred provider organization programs), terrorism and the natural disaster and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment.

- **Calendar Years 2008 and subsequent -** Report the entire earned premium resulting from standard rating procedures including premium credits or debits under the Experience Rating and Merit Rating Plans, premium credits resulting from the use of the New York Construction Classification Premium Adjustment Program and Territory Differential Premium for construction classes, but **prior** to the application of rate deviations (for policies effective prior to 10/1/08), loss cost multipliers (LCMs), and expense constant for policies effective on and after 10/1/08, schedule rating adjustments, premium discounts, policyholder dividends, premium adjustments under the Retrospective Rating Plan, premium credits under Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program**, surcharges under the Compulsory Workplace Safety Program, premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs), terrorism and the natural disaster and catastrophic industrial accident charges, Workers' Compensation Security Fund surcharge and the New York State Assessment. Expense constant should be included for policies effective

before 10/01/2008, and excluded from policies effective on or after 10/01/2008. **For calendar years 2008 and subsequent, this column will be subject to verification. Please refer to the New York Designated Statistical Reporting Level Guide for information on the reporting of premium for policies effective on and after 10/1/08.**

(2) Standard Earned Premium at Company Level - The standard earned premium, including expense constant premium and the application of rate deviations, should be shown in Column (2) for each calendar year during which a deviation from Rating Board rates was effective (for policies effective prior to 10/1/08) and including the application of loss cost multipliers, and expense constant (for policies effective on and after 10/1/08).

(3) Calendar Year Net Earned Premium - Net earned premium reported in Column (3) shall be the actual earned premium prior to the payment of policyholder dividends, but after the application of premium credits or debits under Experience Rating and Merit Rating Plans, expense constant premium, any Retrospective Rating premium adjustments, premium discounts, schedule rating adjustments, approved rate deviations (for policies effective prior to 10/1/08), loss cost multipliers (for policies effective on and after 10/1/08), premium credits from the New York Construction Classification Premium Adjustment Program, Territory Differential Premium for construction classes, premium credits resulting from Large Deductible Programs, premium credits under New York Workplace Safety Loss Prevention Incentive Program (WSLPIP), **premium credits under the Safe Patient Program,** surcharges under the Compulsory Workplace Safety Program, and premium credits under independently filed and approved carrier specialty programs (for example, alternative dispute resolution, drug-free workplace, managed care or preferred provider organization programs). Policy charges for terrorism and natural disasters and catastrophic industrial accidents, the New York Security Fund and New York State Assessment amounts must be excluded from this premium element.

(1a) Expense Constant Premium - Enter in column (1a) the premium generated by the application of expense constants for policies effective on and after 10/1/08. Note that expense constant premium is reported on an earned basis.

Note: a. The New York State Assessments, collected as a separate policy charge by carriers beginning with policies effective April 1, 1994, must be excluded from all premiums reported in this call. The Assessment amounts must be reported on Line (4) on the Reconciliation Page, Form NY 225, as part of the Statutory Page 14 reporting requirements, but are not to be included on Form NY 125.

b. Premium amounts from the terrorism policy surcharge (Code 9740) and the policy charge for natural disasters and catastrophic industrial accidents (Code 9741) must be excluded from all premium amounts reported in this call. The surcharge amounts must be reported on Lines (7) and (8), respectively, on the Reconciliation Page, Form NY 225.

c. Premium amounts from the Workers' Compensation Security Fund surcharge (Code 9749) must be excluded from all premium amounts reported in this call. These surcharge amounts must be reported on Line (5) on the Reconciliation Page, Form NY 225.

**Accumulated Accident Year Incurred Losses**

Note:

a. All loss amounts, including both paid losses and case reserves, on this call are required to be reported PRIOR to the application of a deductible (i.e., on a first dollar basis). **However, the reporting of IBNR on a net basis is permitted.**

b. Surcharges on hospital and other medical services that are imposed by the New York Health Care Reform Act, effective January 1, 1997, are to be included in the medical losses reported in this call.

c. All loss amounts on Form NY 125D must include claims emanating from the September 11, 2001 terrorist attacks, which are those that have been designated as Catastrophe Number 48 cases.

d. All loss amounts on Form NY 125D must exclude latent disease claims emanating from the rescue, recovery and clean-up at the World Trade Center site that have been designated as Catastrophe Number 87 cases.

Columns # (4) through (23)

(4) Paid – Sum of Columns (9) and (10). **This column is calculated by FDRA**.

(5) Outstanding Excl. IBNR – Sum of Columns (11) and (12). **This column is calculated by FDRA**.

(6) IBNR - Sum of Columns (13) and (14). **This column is calculated by FDRA**.

(7) Incurred Losses Incl. IBNR – Sum of Columns (4), (5) and (6). **This column is calculated by FDRA**.

(8a) Incurred Indemnity Claim Count – Sum of Columns (8b) and (8c). The incurred indemnity claim count (i.e., the accumulated number of claims for which an indemnity payment has been made and/or an outstanding reserve exists) must be reported in Column (8a). You are also required to indicate, on the checklist, whether or not you have included in your claim count any cases that initially included an indemnity reserve, but were subsequently closed with medical payment only. These and other medical-only claims must be excluded from the counts. **This column is calculated by FDRA**.

(8b) Closed Indemnity Claim Count – Enter in Column (8b), the number of indemnity claims for each accident year that have been paid in full, with no existing outstanding loss or loss expense reserves as of December 31, 2017. Exclude claims that have been resolved on a medical-only basis and claims that have been closed without payment.

(8c) Open Indemnity Claim Count – Enter in Column (8c), the number of indemnity claims for each accident year as of December 31, 2017 for which outstanding loss or loss expense reserves exist, regardless of whether or not any payments have been made.

If a historical split between open and closed claim counts is unavailable for certain years, enter the total accumulated claim count, both open and closed, into the closed paid column, Column (8b). This procedure will ensure that the correct counts are displayed in the total claim count column.

(9) & (10) Paid (Indemnity and Medical) - Enter in Columns (9) and (10), respectively, the accumulated Indemnity and Medical paid losses as of December 31, 2017. **These amounts cannot be negative.**

(9a) & (10a) Paid Losses on Closed Claims - Enter in Columns (9a) and (10a), respectively, the accumulated Indemnity and Medical paid losses for each accident year relating to the closed indemnity claims reported in Column (8b) as of December 31, 2017. **These amounts cannot be negative.** Note also, include paid losses on medical-only claims as well as on indemnity claims (even though medical-only claims are not included in column (8b).

(11) & (12) Outstanding Excl. IBNR (Indemnity and Medical) - Column (11) is the sum of Columns (15) and (16). Column (12) is the sum of Columns (17) and (18). **These columns are calculated by FDRA**.

(13) & (14) IBNR (Indemnity and Medical) - Enter in Columns (13) and (14), respectively, the Indemnity and Medical IBNR as of December 31, 2017. **These amounts cannot be negative. IBNR may be reported on a net basis.**

(15) & (17) Case Reserves (Indemnity and Medical) - Enter in Columns (15) and (17), respectively, Indemnity and Medical reserves established for specific known cases as of December 31, 2017. **These amounts cannot be negative.**

(16) & (18) Bulk Reserves (Indemnity and Medical) - Enter in Columns (16) and (18), respectively, Indemnity and Medical reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims. **These amounts cannot be negative.**

Note: The goal of this reporting procedure is to clearly isolate "case" reserves. To accommodate different carrier systems, if bulk reserves cannot be specifically isolated, they should be allocated to the IBNR category.

A footnote is shown on Sheet 3 that requires each carrier to indicate the percentage discount rate used in evaluating life pension cases (other than those used for placement into the Aggregate Trust Fund). This value can assist the Rating Board in determining possible differences in loss development patterns among carriers as the result of changes in the discount rate. If no discount rate is applied to these cases, an amount of 0% should be shown on the appropriate line**. This item must be entered for the data submission to be complete.**

(19) Paid Defense & Cost Containment Expense (DCCE) - Enter in Column (19) the accumulated paid DCCE for each of the accident years shown as of December 31, 2017. **These amounts cannot be negative.**

(20) DCCE Case Reserves - Enter in Column (20) the DCCE reserves established for specific known cases as of December 31, 2017. **These amounts cannot be negative.**

(21) DCCE Bulk Reserves - Enter in Column (21) the DDCE reserves associated with the establishment of reserves as of December 31, 2017 for general case reserve inadequacy, supplemental case reserves, cases that may reopen, or other reserves that are not associated with specific claims. **These amounts cannot be negative.**

(22) DCCE IBNR - Enter in Column (22) DCCE reserves associated with IBNR loss reserves as of December 31, 2017. **These amounts cannot be negative.**

(23) Incurred DCCE Including IBNR - Sum of Columns (19), (20), (21), and (22). **This column is calculated by FDRA**.

Note: The reporting of defense & cost containment is mandatory for Accident Years 1994 and subsequent. **These amounts cannot be negative.** The Rating Board recognizes that not all carriers establish case reserves for DDCE. If case DDCE reserves are not established, the reporting of reserves as bulk or IBNR is acceptable.

## C. Catastrophe Number 48 Losses – NY 125D Appendix

All losses and expenses from claims that have been designated with Catastrophe Number 48, in addition to being included in Form NY 125D, are to be separately reported in NY 125D Appendix as of December 31, 2017. **These amounts cannot be negative.** The loss and expense data elements and their definitions are identical to those specified previously. With respect to indemnity claim counts, both open and closed counts for these claims are required. **Note that the total loss amounts and claim counts reported in this Appendix must be equal to the sum of the two policy year amounts reported in NY 101D Appendix.**

## D. Miscellaneous Instructions

1. Assessments

   a. Reported losses must include amounts paid into the Vocational Rehabilitation Fund.

   b. Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs must be excluded from reported paid and incurred losses for all years.

