

Form AR-2 Addendum -- Aggregate Claims Information [Proposed Data Fields for Online Submission]		INJURY DATES					
		FY 19-20	FY 18-19	FY 17-18	FY 16-17	FY 15-16	Years prior to FY 15-16
5	Number of New Notices of Representation Received in FY						
	Total number of claims in each category as of the end of the reporting period						
6	Open Indemnity Claims						
7	Open Medical-Only Claims						
8	Open Future Medical Claims						
9	Public Safety Employee Claims						
10	Industrial Disability Leave Claims						
11	Catastrophic Claims						
12	Fatality Claims						
13	Aggregate amount of benefits paid for each disability category						
	Temporary Disability Benefits Paid (\$ amount)						
14	Number of Claims where TD benefits were provided						
15	Public Safety Employee Benefits Paid (\$ amount)						
16	Number of Claims where Public Safety Employees received salary continuation benefits						
17	Industrial Disability Leave Benefits Paid (\$ amount)						
18	Number of claims where Industrial Disability Leave benefits were provided						
19	Permanent Disability Benefits Paid (\$ paid in permanent total and permanent partial disability)						
20	Number of Claims where PD benefits were paid						
21	Supplemental Job Displacement Benefits Voucher paid (\$ amount)						
22	Number of Claims where SJDBV was issued						
23	Death Benefits Paid, including burial costs (\$ amount)						
24	Number of Claims where death benefits were provided						
25	Aggregate amount of Medical Costs paid for each category						
26	Interpreters (\$ amount)						
27	Physician Visits (\$ amount)						
28	In-Patient Hospital (\$ amount)						
29	Out-Patient Hospital and Ambulatory Surgery Center (\$ amount)						
30	Radiology Diagnostics (\$ amount)						
31	DME supplies (\$ amount)						
32	Physical Therapy (\$ amount)						
33	Pharmaceutical (\$ amount)						
34	Surgery (\$ amount)						
35	In Home Support (\$ amount)						
36	Medical-Legal (\$ amount)						
37	All other Medical Costs not included above (\$ amount)						
38	Aggregate amount of Legal and Loss Adjustment Expenses for each category						
39	Attorney Fees and Legal Costs (\$ amount)						
40	Photocopy Fees (\$ amount)						
41	Interpreter's Fees (\$ amount)						
42	Medical Cost Containment Fees - total (\$ amount)						
43	Allocated and unallocated loss adjustment expense (\$ amount)						
44	Bill Review, including IBR - total (\$ amount)						
45	Utilization Review (\$ amount)						
46	Independent Medical Review (\$ amount)						
47	All other Legal and Loss Expenses not included above (\$ amount)						
48	Estimated Future Liabilities: <i>(Estimate of total incurred costs, less paid)</i> - OPEN CLAIMS ONLY						
49	Temporary Disability (\$ amount)						
50	Permanent Disability (\$ amount)						
51	Public Safety Employee Benefits (\$ amount)						
52	Industrial Disability Leave Benefits (\$ amount)						
53	Supplemental Job Displacement Benefits Voucher (\$ amount)						
54	Death Benefits (\$ amount)						
55	Medical Costs (\$ amount)						

Proposed AR-2 Addendum - 5/31/19 revisions

Revised data fields are highlighted in . Added text is double-underlined in **bold**.

Deleted text is double-lined out.