

# Retro quarterly report

## Understanding your Retro quarterly report

One of the benefits of participating in L&I's Retrospective Rating (Retro) Program is that you get a quarterly report that tracks your claims.

**How you use these reports is crucial to your Retro success:**

- They allow you to review each claim early and in detail and then take proactive steps to manage the claim.
- A full review of your claims will help you understand the types of injuries or illnesses that are occurring so that you can take steps to reduce or eliminate hazards.

**Note:** The changes in this report pertain to 2011 and later coverage years.

**Please see the reverse side for a detailed explanation of the quarterly report fields.**

**SEE REVERSE**

**Contact us for more information:**

**360-902-4851**

**Email to [Retro@Lni.wa.gov](mailto:Retro@Lni.wa.gov)**

**On the Web at [www.Retro.Lni.wa.gov](http://www.Retro.Lni.wa.gov).**



Washington State Department of  
**Labor & Industries**

| A                               |                      | 1                                  | 2                 | 3                  | 4                   | 5                    | 6                            | 7                              | 8                                  |                                 |                           |
|---------------------------------|----------------------|------------------------------------|-------------------|--------------------|---------------------|----------------------|------------------------------|--------------------------------|------------------------------------|---------------------------------|---------------------------|
| CLAIMANT'S NAME<br>LAST INITIAL | CLAIM<br>NUMBER      | DATE OF INJURY<br>OR LAST EXPOSURE | TIME OF<br>INJURY | AGE                | SEX                 | RISK<br>CLASS        | CLAIM<br>TYPE                | CLAIM<br>STATUS                | RECOVERY FACTOR/<br>% OF LIABILITY | NATURE OF<br>INJURY             | LOCATION OF<br>INJURY     |
| ACCIDENT TYPE                   |                      | INJURY SOURCE                      |                   | TL<br>DAYS<br>PAID | MEDICAL<br>AID PAID | INDEMNITY<br>AWARDED | FUTURE<br>RESERVE<br>MED AID | FUTURE<br>RESERVE<br>INDEMNITY | CASE<br>INCURRED<br>LOSS           | DISCOUNTED<br>DEVELOPED<br>LOSS | FINAL<br>INCURRED<br>LOSS |
| 9                               | 10                   | 11                                 | 12                | 13                 | 14                  | 15                   | 16                           | 17                             | 18                                 |                                 |                           |
| SMITH<br>D                      | AAA111               | 01/01/2011                         | 08                | 25                 | M                   | 3501                 | TL                           | OPEN                           | 1.0000                             | SPRAIN                          | LOWER LEG                 |
| FALL TO WORK                    | SURFACE WORK SURFACE |                                    | 210               |                    | \$6644              | \$18,480             | \$11,111*                    | \$55,555*                      | \$91,790*                          | \$355,887*                      | \$377,823                 |
| JONES<br>T                      | AAA222               | 01/10/2011                         | 16                | 43                 | F                   | 3501                 | MA                           | CLOSED                         | 1.0000                             | CUT                             | FINGER                    |
| STRUCK AGAINST                  | METAL UNS            |                                    | 0                 |                    | \$188               | \$0                  | \$0                          | \$0                            | \$188                              | \$366                           | \$463                     |
| TOTAL*                          |                      |                                    | 210               |                    | \$6,832             | \$18,480             | \$11,111                     | \$55,555                       | \$91,978                           | \$356,253                       | \$378,286                 |