2. Defense & Cost Containment Expense (DCCE) - Reported losses should exclude defense & cost containment expense and unallocated loss expense except Employers Liability defense & cost containment expense. Defense & cost containment expenses for other than Employers Liability claims are to be reported on Sheet 4 of this call. Note, the definition of DCCE reported in this call must be consistent with the carrier's treatment of DCCE on Schedule P.

3. Reinsurance - Experience reported must be for direct business only. No deductions shall be made from premiums and losses for, or due to reinsurance ceded. Premiums and losses arising from reinsurance assumed by the reporting company must also be excluded from the experience.

4. Federal Classifications - All Federal classification experience in New York must be included in this call.

5. Excess Policies - Premiums and losses on excess policies must be excluded from this call.

6. Voluntary Reserves - All voluntary reserves and any reserves determined on a statutory formula basis (Schedule P) must be excluded from this call.

## VIII. INDIVIDUAL CARRIER DIRECT WRITTEN PREMIUM (Form NY 115) - Due April 1, 2018

### A. Background

Each member carrier is required to file a statement of the total direct written premium for the workers' compensation and employers' liability insurance written on all risks insured by the company in New York during calendar year 2017.

Each individual carrier member of a group of companies operating under the same management must be identified separately, showing only the written premiums and adjustments on its own business.

This statement of direct written premium is necessary for the following purposes:

1. To determine the amount of the Rating Board expense chargeable to each member and subscriber for calendar year 2018; and,
2. To furnish a basis for the levy of assessments during portions of 2018 and 2019.

### B. Notes

1. Acknowledgement of this call is required. Please refer to FDRA for the appropriate form.

2. Column (4) requires the reporting of premiums attributable to approved rate deviations (prior to 10/1/08) and loss cost multipliers (policies effective on and after 10/1/08).

3. **Failure to submit NY 115, or, if applicable, an acknowledgment that there is no New York premium to report, by the due date will result in fines under the New York Data Call Incentive Program (NYDCIP).**

### C. No Experience to Report for New York

For those carriers that do not have any New York premium to report for calendar year 2017, the appropriate box should be checked on the Acknowledgement Form and submitted to the Rating Board on or before the due date stated above.

## D. General Instructions

Columns # (1) through (8)

(1) New York Workers' Compensation Direct Written Premium from line 16, Column (1) of Statutory Page 14 of the Annual Statement for calendar year 2017.

(2) Retrospective Rating Premium Adjustments in calendar year 2017 to convert New York direct written premium for policies subject to the Retrospective Rating Plan from an actual to a standard basis. Both positive and negative values are allowed.

(3) The amount of written Premium Discount in calendar year 2017 to convert New York direct written premium from an actual to a standard basis. **This value must be reported as a positive number.**

(4) The amount of written premium in calendar year 2017 resulting from the application of approved Rate Deviations for policies effective prior to 10/1/08 and from the application of Loss Cost Multipliers for policies effective on and after 10/1/08 to convert New York direct written premium for policies written at company rate level to a Rating Board basis. **Note, premiums generated from deviations must be treated as positive amounts. Premiums generated from loss cost multipliers must be treated as negative amounts to produce the proper Rating Board level premium in (8). This amount cannot be 0.**

(5) Calendar year 2017 Deductible Premium Credits to convert New York direct written premium for policies subject to a deductible from an actual to a standard basis. **This value must be reported as a positive number.**

(6) Calendar year 2017 written premium adjustments for policies subject to a New York safety program and independently filed and approved specialty programs (e.g., alternative dispute resolution, WSLPIP, **premium credits under the Safe Patient Program,** drug-free workplace, return-to-work, managed care or preferred provider organization programs, schedule rating adjustments) to convert New York direct written premium from an actual to a standard basis. Both positive and negative values are allowed.

(7) Calendar year 2017 excess workers' compensation premiums written in New York and included in line 16, column (1) of Statutory Page 14 of the Annual Statement for calendar year 2017. Both positive and negative values are allowed.

(8) Total 2017 Standard Written Premium = **(1) + (2) + (3) + (4) + (5) + (6) - (7)**
**Calculated by FDRA**.

NYCIRB

# DATA REPORTING
# NEW YORK DESIGNATED STATISTICAL REPORTING LEVEL GUIDE

## A. Introduction

The Designated Statistical Reporting (DSR) Level premium is the standard earned premium that would result if business were written at Rating Board approved loss costs or rates instead of at the company rates. It is the common benchmark level at which carriers' report premium on the Financial Calls in all states.

**In New York, the DSR premium is that required to be reported in Column (1) of the following calls: NY 101, NY 101D, NY 125 and NY 125D. DSR premium is also required to be reported in Column (25) of the following calls: NY 101 and NY 101D.**

Up until October 1, 2008, DSR level in New York represented carrier premiums reported at Rating Board rate level, i.e., excluding the application of carrier rate deviations. With the advent of loss costs as of October 1, 2008, the DSR level represents carrier premiums reported at Rating Board loss cost level, i.e., excluding the application of carrier loss cost multipliers.

## B. Calculating Designated Statistical Reporting Level Premium

To calculate DSR Level premium, a carrier can take one of two general approaches:

- Calculate DSR Level premium directly by extending exposures. This approach is useful if the company has data available in detail for class codes and applicable premium adjustments.
- Derive DSR Level premium from Company Standard premium. This approach is useful when the company adopts the most recent Rating Board loss costs or rates and uses a consistent loss cost multiplier or rate deviation.

### 1. Calculating DSR Level Premium Directly by Extending Exposures

Essentially, this method entails re-rating policies using the Rating Board approved loss costs or rates instead of company rates for individual class codes.

The first step is to determine the Rating Board approved loss cost or rate in effect for each class code. The appropriate rates and loss costs by class and effective date can be found in the Loss Cost Section of our website, www.nycirb.org.

Once the loss cost or rate is determined, the manual premium for each class code should be calculated as follows: Manual Premium = (Payroll/100) x Rating Board Approved Loss Cost or Rate.

Next, apply premium adjustments in the correct order using the premium algorithm located in the Basic Manual 2008 Edition. Note that only those adjustments that are components of DSR Level premium should be included in this step. Refer to the New York Financial Data Call Instructions for these premium components.

Finally, aggregate the data for each policy according to the policy effective date.

**a. Extending Exposures-Sample Calculations**

The following example illustrates the calculation of DSR Level premium by extending exposures. Since 2008 premiums are based on Rating Board rates prior to 10/1/08 and loss costs beginning 10/1/08, the example is for policy year 2008.

Assume for Policy Year 2008 there are only two policies written, and the premium at this point has been fully earned. Calculate the DSR Level premium given the following data:

| **Policy #WC12ABC** | |
|---|---|
| Policy Effective Date: | 1/1/2008 |
| Experience Modification Factor: | 1.15 |
| Payroll for Class Code 8810: | 2,500,000 |
| Payroll for Class Code 7421: | 525,000 |
| Payroll for Class Code 7380: | 100,000 |
| Increased Limits Premium for Employers Liability (on a rate base): | 1,775 |
| Aircraft Seat Surcharge (on a rate base): | 400 |
| Expense Constant: | 200 |

| **Policy #WC789YZ** | |
|---|---|
| Policy Effective Date: | 10/1/2008 |
| Experience Modification Factor: | 0.95 |
| Payroll for Class Code 8810: | 1,045,000 |
| Payroll for Class Code 4431: | 725,500 |
| Drug-Free Credit (at a loss cost level): | -485 |
| Expense Constant: | 250 |

Begin by determining the manual premium for the class codes using the Rating Board rates and loss costs:

| (1)<br>Policy # | (2)<br>Class Code | (3)<br>Payroll | (4)<br>Rate or Loss Cost | (5)<br>Manual Premium<br>[(3) / 100] x (4) |
|---|---|---|---|---|
| WC12ABC | 8810 | 2,500,000 | 0.28 (rate) | 7,000 |
| WC12ABC | 7421 | 525,000 | 2.75 (rate) | 14,438 |
| WC12ABC | 7380 | 100,000 | 7.67 (rate) | 7,670 |
| WC789yz | 8810 | 1,045,000 | 0.20 (loss cost) | 2,090 |
| WC789yz | 4431 | 725,500 | 4.59 (loss cost) | 33,300 |

Then, using the premium algorithm in the Basic Manual and the premium definition in the call reporting instructions, include the appropriate premium adjustments.

**Policy #WC12ABC**

| | | |
|---|---|---|
| Manual Premium for Policy | 7,000 + 14,438 + 7,670 = | 29,108 |
| Increased Limits premium | | + 1,775 |
| Premium prior to the application of the experience mod | | 30,883 |
| Application of the experience mod | | x 1.15 |
| Premium adjustments after the application of the mod | | 35,515 |
| Aircraft Seat Surcharge | | + 400 |
| Expense Constant | | + 200 |
| DSR Level premium | | 36,115 |

**Policy #WC789YZ**

| | | |
|---|---|---|
| Manual Premium for Policy | 2,090 + 33,300 = | 35,390 |
| Drug-Free Credit | | - 485 |
| Premium prior to the application of the experience mod | | 34,905 |
| Application of the experience mod | | x 0.95 |
| DSR Level premium | | 33,160 |

The total DSR Level premium (Column (1)) for Policy Year 2008 based on these two policies is 36,115 + 33,160 = 69,275.

Note that the calculations for the policies above include the expense constant for the 1/1/08 policy since the DSR Level is rates, and exclude the expense constant for the 10/1/08 policy because the DSR Level is loss costs. If the DSR Level were loss costs for both policies, both calculations would have excluded the expense constant.

**b. Variations**

The way in which this method is implemented may depend on the form in which the data is available. The example provided in Section a. above used data grouped by policy and class code.

