

Number of claims reported (regardless of the current disposition)

Lines A, B, C, D — Enter the number of industrial-related workers' compensation claims incurred during calendar year 2018, regardless of their current disposition. Report all medical-only claims even if not reported to us for claim number assignment.

Line E — Total lines A, B, C and D, and enter the number.

Compensation payments made

Line 1 - Temporary total (TT) — Enter amount of TT disability compensation paid to workers' compensation claimants during calendar year 2018 regardless of date of injury. Note: Statutory maximum weekly benefit of \$932; however, if weekly TT paid exceeds maximum rate, report only \$932 per week.

Line 2 - Wages in lieu of compensation — Enter salary or wages paid to injured workers in lieu of TT disability compensation during calendar year 2018 regardless of date of injury. Note: If weekly wages exceed the maximum rate of \$932, report only \$932 per week.

Line 3 - Sick and accident benefits — Enter amount of sick and accident benefits paid to injured workers from the company's fully funded non-occupational insurance program during calendar year 2018 regardless of date of injury. Note: If weekly benefits exceed the maximum rate of \$932, report only \$932 per week.

Line 4 - Wage loss — Enter amount paid to injured workers because of loss in earnings paid during calendar year 2018, provided the date of injury occurred on or after Aug. 22, 1986.

Line 5 - Temporary partial — Enter amount of temporary partial disability compensation paid to injured workers pursuant to an Industrial Commission of Ohio (IC) order because of impairment of earnings capacity or medical impairment resulting from the allowed conditions of the claim paid during calendar year 2018. Note: The date of injury must have occurred prior to Aug. 22, 1986.

Line 6 - Percent permanent partial — Enter amount of percent permanent partial disability compensation paid during calendar year 2018 pursuant to an order regardless of date of injury.

Line 7 - Scheduled loss awards — Enter amount of scheduled loss awards paid to injured workers for loss of, or loss of use of body parts in calendar year 2018 regardless of the date of injury.

Line 8 - Permanent total — Enter amount of permanent total disability compensation paid to injured workers, including permanent total disability benefits required pursuant to IC Interlocutory orders in calendar year 2018 regardless of the date of injury. Do not reduce this amount by reimbursements from excess carrier insurance.

Line 9 - Living maintenance — Enter amount of living maintenance benefits paid to injured workers participating in a rehabilitation program during calendar year 2018 regardless of the date of injury.

Line 10 - Living maintenance wage loss — Enter amount of living maintenance wage loss benefits paid injured workers during calendar year 2018.

Line 11 - Death — Enter amount of death benefits paid in calendar year 2018 to persons wholly or partially dependent on the deceased for support at the time of death. Do not reduce this amount by reimbursements from excess carrier insurance.

Line 12 - Change of occupation — Enter amount of benefits paid during calendar year 2018 to injured workers as resulting from a change in occupation to lessen exposure to silica dust, asbestosis, coal dust or pneumoconiosis regardless of date of injury.

Line 13 - Violation of specific safety requirements (VSSR) — Enter amount of VSSR awards paid to injured workers during calendar year 2018 regardless of date of injury.

Line 14 - Less SI reimbursements — Enter amount of previously reported compensation paid in a claim overturned by an Industrial Commission or court order. Also enter the amount of compensation collected in 2018 from subrogation. Including any amount that you determined not to have been payable to, or on behalf of, a claimant in any final administrative or judicial proceeding. The subrogation amount must not exceed previously reported compensation.
Do not report reimbursements from excess insurance.

Line 15 - Grand total of paid compensation — Total lines 1 through 13, subtracting line 14, if applicable. Enter grand total.

Line 16 - Total paid to medical providers — Enter amount paid to medical providers, including reimbursements to injured workers during calendar year 2018.

Line 17 - Total benefits paid — Add lines 15 and 16; enter amount.

Please note: You do not have to report lump-sum settlements and Disabled Workers' Relief Fund payments on the SI-40 report. However, you must report lump-sum advancements against a permanent disability award or an allowed death award under the type of compensation against which it is advanced.

Please check the addition of the columns after preparation as we cannot alter the report as received. This will prevent a request for an amended report for you to file.

Open claims and case-reserve data

Line 1 - Number of open medical-only claims (pre-1987 date of injury) — Enter the number of open claims as of Dec. 31, 2018, in which you only paid medical benefits.

Line 2 - Number of open indemnity claims (pre-1987 date of injury) — Enter the number of open claims as of Dec. 31, 2018, in which you made indemnity payments.

Line 3 - Total outstanding case reserves for medical-only claims (pre-1987 date of injury) — Enter the amount of reserves for claims that include only medical and other expenses. Report total case-reserves data not covered by excess insurance (i.e., the outstanding reserves intended to cover the remaining costs of a claim up to the point excess insurance attaches).

Line 4 - Total outstanding case reserves for indemnity claims (pre-1987 date of injury) — Enter the total amount of reserves for claims that include medical and other expenses, and indemnity payments. Report total case-reserves data not covered by excess insurance (i.e., the outstanding reserves intended to cover the remaining costs of a claim up to the point excess insurance attaches).

Line 5 - Number of open medical-only claims (1987 and post 1987 date of injury) — Enter the number of open claims in which you only paid medical benefits.

Line 6 - Number of open indemnity claims (1987 and post 1987 date of injury) — Enter the number of open claims in which you made indemnity payments.

Line 7 - Total outstanding case reserves for medical-only claims (1987 and post 1987 date of injury) — Enter the amount of reserves for claims that include only medical and other expenses. Report total case-reserves data not covered by excess insurance (i.e., the outstanding reserves intended to cover the remaining costs of a claim up to the point excess insurance attaches).

Line 8 - Total outstanding case reserves for indemnity claims (1987 and post 1987 date of injury) — Enter the amount of reserves for claims that include medical and other expenses and indemnity payments. Report total case reserves data not covered by excess insurance (i.e., the outstanding reserves intended to cover the remaining costs of a claim up to the point excess insurance attaches).