## The following explanations correspond with the numbers shown on the sample report:

- Date of Injury/Date of Last Exposure:** Indicates the date the injury occurred or the last date the worker was exposed to the hazard with this employer.
- Time of Injury:** The time of injury is shown in military time. Example: 1 = 1:00 a.m. and 24 = 12:00 midnight. Note: Hour 25 indicates either an occupational disease claim, with exposure that occurred over time, or a claim where no specific time was listed on the Report of Accident.
- Risk Class:** A classification assigned to each claim, based on the work being performed by the employee and the employer's assigned risk classifications. The risk class is assigned by L&I.
- Claim Type:** The following codes are used to describe these types of claims:
  - FATAL – A work-related death.
  - TPD – Total Permanent Disability/Pension; awarded or reserved.
  - SSLIF – Structured Settlement with ongoing, lifetime payments.
  - SSPER – Structured Settlement with fixed, periodic payments.
  - SSONE – Structured Settlement with one-time lump-sum payment.
  - PPD – Permanent Partial Disability; awarded or reserved.
  - TL – Time Loss or Loss of Earning Power; paid or reserved.
  - MISC – Miscellaneous Accident Fund; paid or reserved.
  - MA – Medical Aid only.
- Claim Status:** Open or closed as of the freeze date.
- Recovery Factor/% of Liability:** Percentage of total claim costs charged after calculation of third party, second injury or occupational disease liability apportionment.
- Nature of Injury:** Describes an injury or illness in terms of its principal physical characteristic.
- Location of Injury:** Describes the bodily location of the injury.
- Accident Type:** The event that resulted in the injury or exposure.
- Injury Source:** The object, substance, exposure, or bodily motion that caused or inflicted the injury or illness.
- Time-Loss (TL) Days Paid:** A count of all days for which Time-Loss Compensation was paid. Neither Loss of Earning Power days paid nor Time-Loss days reserved are included in this count.
- Medical Aid Paid:** Medical and some vocational costs paid from the Medical Aid Fund as of the freeze date.
- Indemnity Awarded:** Benefits paid or awarded from the Accident Fund as of the freeze date.
- Future Reserve Medical Aid:** Estimated costs of additional Medical Aid Fund benefits expected to be paid throughout the life of the claim.
- Future Reserve Indemnity:** Estimated costs of additional Accident Fund benefits expected to be paid throughout the life of the claim.
- Case Incurred Loss:** Total paid or awarded claim costs plus reserves, if any.
- Discounted Developed Loss:** The case incurred loss multiplied by the discounted loss development factor (LDF).
- Final Incurred Loss:** Calculated by using the discounted developed loss and applying the Performance Adjustment Factor (PAF), Expected Loss Ratio Factor (ELRF) and any capping.

**Notes:**  
Claim values identified with an asterisk (\*) are based on actuarial averages calculated for Retro only.

"Not coded" displays in columns 7, 8, 9 and 10 on new claims for which federal codes have not yet been assigned.

**B****Loss Development Factors Report – Coverage Periods prior to 2011**DEPARTMENT OF LABOR AND INDUSTRIES  
COMPOSITE CLAIMS REPORT  
PROGRAM KEY: Q4022235

EMPLOYER NAME:

RETRO ID:  
RETRO GROUP NAME:

ACCOUNT NUMBER:

DATE:  
PAGE:

RETRO ID:

ACCOUNT ID:

EMPLOYER NAME:

ADDRESS:

INCLUDES CLAIM PAYMENTS THRU 03/02/2012

| COVERAGE DATE | TOTAL CLAIMS | MEDICAL AID PAID | INDEMNITY PAID | FUTURE RESERVES MEDICAL AID | FUTURE RESERVES INDEMNITY | TOTAL CASE INCURRED LOSSES | DEVELOPED LOSSES WITH PAF |
|---------------|--------------|------------------|----------------|-----------------------------|---------------------------|----------------------------|---------------------------|
| 07/01/10      | 1            | \$222            | \$0            | \$0                         | \$0                       | \$222                      | \$443                     |
| 07/01/09      | 0            | \$0              | \$0            | \$0                         | \$0                       | \$0                        | \$0                       |
| 07/01/08      | 2            | \$809            | \$1,169        | \$0                         | \$0                       | \$1,978                    | \$3,393                   |