Extending exposures can also be applied to data grouped by class code and applicable premium adjustments. The data for each class code would include premium across multiple policies and effective dates. When applying the method this way, there are some additional considerations:

- If the approved loss costs or rates changed in the middle of the policy year, it would be necessary to separate the data so that the different approved loss costs or rates could accurately be reflected
- It is necessary to ensure that individual policy experience modification factors and other premium adjustments are reflected appropriately

**2. Deriving DSR Level Premium from Company Standard Premium**

This approach entails adjusting Company Standard premium to DSR Level premium for every time period where there is a deviation and/or loss cost multiplier (LCM) in effect. There are two basic steps in this method:

- Determine the deviations and/or LCMs in effect for a given policy year
- Use the deviations and/or LCMs to derive DSR Level premium from Company Standard premium

**a. Determining the Deviations and/or LCMs in Effect for a Given Policy Year**

The first step in this method is to determine the deviations and/or LCMs in effect for a given policy year. These depend on the following items:

- Company loss cost multipliers or rate deviations in effect during the year
- Which Rating Board loss costs or rates were used by the carrier throughout the year
- DSR Levels in effect throughout the year

If the company adopts the latest approved loss costs or rates on the day they become effective, the deviations and/or LCMs in effect are simply the company rate deviations or loss cost multipliers. See Example 1 below.

**Example 1**

Assume that Rating Board rates and then loss costs became effective on 10/1/07 and 10/1/08, respectively.

The carrier adopted the 10/1/07 rates on the day they became effective, with a deviation of .90. The carrier then adopted the 10/1/08 approved loss costs on the day they became effective, with a loss cost multiplier of 1.30.

So, for Policy Year 2008 DSR Level premium, the following factors would need to be used to adjust (remove effect of the deviations and LCMs) Company Level premium to DSR Level premium:

- 1/1/2008 through 9/30/2008: .90
- 10/1/2008 through 12/31/2008: 1.30

**b. Using Deviations or LCMs to Derive DSR Level Premium from Company Standard Premium**

The deviation or LCM for a given time period in the policy year is removed from Company Standard premium to determine the correct DSR Level premium. Then the premium for each time period is added together to create the final policy year DSR Level premium. Note that the application of this method is slightly different, depending on whether the DSR Level is loss costs or rates.

**When the DSR Level is loss costs (10/1/08 and thereafter), Company Expense Constants and Balance to Minimum Premium adjustments must be removed from Company Standard premium prior to dividing by the LCM. See Example 2 below:**

**Example 2**

For Policy Year 2008, assume we have the following data:

| Time Period | Company Standard Premium* | Company Expense Constant | Balance to Minimum Premium Adj. | Deviation/LCM |
|---|---|---|---|---|
| 1/1/2008-9/30/2008 | 3,500,000 | 400,000 | 175,000 | .90 |
| 10/1/2008-12/31/2008 | 750,000 | 68,000 | 35,000 | 1.30 |
| * includes expense constant and balance to minimum premiums | | | | |

The DSR Level premium for January through September is:
= [(3,500,000 - 400,000 - 175,000) / .90] + 400,000 + 175,000 = 3,825,000
The DSR Level premium for October through December is:
= (750,000 – 68,000 – 35,000) / 1.30 = 497,692
So, the DSR Level Premium for Policy Year 2008 is:
= 3,825,000 + 497,692 = 4,322,692

Note: When the DSR Level is rates (prior to 10/1/08), Company Expense Constants and Balance to Minimum Premium adjustments should be removed from Company Standard premium before applying the deviation. However, the Expense Constants and Balance to Minimum Premium adjustments MUST then added back in to DSR Level premium.

**3. Calculating DSR Level Premium - Other Considerations**

Ensure that the data used in all calculations is consistent with the reporting requirements. For example, the data should reflect earned premium as of the appropriate valuation date with all proper exclusions.

Ensure that premium components are handled properly for policies that contain both included and excluded class codes. Some statistical code premium amounts may need to be adjusted so that they only reflect amounts associated with the included experience.

The calculations shown in this GUIDE assume that the anniversary rating date (rate effective date) is the same as the policy effective date. If the two are different, and the anniversary rating date rule applies (for more details, see the Basic Manual), the calculations should consider both the policy effective date and the anniversary rating date. The anniversary rating date may result in a different DSR Level for a portion of the policy. The effective date determines which policy year the experience is reported under. See Example 3 below.

**Example 3**

For Policy Year 2008, suppose we have the following data:

| | |
|---|---|
| DSR Level for Policy Year 2008 (prior to 10/1/08): | 10/1/2007 rates |
| DSR Level for Policy Year 2008 (10/1/08 & after): | 10/1/2008 loss costs |
| Policy Period: | 2/1/2008-2/1/2009 |
| Anniversary rating date: | 12/1/2008 |
| The DSR Level for the policy: | |
| 2/1/2008 through 11/30/2008: | 10/1/2007 rates |
| 12/1/2008 through 1/31/2009: | 10/1/2008 loss costs |
| Policy year the experience is reported under: | 2008 |

Note that, in the future, calculations may also need to be adjusted if:

- Rating Board loss cost changes apply to all outstanding policies (i.e., DSR Level premium includes the impact of all outstanding changes)
- There are different rating options used for certain policies (e.g., consent to rate)

Regardless of the method utilized, all three premium columns in the Financial Data Calls should be on a consistent basis so that they reflect the same underlying experience.

**C. Loss Costs in New York**

Unless otherwise noted, an approved set of Rating Board loss costs becomes the DSR reporting level on the loss cost approval date and remains the DSR reporting level until superseded by a subsequent set of approved loss costs.

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# DATA REPORTING
# NEW YORK PREMIUM COMPONENTS REPORTING GUIDE

The following table displays the most frequently used workers' compensation premium components, and denotes by an "X", the assignment of each of these components to the various premium definitions contained in the annual New York Financial Data Calls.

For further information and instructions on calculating DSR Level premiums, refer to the New York Designated Statistical Reporting Level Guide. For the applicable statistical codes relating to these components, refer to the New York Workers' Compensation Statistical Plan.

**PREMIUM COMPONENTS REPORTING TABLE**

| | Premium Component | Net | When DSR Level is Rates – Prior to 10/1/08 | | When DSR Level is Loss Costs – 10/1/08 and after | |
|---|---|---|---|---|---|---|
| | | | Company Standard | DSR | Company Standard | DSR |
| 1. | Published Rates or Loss Costs | X | X | X | X | X |
| 2. | Experience Rating Modifications | X | X | X | X | X |
| 3. | Merit Rating Factors | X | X | X | X | X |
| 4. | Territory Differential Premium | X | X | X | X | X |
| 5. | Contracting Classification Premium Adjustment Program (CPAP) Credits | X | X | X | X | X |
| 6. | Increased Limits Premium for Employers Liability | X | X | X | X | X |
| 7. | Waiver of Subrogation | X | X | X | X | X |
| 8. | Repatriation Expense | X | X | X | X | X |
| 9. | Balance to Minimum Premium Adjustment | X | X | X | X | |
| 10. | Company Loss Cost Multipliers | X | N/A | N/A | X | |
| 11. | Expense Constant * | X | X | X | X | |
| 12. | Deviation from NYCIRB Rates * | X | X | | N/A | N/A |
| 13. | Premium Credits for Deductible Programs * | X | | | | |
| 14. | Carrier Drug-Free Workplace Credits * | X | | | | |
| 15. | Managed Care or PPO Credits * | X | | | | |
| 16. | Workplace Safety Loss Prevention Incentive Program (WSLPIP) Credits * | X | | | | |
| 17. | Safe Patient Handling Program Credit* | X | | | | |
| 18. | Compulsory Workplace Safety Program Debits * | X | | | | |
| 19. | Premium Discounts * | X | | | | |
| 20. | Schedule Rating Adjustments * | X | | | | |
| 21. | Retrospective Rating Plan Adjustments * | X | | | | |
| 22. | Short-Rate Penalty Premium | X | | | | |
| 23. | New York State Assessment | | | | | |
| 24. | New York WC Security Fund Surcharge | | | | | |
| 25. | Terrorism Charge | | | | | |
| 26. | Catastrophic Industrial Accidents Charge | | | | | |

*Refer to the instructions for NY 101 and NY 101D for the reporting of these premium components.

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# DATA REPORTING
# FINANCIAL DATA REPORTING APPLICATION (FDRA) EDITS FOR 2018

| Edit # | Error # | Edit Description | Applicable New York Data Calls | Error Description |
|---|---|---|---|---|
| 1.0 | 101 | CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION | NY 125 & NY 125D | Calendar Year Std. Premium at NYCIRB Level (Col. 1) on current call not equal to previous valuation. Current Amount: _____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data. |
| 1.0 | 102 | CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION | NY 125 & NY 125D | Calendar Year Std. Premium at Company Level (Col. 2) on current call not equal to previous valuation. Current Amount: _____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data. |
| 1.0 | 103 | CALENDAR YEAR PREMIUM SHOULD BE EQUAL TO AMOUNT FROM PREVIOUS VALUATION | NY 125 & NY 125D | Calendar Year Net Premium (Col. 3) on current call not equal to previous valuation. Current Amount: _____ Previous Amount: _____. Calendar year premium does not normally change from valuation to valuation. Please correct the data. |
| 2.0 | 104 | LATEST POLICY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101 & NY 101D | Standard Premium (Col. 1) reported for the latest Policy Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest PY Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 105 | LATEST POLICY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101 & NY 101D | Company Premium (Col. 2) reported for the latest Policy Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.0 | LATEST POLICY YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101 & NY 101D | Net Premium (Col. 3) reported for the latest Policy Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |

