

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 2015, regardless of their current disposition. Report all medical-only claims even if not reported to BWC 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 2015 regardless of date of injury. Note: Statutory maximum weekly benefit of \$862; however, if weekly TT paid exceeds maximum rate, report only \$862 per week.

Line 2 - Wages in lieu of compensation — Enter amount paid to workers' compensation claimants in lieu of TT disability compensation during calendar year 2015 regardless of date of injury. Note: Statutory maximum weekly benefits of \$862; however, if full wages exceeds maximum rate; report only \$862 per week.

Line 3 - Sick and accident benefits — Enter amount of sick and accident benefits paid to workers' compensation claimants from the company's fully-funded non-occupational insurance program during calendar year 2015 regardless of date of injury. Note: Statutory maximum weekly benefits of \$862; however, if sick and accident benefits exceed maximum rate; report only \$862 per week.

Line 4 - Wage loss — Enter amount paid to workers' compensation claimants as a result of loss in earnings, paid during calendar year 2015, 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 workers' compensation claimants pursuant to an Industrial Commission of Ohio (IC) order as a result of impairment of earnings capacity or medical impairment resulting from the allowed conditions of the claim paid during calendar year 2015, provided the date of injury occurred prior to Aug. 22, 1986.

Line 6 - % permanent partial — Enter amount of % permanent partial disability compensation paid during calendar year 2015 pursuant to an order regardless of date of injury.

Line 7 - Scheduled loss awards — Enter amount of scheduled loss awards paid to workers' compensation claimants for loss of, or loss of use of body parts in calendar year 2015 regardless of the date of injury.

Line 8 - Permanent total — Enter amount of permanent total disability compensation paid to workers' compensation claimants pursuant to IC orders, including permanent total disability benefits required pursuant to IC Interlocutory orders in calendar year 2015 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 workers' compensation claimants participating in a rehabilitation program during calendar year 2015 irrespective of money received from the Surplus Fund as a result of participation in the rehabilitation reimbursement program regardless of the date of injury.

Line 10 - Living maintenance wage loss — Enter amount of living maintenance wage loss benefits paid to workers' compensation claimants during calendar year 2015 irrespective of money received from the Surplus Fund as a result of participation in the rehabilitation reimbursement program, regardless of the date of injury.

Line 11 - Death — Enter amount of death benefits paid in calendar year 2015 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 2015 to workers' compensation claimants pursuant to IC orders as a result of claimant's 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 workers' compensation claimants as a result of IC orders during calendar year 2015 regardless of date of injury.

Line 14 - Less SI reimbursements — Enter amount of compensation reimbursed due to an overturned claim. Also, enter amount of compensation monies collected in 2015 from subrogation and any amount that was determined not to have been payable to, or on behalf of, a claimant in any final administrative or judicial proceeding. Do not reduce this amount by reimbursements from excess carrier 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 claimants during calendar year 2015.

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 BWC cannot alter the report as received. This will prevent a request for an amended report to be filed.

Open claims and case-reserve data

Line 1 - Number of open medical-only claims (pre-1987 date of injury) — Enter the total number of open claims as of Dec. 31, 2015, in which you only paid medical benefits.

Line 2 - Number of open indemnity claims (pre-1987 date of injury) — Enter the total number of open claims as of Dec. 31, 2015, in which you made indemnity payments.

Line 3 - Total outstanding case reserves for medical-only claims (pre-1987 date of injury) — Enter the total 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 total 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 total 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 total 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 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).