



LOSS REPORTING FORM

INITIAL INTERIM FINAL WCRA CLAIM # STAFF

MEMBER MEMBER CLAIM # EMPLOYER DATE OF LOSS CLAIMANT CITY, STATE, & ZIP SOCIAL SECURITY # OCCUPATION & CLASS CODE DATE OF BIRTH DATE OF DEATH

AVG WKLY WAGE \$ INITIAL WKLY IND \$ CURRENT WKLY IND \$ CURRENT BENEFIT TYPE: TTD TPD PTD PPD SS EFF DATE INITIAL MONTHLY SS \$ CURRENT MONTHLY SS \$ OTHER GOVT BENEFITS \$ PTD EFF DATE RTW DATE

DETAILED DESCRIPTION OF ACCIDENT AND INJURY DEPENDENCY STATUS AND DOB

PERMANENCY RATING ESTIMATED FINAL INDEMNITY PAID TO DATE TOTAL PAID TO DATE OUTSTANDING/UNPAID RESERVE

COMMENTS: (include medical, rehab, and work status; status of subrogation, contribution, and social security recovery)

Contact name and title: Date: Address: Phone # and e-mail address:

## ***WCRA LOSS REPORTING FORM INSTRUCTIONS***

<p>Please complete each section of this form in full. For interim reports, it is not necessary to provide the description of the accident or dependency status unless the information has changed since the last report.</p>	
<p><b>Occupation and Class Code</b> refers to the occupation at the time of injury and the appropriate job classification code taken from the Workers' Compensation and Employers' Liability Insurance Manual.</p>	<p><b>Other Govt Benefits</b> is the total individual or family monthly benefits being received (other than social security) as of the date of this report, including PERA and MSRS.</p>
<p><b>Avg Wkly Wage</b> is the gross wage or wages earned by the claimant on the date of injury.</p>	<p><b>Permanency Rating</b> includes pre-1984 PPD, post-1983 IC and ERC and post-1995 PPD, as determined by the appropriate schedule.</p>
<p><b>Initial Wkly Ind</b> is always the weekly compensation rate on the date of injury, subject to the statutory maximums and minimums, without escalation.</p>	<p><b>Indemnity Paid to Date</b> includes all gross benefit payments (<b>except Supplemental Benefits</b>) made to date, identified by benefit type.</p>
<p><b>Currently Wkly Ind</b> is the weekly compensation rate being paid at the time this form is being completed. This would include all types of current weekly indemnity benefits, but <b>does not</b> include supplemental benefits.</p>	<p><b>Outstanding Unpaid Reserve</b> would include only the estimate of the future exposure, not including benefits paid to date.</p>
<p><b>SS Eff Date</b> is the date the injured worker began receiving social security benefits.</p>	<p><b>Recoveries (Total)</b> should include all recovery from subrogation and contribution, but not reimbursements from the WCRA, supplemental benefits from the Special Compensation Fund, or refunds of benefit payments made.</p>
<p><b>Current Monthly SS</b> is the total individual or family monthly social security benefits being received as of the date of this report.</p>	<p><b>Net Paid to Date</b> indicates the total of all benefits paid to the present time less recoveries made.</p>

The WCRA was created in 1979 by the Minnesota Legislature to respond to a need for reinsurance projection for serious workers' compensation claims. The WCRA is a nonprofit entity that operates under the direction of an independent board of directors representing employers, employees, insurers, and other groups participating in the workers' compensation system.