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| 2.0 | 106.1 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Incurred Claim Count (Col. 8a) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.2 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Paid (Col. 9) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.3 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Medical Paid (Col. 10) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.4 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Outstanding (Col. 11) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.5 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Medical Outstanding (Col. 12) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.6 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Case (Col. 15) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.7 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Bulk Reserves (Col. 16) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |

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| 2.0 | 106.8 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Medical Case (Col. 17) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 2.0 | 106.9 | LATEST YEAR EXPERIENCE SHOULD NOT EQUAL CALENDAR YEAR EXPERIENCE | NY 101, NY 101D, NY 125 & NY 125D | Medical Bulk Reserves (Col. 18) reported for the latest Year = Calendar Year amount reported on line (X). Since the calendar year amount includes contributions from prior years, we do not expect these amounts to be the same. Latest Year: _____, Calendar Year: _____. Please correct the data or provide an explanation. |
| 3.0 | 107 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Policy Year Std. Premium at NYCIRB Level (Col. 1) cannot be negative. Std. Premium: _____. Please correct the data. |
| 3.0 | 108 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Policy Year Std. Premium at Company Level (Col. 2) cannot be negative. Company Std. Premium: _____. Please correct the data |
| 3.0 | 109 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Policy Year Net Premium (Col. 3) cannot be negative. Net Premium: _____. Please correct the data. |
| 4.0 | 110 | RATIO OF COMPANY TO RATING BOARD PREMIUM SHOULD BE WITHIN EXPECTED RANGE (APPLICABLE TO YEARS PRIOR TO 2008). | NY 101 & NY 101D | Departure from NYCIRB premium level not equal to expected. NYCIRB Premium: _____; Company Premium: _____; Observed Ratio: _____. Please examine your deviation history; please correct the data or provide an explanation for the observed difference. |
| 5.0 | 111 | STD WRITTEN PREMIUM SHOULD BE GREATER THAN NET WRITTEN PREMIUM FOR PY CALLS | NY 101 & NY 101D | Net Written Premium (Col. 24) ---------- > than Std. Written Premium (Col. 25) ----------. This can occur only if you have large positive Retro-Rating Adjustments. Please correct the data or provide a detailed explanation regarding the difference between the columns. |

| | | | | |
|---|---|---|---|---|
| 5.0 | 112 | STD EARNED PREMIUM SHOULD BE GREATER THAN NET EARNED PREMIUM FOR PY AND AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Net Earned Premium (Col. 3) ---- ---------- > than Std. Earned Premium at NYCIRB Level (Col. 1) ----------. This can occur only if you have large Schedule Rating Debits (included in Col. 26) or positive Retro-Rating Adjustments (Col 29). Please correct the data or provide a detailed explanation regarding the difference between the columns. |
| 5.0 | 113 | STD EARNED PREMIUM SHOULD BE GREATER THAN NET EARNED PREMIUM FOR PY AND AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Net Earned Premium (Col. 3) ----------> than Std. Earned Premium at Company Level (Col. 2) ----------. This can occur only if you have large Schedule Rating Debits (included in Col. 26) or positive Retro-Rating Adjustments (Col. 29). Please correct the data or provide a detailed explanation regarding the difference between the columns. |
| 5.0 | 114 | STD WRITTEN PREMIUM SHOULD BE LESS THAN NET WRITTEN PREMIUM FOR PY CALLS. | NY 101 | Net Written Premium (Col. 24) ---------- < than Std. Written Premium (Col. 25) ----------. This can occur only if you have large negative Retro-Rating Adjustments. Please correct the data or provide a detailed explanation regarding the difference between the columns. |
| 5.0 | 115 | STD EARNED PREMIUM AT NYCIRB DSR LEVEL SHOULD BE LESS THAN STD EARNED PREMIUM AT COMPANY LEVEL FOR PY CALLS | NY 101 & NY 101D | STD Earned Premium at Company Level (Col. 2) ---------- < than Std. Earned Premium at NYCIRB Level/LCM Level (Col. 1) ----------. Please correct the data. |
| 5.0 | 116 | NET EARNED PREMIUM SHOULD BE LESS THAN STD EARNED PREMIUM AT COMPANY LEVEL FOR PY AND AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Std. Earned Premium at Company Level (Col. 2) ---------- < than Net Earned Premium (Col. 3) ----------. This can occur only if you have large Schedule Rating debits (included in Col. 26) or negative Retro-Rating Adjustments (Col. 29). Please correct the data or provide a detailed explanation regarding the difference between the columns. |
| 5.0 | 117 | STD EARNED PREMIUM AT NYCIRB DSR LEVEL SHOULD BE LESS THAN STD EARNED PREMIUM AT COMPANY LEVEL FOR AY CALLS | NY 125 & NY 125D | Std. Earned Premium at Company Level (Col. 2) ---------- < than Std. Earned Premium at NYCIRB Level/LCM Level (Col. 1) ----------. Please correct the data. |

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|---|---|---|---|---|
| 6.0 | 200 | PAID MEDICAL LOSSES ON CURRENT CALL SHOULD BE GREATER THAN OR EQUAL TO AMOUNT ON PREVIOUS CALL (EXCLUDES ROWS A, V, W, AND X, AND THE LATEST YEAR FOR BOTH PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Med Paid Losses (Col. 10) on current call are less than previous valuation. Current amount: _____; Previous amount: _____. Since this data is reported an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation. |
| 6.0 | 201 | PAID INDEMNITY LOSSES ON CURRENT CALL SHOULD BE GREATER THAN OR EQUAL TO AMOUNT ON PREVIOUS CALL (EXCLUDES ROWS A, V, W, AND X, AND THE LATEST YEAR FOR BOTH PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Ind. Paid Losses (Col. 9) on current call are less than previous valuation. Current amount: _____; Previous amount: _____. Since this data is reported an accumulated value, paid amounts normally should increase over time. Please correct the data or provide an explanation. |
| 6.0 | 202 | PAID DEFENSE AND COST CONTAINMENT EXPENSE SHOULD BE LESS THAN OR EQUAL TO INCURRED (EXCLUDES ROWS V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Paid DCCE (Col.19) > Total Incurred DCCE (Col. 23). Paid DCCE: ____; Total Incurred DCCE: ____. By definition, Total Incurred DCCE is the sum of Paid + Bulk + Case + IBNR. Please correct the data or provide an explanation. |
| 7.0 | 203 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Indemnity Paid Losses (Col. 9) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 204 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Medical Paid Losses (Col. 10) differ. PY line (X): _____; AY Call line(X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |

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|---|---|---|---|---|
| 7.0 | 205 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Indemnity Outstanding (Col. 11) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 206 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Medical Outstanding (Col. 12) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 207 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Indemnity Case (Col. 15) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 208 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Indemnity Bulk (Col. 16) differ. PY line (x): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line (X) amount reported on the AY call. Line (x) is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 209 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Medical Case (Col. 17) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 210 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Paid DCCE (Col. 19) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 211 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for DCCE Case O/S (Col. 20) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |

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|---|---|---|---|---|
| 7.0 | 212 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for DCCE Bulk O/S (Col. 21) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 213 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for DCCE IBNR (Col. 22) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 214 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Indemnity Claim Count Closed (Col. 8b) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 215 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Indemnity Claim Count Open (Col. 8c) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 216 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Paid Indemnity Loss on Closed Claims (Col. 9a) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 217 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Paid Medical Loss on Closed Claims (Col. 10a) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 218 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Expense Constant Premium (Col. 1a) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |

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| 7.0 | 300.0 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Medical Bulk (Col. 18) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V-line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 300.1 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Standard Earned Premium at NYCIRB level (Col. 1) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 300.2 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Standard Earned Premium at Company Level (Col. 2) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 7.0 | 300.3 | CALENDAR YEAR AMOUNTS MUST BE EQUAL BETWEEN PY & AY CALLS | NY 101, NY 101D, NY 125 & NY 125D | Calendar Year amounts for Net Earned Premium (Col. 3) differ. PY line (X): _____; AY Call line (X): _____. Any line X value reported on the PY call should equal the corresponding line X amount reported on the AY call. Line X is simply line V - line W. Since lines V and W agree across calls, so must line X. Please correct the data. |
| 8.0 | 301 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Ind. Inc Claim Count (Col. 8) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 8.0 | 302 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + latest Policy Year Indemnity Paid (Col. 9) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |

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| 8.0 | 303 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + latest Policy Year Medical Paid (Col. 10) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 8.0 | 304 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + latest Policy Year Indemnity Outstanding (Col. 11) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 8.0 | 305 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Medical Outstanding (Col. 12) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 8.0 | 306 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Ind. Closed Claims (Col. 8b) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |

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| 8.0 | 307 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Ind. Open Claim Count (Col. 8c) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 8.0 | 308 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Paid Ind. Losses on Closed Claims Count (Col. 9a) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 8.0 | 309 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Paid Medical Losses on Closed Claims (Col. 10a) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 8.0 | 400 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Paid DCCE (Col. 19) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |

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| 8.0 | 401 | CURRENT AY AMOUNT SHOULD BE LESS THAN OR EQUAL TO SUM OF PRIOR AND LATEST PY (EXCLUDES ROWS A, V, W, AND X) | NY 101, NY 101D, NY 125 & NY 125D | Preceding Policy Year + Latest Policy Year Inc. DCCE (Col. 23) not > Current Accident Year. Preceding PY: _____, Latest PY: _____; Current AY: _____. The entries on the Policy Year and Calendar Accident Year calls are inconsistent with each other. A given accident year is overlapped by two corresponding consecutive policy years. Therefore, current accident year amount should be equal to or less than the sum of the amounts for the preceding policy year and latest policy year. Please correct the data or provide an explanation. |
| 9.0 | 402 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Total Paid Losses (Col. 4) cannot be negative. Total Paid Losses: _____. Please correct the data. |
| 9.0 | 403 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Total Outstanding Reserves (Col. 5) cannot be negative. Total Outstanding Reserves: _____. Please correct the data. |
| 9.0 | 404 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Total Incurred Losses (Col. 7) cannot be negative. Total Incurred Losses: _____. Please correct the data. |
| 9.0 | 405 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Incurred Claim Count (Col. 8) cannot be negative. Indemnity Incurred Claim Count: _____. Please correct the data. |
| 9.0 | 406 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Paid Losses (Col. 9) cannot be negative. Indemnity Paid Losses: _____. Please correct the data. |
| 9.0 | 407 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Medical Paid Losses (col.10) cannot be negative. Medical Paid Losses: _____. Please correct the data. |
| 9.0 | 408 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Outstanding Reserves (Col.11) cannot be negative. Indemnity Outstanding Reserves: _____. Please correct the data. |
| 9.0 | 409 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Medical Outstanding Reserves (Col. 12) cannot be negative. Medical Outstanding Reserves: _____. Please correct the data. |