**LOSS DEVELOPMENT FACTORS – WITH PERFORMANCE ADJUSTMENT FACTOR (PAF) APPLIED:**

| COVERAGE DATE | PAF    | FATALITY INDEMNITY /MEDICAL | TPD INDEMNITY /MEDICAL | SS-LIFE INDEMNITY /MEDICAL | SS-PER INDEMNITY /MEDICAL | SS-ONE INDEMNITY /MEDICAL | PPD INDEMNITY /MEDICAL | TIME LOSS INDEMNITY /MEDICAL | MISC INDEMNITY /MEDICAL | MEDICAL AID ONLY |
|---------------|--------|-----------------------------|------------------------|----------------------------|---------------------------|---------------------------|------------------------|------------------------------|-------------------------|------------------|
| 07/01/10      | 1.1966 | 1.1966                      | 1.1966                 | 3.8988                     | 3.8988                    | 3.8988                    | 2.9395                 | 4.7864                       | 9.5728                  |                  |
|               |        | 1.1966                      | 1.4077                 | 2.5953                     | 2.5953                    | 2.5953                    | 2.1437                 | 3.2156                       | 3.3564                  | 1.9930           |
| 07/01/09      | 1.0877 | 1.0877                      | 1.0877                 | 2.4821                     | 2.4821                    | 2.4821                    | 2.3649                 | 2.8557                       | 8.7016                  |                  |
|               |        | 1.0877                      | 1.2941                 | 1.8937                     | 1.8937                    | 1.8937                    | 1.8633                 | 1.8475                       | 2.2100                  | 1.2889           |
| 07/01/08      | 0.9940 | 0.9940                      | 0.9940                 | 1.9001                     | 1.9001                    | 1.9001                    | 1.8510                 | 1.9696                       | 7.9520                  |                  |
|               |        | 0.9940                      | 1.2093                 | 1.6018                     | 1.6018                    | 1.6018                    | 1.5802                 | 1.5128                       | 1.7708                  | 1.0290           |

**LOSS DEVELOPMENT FACTORS – NO PERFORMANCE ADJUSTMENT FACTOR (PAF) APPLIED:**

| COVERAGE DATE | PAF    | FATALITY INDEMNITY /MEDICAL | TPD INDEMNITY /MEDICAL | SS-LIFE INDEMNITY /MEDICAL | SS-PER INDEMNITY /MEDICAL | SS-ONE INDEMNITY /MEDICAL | PPD INDEMNITY /MEDICAL | TIME LOSS INDEMNITY /MEDICAL | MISC INDEMNITY /MEDICAL | MEDICAL AID ONLY |
|---------------|--------|-----------------------------|------------------------|----------------------------|---------------------------|---------------------------|------------------------|------------------------------|-------------------------|------------------|
| 07/01/10      | 1.1966 | 1.0000                      | 1.0000                 | 3.2582                     | 3.2582                    | 3.2582                    | 2.4566                 | 4.0000                       | 8.0000                  |                  |
|               |        | 1.0000                      | 1.1765                 | 2.1689                     | 2.1689                    | 2.1689                    | 1.7915                 | 2.6873                       | 2.8050                  | 1.6656           |
| 07/01/09      | 1.0877 | 1.0000                      | 1.0000                 | 2.2820                     | 2.2820                    | 2.2820                    | 2.1743                 | 2.6255                       | 8.0000                  |                  |
|               |        | 1.0000                      | 1.1898                 | 1.7410                     | 1.7410                    | 1.7410                    | 1.7131                 | 1.6986                       | 2.0319                  | 1.1850           |
| 07/01/08      | 0.9940 | 1.0000                      | 1.0000                 | 1.9116                     | 1.9116                    | 1.9116                    | 1.8622                 | 1.9815                       | 8.0000                  |                  |
|               |        | 1.0000                      | 1.2167                 | 1.6115                     | 1.6115                    | 1.6115                    | 1.5898                 | 1.5220                       | 1.7815                  | 1.0353           |

- This report displays the Loss Development Factors (LDF) and Performance Adjustment Factors (PAF) by type of claim and benefit (Medical or Indemnity) being used in coverage periods beginning prior to 2011.
- New Structured Settlement Claim types were added to this report.
- This report is being replaced with the Quarterly Averages and Factors report (Page D of this packet) for coverage periods beginning January 1, 2011.

C

## Quarterly Summary of Claim Costs – One Page For Each Active Coverage Period

DEPARTMENT OF LABOR AND INDUSTRIES  
 QUARTERLY SUMMARY OF CLAIM COSTS  
 PROGRAM KEY: Q4522235

EMPLOYER NAME:

RETRO ID:  
 RETRO GROUP NAME:

ACCOUNT NUMBER:

DATE:  
 PAGE:

SUMMARY OF TOTAL CLAIMS FOR THE PERIOD 01/01/2011 THROUGH 12/31/2011 INCLUDES CLAIM ACTIONS AND PAYMENTS THROUGH 03/02/2012

| TYPE OF CLAIM                          | NUMBER OF CLAIMS | AVERAGE DAYS PAID | AVERAGE TIME LOSS DAYS | MEDICAL AID PAID | INDEMNITY LOSSES AWARDED | FUTURE RESERVES | CASE INCURRED LOSSES | DEVELOPED & DISCOUNTED LOSSES | FINAL INCURRED LOSSES |
|--|------------------|-------------------|------------------------|------------------|--------------------------|-----------------|----------------------|-------------------------------|-----------------------|
|  |                  |                   |                        |                  |                          |                 | (a)                  | (b)                           |                       |
| MEDICAL AID ONLY:                      | 24               | 0                 | 0.0                    | 67,804           | 0                        | 215 *           | 68,019*              | 132,243*                      | 166,957*              |
| MISC ACCIDENT FUND:                    | 1                | 0                 | 0.0                    | 1,459            | 102                      | 0               | 1,561                | 5,558                         | 6,821                 |
| TIME LOSS:                             | 9                | 295               | 32.7                   | 40,079           | 23,714                   | 38,608 *        | 102,401*             | 377,656*                      | 426,505*              |
| PERMANENT PARTIAL DISABILITY:          | 1                | 0                 | 0.0                    | 4,634            | 18,017                   | 0               | 22,651               | 48,821                        | 51,832                |
| STUCTURED SETTLEMENT ONE TIME:         | 0                | 0                 | 0.0                    | 0                | 0                        | 0               | 0                    | 0                             | 0                     |
| STUCTURED SETTLEMENT FIXED/PERIODIC:   | 0                | 0                 | 0.0                    | 0                | 0                        | 0               | 0                    | 0                             | 0                     |
| STUCTURED SETTLEMENT LIFETIME/ONGOING: | 0                | 0                 | 0.0                    | 0                | 0                        | 0               | 0                    | 0                             | 0                     |
| TOTAL PERMANENT DISABILITY:            | 0                | 0                 | 0.0                    | 0                | 0                        | 0               | 0                    | 0                             | 0                     |
| FATAL:                                 | 0                | 0                 | 0.0                    | 0                | 0                        | 0               | 0                    | 0                             | 0                     |
| TOTALS **                              | 35               | 295               | 11.8                   | 113,976          | 41,833                   | 38,823 *        | 194,632*             | 564,278*                      | \$652,115*            |

\* FUTURE RESERVES FOR SOME RETRO CLAIMS ARE BASED ON THE AVERAGE COSTS OF CLAIMS WITHIN EACH CLAIM TYPE. CASE RESERVE WILL EVALUATE INDEMNITY CLAIMS WHICH REMAIN OPEN APPROXIMATELY 8 MONTHS FROM DATE OF INJURY, AND MEDICAL AID CLAIMS WITH MORE THAN \$11,000 PAID.

- For coverage periods beginning prior to 2011, Column (a) will be titled DEVELOPED LOSS. This value is the Case Incurred Loss multiplied by Loss Development Factors by claim type and benefit type, as displayed on Report B, the Loss Development Factors Report.
- For coverage periods beginning prior to 2011, Column (b) will be titled DEVELOPED LOSS w/PAF. This value is the Developed Loss multiplied by Performance Adjustment Factor, as displayed on Report B, the Loss Development Factors Report.
- Values identified with \* are averages calculated by L&I actuaries on some Retro claims. Refer to Report D, the Quarterly Averages and Factors Report for more explanation.



# Quarterly Averages and Factors Report – Coverage periods after 2011

DEPARTMENT OF LABOR AND INDUSTRIES  
 QUARTERLY AVERAGES AND FACTORS REPORT  
 PROGRAM KEY: RP22043A

RETRO ID:  
 RETRO GROUP NAME:

DATE:  
 PAGE:

DISCOUNTED LOSS DEVELOPMENT FACTORS FOR COVERAGE PERIOD: 01/01/2011

| CLAIM TYPE | FATAL  |        | TPD    |        | SS-LIF |        | SS-PER |        | SS-ONE |        | PPD    |        |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|            | IND    | MA     |
| FACTOR     | 1.0000 | 1.0000 | 1.0000 | 1.1665 | 1.0000 | 1.1665 | 2.2543 | 1.7706 | 2.2543 | 1.7706 | 2.2543 | 1.7706 |

| CLAIM TYPE | TL     |        | MISC   |        | MA     | ELRF   |        | PAF    |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|
|            | IND    | MA     | IND    | MA     | MA     | IND    | MA     |        |
| FACTOR     | 4.0000 | 3.3651 | 8.0000 | 3.2502 | 1.9442 | 1.0110 | 1.2500 | 1.0100 |

