

1 Form AR-2 Addendum -- Aggregate Claims Information							
2 [Proposed Data Fields for Online Submission]							
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. (Individual claims that fit into more than one category should be included in the count for each category that applies.)							
6	Open Indemnity Claims						
7	Open Medical-Only Claims						
8	Open Future Medical Claims						
9	Public Safety Employee Benefit 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	Uncategorized Legal and Loss expenses or any 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)						