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| 9.0 | 500 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Case Reserves (Col.15) cannot be negative. Indemnity Case Reserves: _____. Please correct the data. |
| 9.0 | 501 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Bulk Reserves (Col.16) cannot be negative. Indemnity Bulk Reserves: _____. Please correct the data. |
| 9.0 | 502 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Medical Case Reserves (Col.17) cannot be negative. Medical Case Reserves: _____. Please correct the data. |
| 9.0 | 503 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Medical Bulk Reserves (Col.18) cannot be negative. Medical Bulk Reserves: _____. Please correct the data. |
| 9.0 | 504 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Closed Claim Count (Col.8b) cannot be negative. Indemnity Closed Claim Count: _____. Please correct the data. |
| 9.0 | 505 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Open Claim Count (Col.8c) cannot be negative. Indemnity Open Claim Count: _____. Please correct the data. |
| 9.0 | 506 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Paid Losses on Closed Claims (Col.9a) cannot be negative. Indemnity Paid on Closed Claims: _____. Please correct the data. |
| 9.0 | 507 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Medical Paid Losses on Closed Claims (Col.10a) cannot be negative. Medical Paid on Closed Claims: _____. Please correct the data. |
| 9.0 | 508 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Paid DCCE (col.19) cannot be negative. Paid DCCE: _____. Please correct the data. |
| 9.0 | 509 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | DCCE Case Reserves (Col.20) cannot be negative. DCCE Case Reserves: _____. Please correct the data. |

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| 9.0 | 510 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Net Written Premium (Col.24) cannot be negative. NWP: _____. Please correct the data. |
| 9.0 | 511 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Standard Written Premium (Col.25) cannot be negative. Std. WP: _____. Please correct the data. |
| 9.0 | 512 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Safety & Specialty Program amount (Col.26) cannot be negative. S&SP: _____. Please correct the data. |
| 9.0 | 513 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Premium Discount amount (Col.27) cannot be negative. Prem. Disc..: _____. Please correct the data. |
| 9.0 | 514 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Rate Deviation Amount (Col.28) cannot be negative. Rate Deviation: _____. Please correct the data. |
| 9.0 | 515 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101 & NY 101D | Deductible Premium Credit Amount (Col.30) cannot be negative. Deductible Credit: _____. Please correct the data. |
| 9.0 | 516 | AMOUNT MUST BE NON-NEGATIVE (EXCLUDES ROW X) | NY 101, NY 101D, NY 125 & NY 125D | Total Incurred DCCE (Col.23) cannot be negative. Total Incurred DCCE: _____. Please correct the data. |
| 10.0 | 601 | CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Ind. Inc. Claim Count (Col. 8a) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |

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| 10.0 | 602 | CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Indemnity Paid (Col. 9) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 10.0 | 603 | CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Medical Paid (Col. 10) reported for current Accident Year) < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 10.0 | 604 | CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Ind. Outstanding (Col. 11) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 10.0 | 605 | CURRENT AY AMOUNT SHOULD BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Medical Outstanding (Col. 12) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |

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| 10.0 | 606 | CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Ind. Closed Claims (Col. 8b) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 10.0 | 607 | CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Ind. Open Claims (Col. 8c) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 10.0 | 608 | CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Ind. Paid on Closed (Col. 9a) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 10.0 | 609 | CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Med Paid on Closed (Col. 10a) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 10.0 | 700 | CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | Paid DCCE (Col. 19) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |

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| 10.0 | 701 | CURRENT AY AMOUNT MUST BE GREATER THAN OR EQUAL TO CURRENT PY AMOUNT (CHECKS ONLY LATEST YEAR FOR PY AND AY CALLS) | NY 101, NY 101D, NY 125 & NY 125D | DCCE Case Reserves (Col. 20) reported for current Accident Year < current Policy Year. Current AY: _____; Current PY: _____. Current policy year is a subset of current accident year. Please correct the data. |
| 11.0 | 702 | AMOUNT SHOULD BE NON-NEGATIVE | NY 115 | Calendar Year Premium Discount (Col.3) cannot be negative. Premium Discount: _____. Please correct the data or provide an explanation. |
| 11.0 | 703 | AMOUNT SHOULD BE NEGATIVE: CANNOT BE ZERO | NY 115 | Calendar Year LCM (Col. 4) cannot be zero, it must be negative. LCM: _____. Calendar Year LCM (Col. 4) cannot be zero. If the Calendar Year LCM is positive, please provide an explanation. |
| 11.0 | 704 | AMOUNT SHOULD BE NON-NEGATIVE | NY 115 | Calendar Year Deductible Premium Credit amount (Col. 5) should not be negative: _____. Carriers can provide: a correction or an explanation. |
| 11.0 | 705 | AMOUNT SHOULD BE NON-NEGATIVE | NY 115 | Calendar Year Safety and Special Program Premium Credit amount (Col. 6) should not be negative: _____. Carriers can provide: a correction or an explanation. |
| 20.0 | 714 | CLAIM COUNT DEVELOPMENT OUT OF RANGE | NY 101, NY 101D, NY 125 & NY 125D | The reported number of claims (Col. 8a) is significantly different than was reported at the prior valuation. Carriers can provide: a correction or an explanation. |
| 21.0 | 715 | CALENDAR YEAR PREMIUMS SHOULD EQUAL PREVIOUS VALUATION | NY 125 & NY 125D | The calendar year premiums reported are different than the amounts reported for this year on a previous valuation. Please submit the correct calendar premium amount. If necessary, you may need to submit correction on the previous year's data call. |
| 22.0 | 716 | PREMIUM DEVELOPMENT OUT OF RANGE | NY 101 & NY 101D | The reported premiums (Col. 1) are significantly lower than what was reported for this year in the previous valuation (last year's call). Carriers can provide: a correction or an explanation. |
| 23.0 | 717 | PREMIUM DEVELOPMENT OUT OF RANGE | NY 101 & NY 101D | The reported premiums (Col. 1) are significantly higher than what was reported for this year in the previous valuation (last year's call). Carriers can provide: a correction or an explanation. |
| 24.0 | 718 | STANDARD WRITTEN PREMIUMS ARE MORE THAN 10% DIFFERENT THAN EXPECTED | NY 115 | Std. Written Premium (Col. 25) on calls 101 and 101D cannot be more than 10% higher than Total Std. Written Premium (col. 8) on call 115. Please explain the difference before proceeding or correct the data. |

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| 25.0 | 719 | STANDARD WRITTEN PREMIUMS ARE MORE THAN 25% DIFFERENT THAN EXPECTED | NY 115 | Std. Written Premium (Col. 25) on calls 101 and 101D cannot be more than 25% lower than Total Std. Written Premium (col. 8) on call 115. Please explain the difference before proceeding or correct the data. |
| 26.0 | 720 | DSR LEVEL PREMIUMS ARE DIFFERENT THAN EXPECTED | NY 101 & NY 101D | Reported NYCIRB level premiums (column 1) cannot be more than 50% lower than company level premiums as reported in column 2. |
| 115.0 | 1150.1 | NY115: ROW Y, COLUMN 7 CANNOT BE ZERO. | NY 115 | If there is an amount other than $0 reported on Line 10, Column 1 of NY 225, there must also be an amount other than $0 reported in Row Y, Column 7 on NY 115. |
| 115.0 | 1150.2 | NY115: ROW Y COLUMN 7 HAS INCORRECT SIGN. | NY 115 | The sign of the $ amount reported on Line 10, Column 1 of NY 225, must be the same sign as the $ reported in Row Y, Column 7 on NY 115. |
| 115.0 | 1150.5 | NY115: ROW Y COLUMN 3 IS ZERO. | NY 115 | If there is an amount other than $0 reported on Line X, Column 27 of NY 101 + 101D, there must also be an amount other than $0 reported in Row Y, Column 3 on NY 115. |
| 115.0 | 1150.6 | NY115: ROW Y COLUMN 6 IS ZERO. | NY 115 | If there is an amount other the $0 reported on Line X, Column 26 of NY 101 + 101D, there must also be an amount other than $0 reported in Row Y, Column 6 on NY 115. |
| 115.0 | 1150.7 | NY115: ROW Y COLUMN 2 IS ZERO. | NY 115 | If there is an amount other than $0 reported on Line X, Column 29 of NY 101 + 101D, there must also be an amount other than $0 reported in Row Y, Column 2 on NY 115. |
| 115.0 | 1150.8 | NY115: ROW Y COLUMN 5 IS ZERO. | NY 115 | If there is an amount other than $0 reported on Line X, Column 30 of NY 101 + 101D, there must also be an amount other than $0 reported in Row Y, Column 5 on NY 115. |
| 115.0 | 1151.0 | NY115: ROW Y COLUMN 2 HAS THE WRONG SIGN. | NY 115 | The sign of the $ amount reported on Line X, Column 29 of NY 101 + 101D, must be the same sign as the $ reported in Row Y, Column 2 on NY 115. |
| 115.0 | 1151.6 | NY225 LINE 3 SHOULD BE = LINE 12 | NY 225 | NY225 Line 3 should be = Line 12. Please check your reconciling items. This form is ONLY to reconcile Statutory Page 14 and NY101 Financial Call data. |
| 311.0 | 3111.3 | NY 225: THIS CALL DOES NOT BALANCE TO ZERO AND THERE IS NO EXPLANATION. | NY 225 | Line (13) __ does not balance to 0 for Columns _____. Please Enter a detailed note to explain why this does not balance. |

