|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Form AR-2 Addendum -- Aggregate Claims Information**  *[Proposed Data Fields for Online Submission]* |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
|  |  | | | | | |
| 3 |  | INJURY DATES | | | | | |

| 4 |  | | 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 |  | Physicians ($ amount) |  |  |  |  |  |  |
| 28 |  | In-Patient Hospital ($ amount) |  |  |  |  |  |  |
| 29 |  | Out-Patient Hospital ($ amount) |  |  |  |  |  |  |
| 30 |  | Radiology ($ 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 - 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: (*Estimate of total incurred costs, less paid* ) - 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) |  |  |  |  |  |  |