AVERAGE CLAIM VALUES: FATALITY: 280,400 = ( INDEMNITY: 268,594.00 + MEDICAL: 11,806.00 )

| INJURY DATE  | TPD    |     |        |      |        | INJURY DATE  | PPD   |        |      |        |
|--------------|--------|-----|--------|------|--------|--------------|-------|--------|------|--------|
|              | TPD    | PPD | TL     | MISC | MA     |              | PPD   | TL     | MISC | MA     |
| 1/1 - 3/31   | 24,322 | 824 | 15,665 | 412  | 23,297 | 1/1 - 3/31   | 7,498 | 10,241 | 549  | 15,349 |
| 4/1 - 6/30   | 24,473 | 830 | 15,762 | 415  | 18,694 | 4/1 - 6/30   | 6,819 | 9,313  | 499  | 12,316 |
| 7/1 - 9/30   | 24,624 | 835 | 15,860 | 417  | 6,978  | 7/1 - 9/30   | 4,278 | 5,843  | 313  | 6,978  |
| 10/1 - 12/31 | 24,777 | 840 | 15,958 | 420  | 7,072  | 10/1 - 12/31 | 4,304 | 5,879  | 315  | 7,072  |

| INJURY DATE  | TL     |      |       | INJURY DATE  | MISC  |       | INJURY DATE  | MA  |
|--------------|--------|------|-------|--------------|-------|-------|--------------|-----|
|              | TL     | MISC | MA    |              | MISC  | MA    |              | MA  |
| 1/1 - 3/31   | 9,894  | 412  | 8,076 | 1/1 - 3/31   | 5,153 | 8,361 | 1/1 - 3/31   | 981 |
| 4/1 - 6/30   | 9,955  | 415  | 6,886 | 4/1 - 6/30   | 5,185 | 6,710 | 4/1 - 6/30   | 787 |
| 7/1 - 9/30   | 10,017 | 417  | 6,978 | 7/1 - 9/30   | 5,217 | 3,489 | 7/1 - 9/30   | 490 |
| 10/1 - 12/31 | 10,079 | 420  | 7,072 | 10/1 - 12/31 | 5,249 | 3,536 | 10/1 - 12/31 | 496 |

- This report lists Discounted Loss Development Factors by type of claim and benefit (Indemnity or Medical) for coverage periods beginning after January 1, 2011. Discount Factors are calculated into Loss Development Factors beginning in 2011.
- Discount factors are included in Loss Conversion Factors for coverage periods beginning prior to 2011.
- Separate Quarterly Averages and Factors Reports will be created for each active coverage period beginning with the January 1, 2011 year.
- Claims and values identified with \* in reports A and C are displaying average reserves calculated by L&I's actuaries on some Retro claims.
- Averages apply to claims by Claim type, Benefit type and Date of Injury. These averages will be used in retro processes, including adjustment, for claims with dates of injury after 1/1/2011, that are open, not yet case reserved, and claims where paid to date values are less than the applicable average.



L O S S R A T I O A N A L Y S I S

Retro ID:  
 Retro UBI:

Retro Name:

Retro Address:

### Quarterly Loss Ratio Analysis Report

- The Quarterly Loss Ratio Analysis Report is created for all active coverage periods included in the Quarterly Report.
- (a) Displays the plan choices made at the time of each year's enrollment.
- (b) Prior adjustment history, current losses and standard premium are presented to display anticipated future adjustment results.
- \* indicates those situations where retro premium may be capped by plan, standard premium and/or current losses.