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| 311.0 | 3111.4 | NY 225: "OTHER" LINE HAS CELLS WHICH ARE NOT ZERO AND THERE IS NO EXPLANATION. | NY 225 | Line (11c), Other __ is not 0 for Columns _____. Please Enter a detailed note to explain why Line (11c), Other __ is not zeroes. Either enter zeros in this line or provide an explanation of what is reported in this line. |
| 312.0 | 3120.1 | NY101, NY101A, NY101D, NY101DA, NY125, NY125A, NY125D, NY125DA: DISCOUNT WAS LEFT BLANK. | NY 101, NY 101D, NY 125 & NY 125D & All Appendices | You need to enter a Discount Rate, even if it is zero. This form WILL NOT be marked Complete until this is done. |
| 312.0 | 3120.2 | NY 222A OR 223A: SERVICING CARRIER ALLOWANCES WAS LEFT BLANK | NY 222 & NY 223 | Servicing carriers must enter any applicable servicing carrier allowances; Entering a 0 is acceptable. This form WILL NOT be marked Complete until this is done. |

NYCIRB

# DATA REPORTING
# FINANCIAL DATA REPORTING APPLICATION (FDRA)

The Financial Data Reporting Application (FDRA) is a web-based application for the on-line reporting of all New York Data Calls and is the sole mechanism for the reporting of New York Workers' Compensation aggregate financial data and special call information.

This on-line system is intended to enhance efficiency in the processing of this data for both the carriers and Rating Board, and to also improve the timeliness and accuracy of the reported data.

All instructions and other information regarding the use of the web site for reporting New York aggregate financial data and special call data can be found at www.nycirb.org

The FDRA web site is a secure site and a carrier may only access its own data within this system. The previous years' Financial Call data for your company is available within FDRA.

All New York forms can be generated by FDRA and must be submitted to the Rating Board through FDRA.

Fax, Hardcopy, Text File, and Excel Spreadsheet Submissions are NOT ACCEPTABLE.

NYCIRB

# DATA REPORTING
# NEW YORK DATA CALL INCENTIVE PROGRAM

The timely and accurate submission of carrier data enables the Rating Board to effectively fulfill its mission as the designated data collection organization for Workers' Compensation in New York.

To encourage member carriers to satisfy their obligations to report the requested call information in an accurate and timely manner, the New York Data Call Incentive Program (NYDCIP) applies as set forth below.

This program shall apply separately to each of the following annual Financial Calls for data: Policy Year Call (Form NY 101), Policy Year Large Deductible Call (Form NY 101D), Accident Year Call (Form NY 125), Accident Year Large Deductible Call (Form NY 125D) and Appendices to each of the aforementioned calls (Forms NY 101A, NY 101DA, NY 125A and NY 125DA). In addition, the reporting of the Insurance Expense Exhibit data (Forms 222 and 223), Statutory Page 14 (Form NY 214) and the Data Reconciliation Form NY 225 are also included in the NYDCIP. Furthermore, the Special Calls for Individual Large Loss and Catastrophe Claims (Form NY 131), Individual Section 32 Claims (Form NY 132), Individual Employer Liability Claims (Form NY 141) and the Call for Individual Carrier Direct Written Premium (Form NY 115) are likewise subject to the NYDCIP.

For the purpose of this program, any call that is submitted later than the call due date will be considered a late submission. A submission will be considered late and charges will accrue for each call until the call is received.

**Resubmissions of a previously submitted call, whether voluntary by the carrier or required by the Rating Board as a result of its review of the submission, are subject to the provisions of the NYDCIP.**

The financial penalties imposed by the NYDCIP consist of four parts – a charge for late submissions based on the number of days late and a carrier's market share; a charge for errors made by the carrier on the experience submitted; a charge for failure of a carrier to respond to Rating Board inquiries; and a resubmission charge.

## Penalty Formula

The total charge for overdue and incorrect reporting of financial data will be calculated as follows:

A = **(N x $100) + [(S x B x 100) x $250] + [(S x C x 100) x $500] + E + P + L**

Where, A = Total Penalty Charge

B = 1 to 10 business days late

C = 11 + business days late

N = Total number of business days late

S = Market share equal to the proportion of the carrier's direct written premium to the total New York Workers' Compensation written premium (excluding The State Insurance Fund) for the period t-2 (where t equals the current calendar year). Source data is NY 115 – Call for Direct Written Premium.

E = Error Correction Charges:

1. No charge for an error(s) that is found by the Rating Board but is correctable without further carrier involvement.
2. $150 flat charge for each error found by the Rating Board that needs to be corrected by the carrier and is resubmitted to the Rating Board within 5 business days after the carrier has been notified of the error.
3. $250 flat charge per day for each error not corrected and resubmitted within 5 business days from the date that the carrier was notified by the Rating Board of the error.
4. $500 flat charge that results from the carrier's data being excluded from the annual loss cost filing due to either a failure to report a call or significant errors in the submitted data. Erroneous submissions are also subject to the basic daily charges until corrected.

P = $150 per day flat charge for each day after 5 business days that a carrier fails to respond to a Rating Board data inquiry (phone call, email, letter), whether or not a correction is required.

L = $150 per call Resubmission Charge for each resubmission submitted after the call due date.

The maximum penalty for each call under this program will be $2,500 or 0.1% of the carrier's calendar year written premium, whichever is greater (not to exceed $30,000 per call).

**Appeal Process**

If a carrier objects to a fine amount that has been imposed, it can appeal the application of the NYDCIP. To be considered for review, a written request explaining the reason(s) for the appeal must be submitted to the Actuarial Department of the Rating Board within 30 days of the date on the invoice that was sent by the Rating Board to the carrier.

Once the written appeal is received, the following action will be taken:

- A staff member will acknowledge receipt of the appeal and inform the carrier that its appeal will be reviewed.

- The Rating Board will review the appeal of the carrier and, within 30 days, grant the carrier's request or sustain the original fine(s) and/or report card grades.

- The carrier, if not satisfied with the staff decision, may then request, in writing, a reconsideration of the decision, or a conference with the Rating Board staff to resolve any differences. This request should contain supporting documentation and be addressed directly to the Rating Board's Senior Vice-President & Chief Actuary for resolution.

- If all of the above fails to resolve the issue(s), then an appeal directly to the President of the Rating Board may be made.

NYCIRB

# DATA REPORTING
# NEW YORK FINANCIAL DATA CALLS - DATA QUALITY STANDARDS

To help ensure data quality, FDRA automatically performs arithmetic functions and populates certain data cells with data entered in other cells that have the same definition and valuation. This process ensures that the submitted data is consistent within and between the various call forms.

Relational edits that are currently performed by the Rating Board staff will be incorporated into FDRA on an ongoing basis.

As part of its monitoring efforts, and to provide the carriers with information regarding the quality of the reported financial data, the Rating Board issues Report Cards to every carrier several months after each year's call process has concluded.

The report cards provide grades for each of the annual Financial Data Calls and are comprised of two sections, one for timeliness and one for data quality. Grades are assigned for timeliness on the basis of when each call is received relative to its respective due date. Data quality grades are reflective of any errors in the data or resubmissions of previously reported call data.

A sample Report Card is shown below.

**NEW YORK COMPENSATION INSURANCE RATING BOARD**
**2018 FINANCIAL DATA CALL REPORT CARD**
**Carrier:**

| Data Call | Policy Year Excl. Large Ded. NY 101 | Policy Year Large Ded. NY 101D | Accident Year Excl. Large Ded. NY 125 | Accident Year Large Ded. NY 125D | Insurance Expense Exhibit 222 & 223 | Annual Statement Stat NY Page 14 | Reconciliation Form NY 225 |
|---|---|---|---|---|---|---|---|
| **Due Date** | 3/15/18 | 3/15/18 | 4/1/18 | 4/1/18 | 4/1/18 | 4/1/18 | 4/1/18 |
| **Timeliness Grade** | | | | | | | |
| **Data Quality Grade:** | | | | | | | |

**Explanation of Timeliness Grade:**

A 0 days late

**Explanation of Data Quality Grade:**

A 0 Errors detected by NYCIRB, or voluntary resubmission prior to call due date

| | | | |
|---|---|---|---|
| B | 1-3 days late | B | Errors corrected by NYCIRB with no carrier involvement, or errors corrected by carrier within 5 days after request by NYCIRB, or voluntary resubmission within 10 days of call due date |
| C | 4-5 days late | C | Errors corrected by carrier more than 5 days after requested by NYCIRB, or voluntary resubmission more than 10 days after the call due date |
| D | 6-10 days late | D | Errors detected by NYCIRB and not corrected by the carrier, or errors corrected by carrier after the annual loss cost filing, or voluntary resubmission after the annual loss cost filing |
| | >10 days late | F | Errors precluded carrier data from being included in the annual loss cost filing |

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# DATA REPORTING
# SPECIAL DATA CALLS

Unique circumstances may require the Rating Board to request more detailed data than is available from the Aggregate Financial Data Calls or from unit statistical reports. When these situations arise, the Rating Board issues a Special Call to its membership to obtain the needed data.

The following are New York Special Calls that have been issued by the Rating Board for 2018. Please click on each Special Call to obtain instructions, due dates and report formats.

**Please note that each of these calls is subject to the New York Data Call Incentive Program (NYDCIP).**

2018 Call for Individual Large Loss and Catastrophe Data – NY 131

2018 Call for Individual Section 32 Claim Data – NY 132

2018 Call for Individual Employers Liability Claim Data – NY 141

New York Financial Data Reporting Application (FDRA)

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# DATA REPORTING
# 2018 CALL FOR INDIVIDUAL LARGE LOSS AND CATASTROPHE DATA - NY 131
# REPORTING INSTRUCTIONS AND DATA FORMAT
# FORM NY 131 – DUE APRIL 1, 2018

## A. Notes

Form NY 131 requires the reporting of individual large losses and claims associated with extraordinary loss events (currently only Catastrophe Number 48 and Catastrophe Code 87). These claims must be valued as of December 31, 2017.

This call is included within the Rating Board's internet reporting system, FDRA.

An acknowledgement form for NY 131 must be submitted to the Rating Board as part of the call requirements. Refer to the acknowledgement form provided in FDRA.

## B. General Instructions

This call requires the reporting of **individual** New York large loss claims and all **individual** Catastrophe Number 48 and 87 claims, specified as follows:

1. Large losses are defined as claims with incurred values of $500,000 and greater. All claims, other than those identified with Catastrophe Numbers 48 and 87, for Accident Years 1984 and later for which total case incurred losses (indemnity plus medical) are greater than, or equal to, $500,000 as of December 31, 2017.

   Note**:** claims with incurred values less than $500,000 for indemnity plus medical combined, other than those with Catastrophe Numbers 48 or 87, will not be accepted by FDRA.

2. Claims with total case incurred losses that drop below $500,000 in subsequent valuations should not be reported at that valuation.

3. Report all Catastrophe Number 48 claims, irrespective of size.

   Note**:** The sum of the Cat 48 claims and dollar amounts reported in this call must be equal to the amounts reported in the corresponding NY 101, NY 101D, NY 125 and NY 125D Appendices.

4. Report all Catastrophe Number 87 claims, irrespective of size.

5. Claims cannot be grouped.

6. Closed, as well as open and reopened, claims must be included.

7. Medical-only claims are included.

8. Claim number is required to be reported for each claim.

9. Loss amounts should be reported net of second injury fund and other recoveries such as subrogation, but **gross of deductible reimbursements**, consistent with the New York Policy Year and Calendar-Accident Year Calls.

10. Case outstanding may include or exclude statutorily allowable discounting, as long as the approach is consistent with the Policy Year and Calendar-Accident Year Calls.

## C. Specific Instructions

1. Valuation Year- The data reported must be valued at December 31, 2017.

2. Carrier Name- The carrier(s) name should be reported consistent with the Policy Year and Calendar-Accident Year Calls (i.e., group report or individual company report). This facilitates reconciliation of carrier data.

   Carriers that have merged companies should report consistently with their historical financial call reporting.

   Example: If a merger took place in 2017 between carriers' A and B with A being the reporting carrier, then, NY 131 data valued as of 2016 should be reported under carrier A.

3. Claim Number (Column 1)- Report the specific claim number assigned to the individual claim. This number must match the claim number reported on the respective unit statistical report.

   Note: Spaces, hyphens, other symbols and blanks **will not** be removed by FDRA. Please be sure to enter claim numbers exactly how they appeared last year or they will not match.

4. Policy Number (Column 2)- Report the policy number associated with the claim.

5. Catastrophe Number (Column 3)-

   Report Code 48 for all Catastrophe Number 48 claims, regardless of claim size.

   Report Code 87 for all Catastrophe Number 87 claims, regardless of claim size.

Note: The catastrophe number field should be left blank for claims not associated with either Catastrophe Numbers 48 or 87.

6. Exposure State Code (Column 4)- This is always 31 for New York

7. Market/Coverage Type Code (Column 5)- Indicate the market coverage type code for the policy associated with the claim:

   - 2 - Large Deductible (No Employers Liability)
   - 3 - Other than Large Deductible (No Employers Liability)
   - 4 - Employers Liability (Large Deductible)
   - 5 - Employers Liability (Other than Large Deductible)

8. Policy Effective Date (Column 6) - Report the date (use mm/dd/yyyy format) of inception for the policy associated with the claim.

9. Accident Date (Column 7) - Report the accident date (use mm/dd/yyyy format) associated with the claim.

10. Claim Status Code (Column 8) - Indicate status of the claim as:

    - 0 - Open
    - 1 - Closed
    - 2 - Reopened

11. Accumulated Paid Losses - Indemnity (Column 9) - Report the accumulated indemnity loss paid associated with the claim as of December 31, 2017.

12. Accumulated Paid Losses - Medical (Column 10) - Report the accumulated medical loss paid associated with the claim as of December 31, 2017.

13. Case Outstanding - Indemnity (Column 11)- Report the indemnity case reserve associated with the claim as of December 31, 2017.

14. Case Outstanding - Medical (Column 12)- Report the medical case reserve associated with the claim as of December 31, 2017.

15. Accumulated Paid Defense and Cost Containment Expense (Column 13)- Report the accumulated paid Defense and Cost Containment Expense associated with the claim as of December 31, 2017.

16. Case Outstanding Defense and Cost Containment Expense (Column 14) - Report the case reserve for Defense and Cost Containment Expense associated with the claim as of December 31, 2017.

Note: Report zero (0) if case reserves are not set for Defense and Cost Containment Expense.

## D. Miscellaneous Instructions

1. Assessments

   a. Reported losses shall include amounts paid into the Vocational Rehabilitation Fund.

   b. Amounts charged to carriers and paid as assessments for the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Workers' Compensation Board expenses, the operating expenses of the Special Funds Conservation Committee, or safety training and accident prevention under OSHA programs must be excluded from the reported losses for all years.

2. Reinsurance - Experience reported should be for **direct business** only. No deductions shall be made from losses for, or due to reinsurance ceded. Losses arising from reinsurance assumed by the reporting company shall also be excluded from the experience.

3. Federal Classifications - All Federal classification experience in New York must be included in this call.

4. Excess Policies - Losses on excess policies must be excluded from this call.

## E. No Experience to Report for New York

For those carriers that have no individual large loss or catastrophe claims to report for any of the requested accident years at this valuation, the appropriate box should be checked on the Acknowledgement Form and submitted to the Rating Board on or before the due date stated above.

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# DATA REPORTING
# 2017 CALL FOR INDIVIDUAL SECTION 32 CLAIM DATA- NY 132
# REPORTING INSTRUCTIONS AND DATA FORMAT
# FORM NY 132 – DUE JUNE 1, 2018

## A. Background

In its July 15, 2004 Opinion & Decision regarding the Rating Board's 2004 rate revision filing, the New York State Insurance Department ordered that the Rating Board conduct a study for quantifying the savings realized from claim settlements made under Section 32 of the Workers' Compensation Law that was amended in 1996 as part of Governor Pataki's reform initiative. The results of this study are critical to the continuing ability of the Rating Board to obtain adequate loss costs for its members in the state of New York.

Considering the above, a Special Call was first issued in August 2004, and has been requested annually since that date. At this time, the Rating Board is requesting an update to previously submitted claim information and is requiring that you submit your individual claim experience for all claims settled under Section 32, with each claim valued as of December 31, 2017. Cumulative loss amounts as of the current valuation date for claims closed as of any prior accounting period must be reported for as many accident years as there are settlements.

**Note: The New York State Insurance Department has requested that the Rating Board report all carriers that fail to respond to this call in a complete and timely manner.**

## B. Notes

1. Acknowledgement of this call is required. Please refer to FDRA for the appropriate form.

2. This form requires the reporting of New York individual claim experience by accident year valued as of December 31, 2017.

3. All individual incurred claims that have been settled under Section 32 of the New York Workers' Compensation Law are to be reported as of December 31, 2017, including all claims closed, as well as any claims in which only a portion of the claim was settled under Section 32 and the claim remains open. **Cumulative loss amounts as of December 31, 2017 for all claims closed as of any prior accounting date must be reported for as many accident years as there are settlements.**

4. If a claim is subject to a deductible, all data to be reported must be on a gross of deductible basis, i.e., as if no deductible applies.

5. IBNR is not to be included in any claim amount.

## C. General Instructions

1. Enter, by claim number, all New York claims that were settled under Section 32, identified by accident year, valued as of 12/31/2017. For each claim, show both the incurred indemnity and incurred medical amounts as of the requested valuation date. Note, claims closed under Section 32 and reported in previous submissions must continue to be reported in this call.

2. Enter the Defense & Cost Containment Expense (DCCE) that has been incurred for each claim. Report $0 if DCCE is unavailable for any claim.

3. The claim number must be the same as reported on the respective unit statistical reports.
   Note: Spaces, hyphens, other symbols and blanks **will not** be removed by FDRA. Please be sure to enter claim numbers exactly how they appeared last year or they will not match.

4. If only a portion of a claim is subject to Section 32, the entire claim must be reported.

5. Enter the interest rate upon which the Section 32 claim settlement is based, if applicable; otherwise, enter zero.

6. Enter the Policy Number and Policy Effective Date applicable to each claim.

7. Assessments and Special Funds - Incurred losses must exclude amounts paid into the Special Disability Fund, Reopened Case Fund, Stock or Mutual Security Fund, Vocational Rehabilitation Fund or any assessments for Workers' Compensation Board expenses or Interdepartmental Expenses.

8. Reinsurance - Experience is to be reported on a direct basis. No deductions shall be made from losses on account of reinsurance ceded. Losses arising from reinsurance assumed by the reporting company shall be excluded from the experience.

9. Excess Policies and Voluntary Reserves - Losses on excess policies, as well as all voluntary reserves, must be excluded.