(a)

| Coverage Period | Plan | Max Premium Ratio | Single Loss Limit (cap) | Max Loss Ratio | Min Loss Ratio |
|-----------------|------|-------------------|-------------------------|----------------|----------------|
| 01/01/2011      | P    |                   | 500,000                 | 0.6000         | 0.0000         |
| 01/01/2010      | A1   | 1.10              | 500,000                 |                |                |
| 01/01/2009      | A1   | 1.20              | 500,000                 |                |                |

As of Last Adjustment Period:

As of Freeze Date: (03/02/12)

(b)

| Coverage Date | Standard Premium Paid              | Final Incurred Losses | Loss Ratio | (3) Retrospective Premium | (2) Standard Premium Paid | Final Incurred Losses | Loss Ratio | (1) Projected Retrospective Premium |
|---------------|------------------------------------|-----------------------|------------|---------------------------|---------------------------|-----------------------|------------|-------------------------------------|
| 01/01/2011    | ***** NO ADJUSTMENTS TO DATE ***** |                       |            |                           | 1,761,232                 | 2,406,486             | 1.366 *    | 1,861,326                           |
| 01/01/2010    | 1,697,671                          | 1,486,512             | 0.875      | 1,509,230                 | 1,686,544                 | 1,499,225             | 0.888      | 1,499,338                           |
| 01/01/2009    | 1,425,860                          | 1,241,163             | 0.870      | 1,267,590                 | 1,416,895                 | 1,222,257             | 0.862      | 1,259,620                           |

Note: \* - Indicates Projected Retrospective Premium is limited by Plan choices (minimum and maximum).

First Adjustment: Standard Premium(2) - Projected Retro Premium(1) = Refund (+) or Additional Premium (-)

Second or Third Adjustments: Retro Premium(3) - Projected Retro Premium(1) = Refund (+) or Additional Premium (-), assuming Additional Premium Due from prior adjustments has been paid.

**F**

**Member Detail Loss Ratio Analysis Report (Groups Only)**

DEPARTMENT OF LABOR AND INDUSTRIES  
 MEMBER DETAIL LOSS RATIO ANALYSIS  
 PROGRAM: Q6022235

RETRO ID:

DATE:  
 PAGE:

RETRO UBI:  
 GROUP NAME:

GROUP ADDRESS:

COVERAGE PERIOD: 01/01/11 THROUGH 12/31/11  
 REPORT COVERS PERIOD: 01/01/11 THROUGH 12/31/11

| EMPLOYER<br>ACCOUNT ID. | EMPLOYER<br>UBI | EMPLOYER NAME   | STANDARD<br>PREMIUM PAID | FINAL<br>INCURRED LOSS | LOSS<br>RATIO |
|-------------------------|-----------------|-----------------|--------------------------|------------------------|---------------|
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | \$ 180,143               | \$ 51,120              | 0.284         |
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | **\$ 3,711               | \$ 0                   | 0.000         |
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | \$ 465,274               | \$ 529,363             | 1.138         |
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | \$ 14,255                | \$ 1,928               | 0.135         |
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | \$ 92,771                | \$ 230,383             | 2.483         |
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | \$ 1,405                 | \$ 0                   | 0.000         |
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | \$ 41,173                | \$ 86,505              | 2.101         |
| XXX,XXX-00              | YYY YYY YYY     | EMPLOYER MEMBER | \$ 75,935                | \$ 43,937              | 0.579         |

NOTE \*\* INDICATES NO REPORT RECEIVED FOR 1 OR MORE QUARTERS. INCLUDES ACCOUNTS CLOSED BEFORE COVERAGE PERIOD ENDED.

- This report is created for each coverage period for Retro groups and individually enrolled employers with more than one L&I sub-account enrolled in the same Retro ID.
- Displays the standard premium paid, the final losses multiplied by all applicable factors per coverage period, and the calculated Loss Ratio by member account.

**G**

DEPARTMENT OF LABOR AND INDUSTRIES  
 COMPOSITE CLAIMS REPORT  
 PROGRAM KEY: Q4022235

RETRO ID:  
 RETRO GROUP NAME:

DATE:  
 PAGE:

EMPLOYER NAME:

ACCOUNT NUMBER:

RETRO ID:

ACCOUNT ID:  
 TOTAL REPORTED CLAIMS FOR 10/01/2010 THROUGH 09/30/2011  
 INCLUDES CLAIM ACTIONS AND PAYMENTS THROUGH 03/02/2012

GROUP NAME:

ADDRESS:  
 RETRO GROUP NAME:  
 ADDRESS:

A banner page is created for each retro group and member each coverage period. This page will identify members with no claim activity during the coverage period.

TOTAL CLAIMS: 0