## D. No Experience to Report for New York

For those carriers that have no individual Section 32 claims to report for any accident year, the appropriate box should be checked on the Acknowledgement Form and submitted to the Rating Board on or before the due date stated above.

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# DATA REPORTING
# 2017 CALL FOR INDIVIDUAL EMPLOYERS LIABILITY CLAIM DATA - NY 141
# REPORTING INSTRUCTIONS
# FORM NY 141 – DUE JULY 1, 2018

## A. Background

To evaluate the impact of the unlimited liability feature of Part Two of the Workers' Compensation and Employers Liability Policy in New York, as well as to provide a closer examination of the development of third-party claims, a call for Employers Liability losses was instituted by the Rating Board in 1979. Although some action to limit third-party cases was taken by the legislature in 1996, the potential of future legislation to further limit or eliminate third-party over actions has maintained the importance of this call.

Considering the above, the Rating Board is requiring that you submit your individual Employers Liability claim experience for accident years 1987 through 2017, all valued as of December 31, 2017.

## B. Notes

1. Acknowledgement of this call is required. Please refer to FDRA for the appropriate form.

2. This form requires the reporting of New York Employers Liability individual claim experience by accident year valued as of December 31, 2017.

3. All Employers Liability incurred claims are to be reported, including all open claims and all closed claims for each accident year as of December 31, 2017. **Note**: **Claims closed and reported in previous submissions must continue to be reported in this call.**

4. Open/Closed/Reopened status of each claim is to be reported.

5. All data to be reported must be on a GROSS of Deductible basis, i.e., as if no deductible applies.

6. Loss and Allocated Loss Adjustment Expense amounts are to be reported in whole dollars only.

7. When claims contain both Employers Liability and Workers' Compensation losses, report only the amount of Employers Liability losses.

8. IBNR is not to be included in any claim amount.

9. Claim numbers should be the same as reported on the respective unit statistical reports. Note: Spaces, hyphens, other symbols and blanks **will not** be removed by FDRA. Please be sure to enter claim numbers exactly how they appeared last year or they will not match.

   Note**:** Reporting both the individual carrier number and the group number is required.

## C. General Instructions

10. Enter each New York employer's liability claim that was incurred in each of the Accident Years 1987 through 2017 valued as of 12/31/2017. For any claim containing both workers' compensation and employers' liability, report only the employer's liability portion. In cases where the experience incurred on these coverages cannot be separated out, indicate this condition by placing an "N" in Column (6). Similarly, a "Y" in Column (6) should indicate that the losses shown are incurred exclusively under the Employers Liability section of the policy. Nevertheless, carriers are encouraged to separately identify just the employers' liability portion of these claims.

11. Losses and Allocated Loss Adjustment Expense - Employers Liability losses and allocated loss expenses are to be reported for those claims reported as Employers Liability (Coverage Codes 31, 34, 37), Including Employers Liability (Coverage Codes 41, 44, 47) and Third - Party Over (previously Coverage Codes 13, 16, 19, 23, 26, 29 which were applicable on these claims valued prior to January 1, 1991), as set forth in the New York Workers' Compensation Statistical Plan.

12. Allocated Loss Adjustment Expense (ALAE) - Separate reporting of allocated loss adjustment expense is required for all years if available, but is mandatory for accident years 1994 and subsequent. If allocated loss adjustment expense prior to accident year 1994 cannot be separately identified, include the indicator "incl." in the loss expense columns if the expense is included with the loss and cannot be segregated at this time. Carriers are encouraged to provide separate allocated loss expense for as many years as possible.

13. Open/Closed/Reopened Indicator – Enter a '0' if the claim is open, a '1' if the claim is closed, or a '2' if the claim has been reopened.

14. Enter the Policy Number and Policy Effective Date applicable to each claim.

15. Assessments and Special Funds - Paid and Incurred losses must not include amounts paid into the Special Disability Fund, Reopened Case Fund, Workers' Compensation Security Fund, Vocational Rehabilitation Fund or any assessments for Workers' Compensation Board expenses or Interdepartmental Expenses.

16. Reinsurance - Experience is to be reported on a direct basis. No deductions shall be

made from losses on account of reinsurance ceded. Losses arising from reinsurance assumed by the reporting company shall be excluded from the experience.

17. Excess Policies and Voluntary Reserves - Losses on excess policies, as well as all voluntary reserves, must be excluded.

**D. No Experience to Report for New York**

For those carriers that have no individual employers' liability claims to report for any accident year at this valuation, the appropriate box should be checked on the Acknowledgement Form and submitted to the Rating Board on or before the due date stated above.

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# DATA REPORTING
# NEW YORK ANNUAL FINANCIAL DATA CALLS
# FREQUENTLY ASKED QUESTIONS

Q: How are New York Annual Financial Data Calls reported to the NYCIRB?
A: All New York data calls must be reported using the Financial Data Reporting Application (FDRA)

Q: How do I access FDRA?
A: Go to https://FDRA.nycirb.org on the internet and enter you user ID, password and NYCIRB carrier code.

Q: What if I don't have an ID, password or know my carrier code?
A: If you are a new carrier reporting data to NYCIRB for the first time, contact NYCIRB at FDRA@nycirb.org for this information. If you have simply forgotten this information, or are a new user in your company, refer to your company's FDRA coordinator to obtain this information.

Q: What if I need help completing the call forms?
A: Detailed explanations and instructions for completing each call form are contained on the Rating Board website. If, after reading this material, you still have questions, or do not understand the data element(s) that is (are) being requested, please call the NYCIRB Actuarial Department at 212-697-3535 ext. 214.

Q: What if I am having trouble with the FDRA website?
A: Detailed instructions for navigating FDRA are included on the FDRA website. If, after reading this material, you still have questions, do not understand some aspect of the system, or have a problem accessing the system, please email NYCIRB at FDRA@nycirb.org with your question. Do Not contact the vendor.

Q: If I successfully entered FDRA, why am I not able to access a call form?
A: FDRA requires that you completely fill in and submit the Acknowledgement Form before access to any call form is allowed.

Q: Why does New York have such early deadlines for the call data and require immediate responses to data inquiries?
A: By statute, the Rating Board must make its annual loss filing with the New York Department of Financial Services no later than May 15. Strict adherence to the call deadlines is essential for this date to be met.

Q: When the Rating Board staff questions my data, why is the question by telephone or email and the turnaround time so limited?

A: Time for staff to review and compile the call data in New York is very limited. See the answer to the previous question.

Q: In approaching a call deadline, I find that I will need a time extension to report my carrier's data. How can I request the needed extension?

A: Requests for extensions for the reporting of a specific call must be in writing and submitted to the Rating Board prior to the due date. The request for an extension must include a detailed reason(s) why the extension is considered necessary.

Q: Will my request for an extension be granted?

A: Extensions are granted for only unusual and unavoidable circumstances. For example, extensions will not be granted: if the request is received on or after the call due date; if a carrier has not yet submitted the Acknowledgement Form; if a carrier has 'just forgotten' about the call(s); if FDRA or call instructions have not been read; if the reason for the request is 'I was out of the office and do not have a back-up person'; if the reason for the request is 'there are too many calls and I am unable to complete the New York calls on time'; if a carrier's submission has failed numerous edits.

Q: Why must the Rating Board charge for resubmissions? Sometimes I just hit resubmit to be sure that I save my data.

A: First, when a carrier resubmits data, especially after the due date, a download of the database for the affected call must be rerun and re-verified to determine what effect the resubmission has on the aggregate ratemaking data. This is time-consuming and hinders staff's ability to compile the necessary data for the filing in a timely manner. Second, the system cannot differentiate between an inadvertent submission and a legitimate submission of a carrier's data, so the rerun must always take place. Third, there is a built-in feature in FDRA that allows the user to save a working copy of any call form prior to its submission.

Q: Why can't the Rating Board's actuarial staff spend extensive time with me when I am struggling to complete the call requirements?

A: In our experience, most of the time, the need for extensive staff time has been found to be the result of a carrier's failure to read either the call instructions and/or the FDRA instructions. The staff cannot be a substitute for not reading these important references. As the due date for a call approaches, the Rating Board's limited actuarial resources must utilize its time to compile and analyze the submitted data.

Q: I cannot submit a call and am getting a lot of errors. How can I submit this data?

A: The system contains a series of data edits that are in place to ensure data quality. Due to the importance of the data for ratemaking, all errors must be fixed before a submission will be accepted. Refer to the list of edits in the call instructions.

Q: I have reviewed this year's data and found it to be correct, yet, I still get error messages. What do I do?

A: If the current data is correct, a prior call may be the cause of the edit failure. FDRA carries forward the last accepted calls (last resubmission, if applicable) from the previous call seasons for edit and comparison purposes. Make sure that the version of a previous call in the system matches your company records; you may need to review and correct errors in the prior year's call.

Q: In approaching a call deadline, I find that I have data to report, but I had checked 'no experience' when I submitted the acknowledgement form. What do I do?

A: You need to return to the acknowledgement form and uncheck the 'no experience' box for the particular call and resubmit the acknowledgement form. There is no charge for resubmitting the acknowledgement form.

Q: What is DSR Level and how do I report this premium?

A: DSR is Designated Statistical Reporting level and is the Rating Board rate or loss cost level. Prior to 10/1/08, the Rating Board published full rates, and rate deviations were permitted in New York. The DSR level was the premium before, or without, the effect of the deviation. Thus, DSR premium would be higher than premium at company level. Subsequent to 10/1/08, the Rating Board publishes loss costs and carriers must load these loss costs for expenses and profit to calculate their own rates. DSR level is, then, the premium before, or without, the effect of a carrier's loss cost multipliers. Thus, DSR level premium is lower than premium reported at the company level.

Q: Is the reporting of IBNR required?

A: The requirement to report IBNR remains in effect for the current Financial Data Calls.