

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
Self-Insurers' Batch SI-17 Statistical Reporting  
Text Training Manual**

**Self-Insurance Loss Data Text Formatting Specifications for the Electronic  
Submission of the Form SI-17 (Self-Insurer Unit Statistical Report)**

This form is to be utilized for reporting loss data for experience modification purposes. The file must be in a fixed field length. Text file format must be submitted via START System [Start Login Page](#). The naming standard for the text file will be 'si17(your 4 digit Self-Insurance Carrier Code Number).txt', for example if your number is 9334 then the file name would be 'si179334.txt'.

An **Excess Claim** is a single claim for which the paid amount plus the reserves (incurred loss) is greater than \$19,000, as of the Evaluation Date. These claims must be reported on an individual basis and cannot be grouped.

A **Non-Excess Claim** is a single claim in which the paid amount plus the reserves (incurred loss) is less than or equal to \$19,000, as of the Evaluation Date. These claims can be grouped together, by injury code, class code and claim status.

For any technical assistance or questions, please contact Dwayne Manning at 850-413-1784 or [Dwayne.Manning@myfloridacfo.com](mailto:Dwayne.Manning@myfloridacfo.com).

**File Format – Excess Claim**

<u>Field Name</u>	<u>Size</u>	<u>Location</u>	<u>Data Needed</u>
Set Value – A	3 Characters	01 – 03	Required
Set Value – B	1 Character	04	Required
Self-Insurance Carrier Code	4 Characters	05 – 08	Required Number
Date of Accident Date	8 Characters	09 – 16	Required
Set Value – C	8 Characters	17 – 24	Required
Class Code	4 Characters	25 – 28	Required
Report Number	1 Character	29	Required
Claim Status	1 Character	30	Required
Injury Code	2 Characters	31 – 32	Required
Claim Number	9 Characters	33 – 41	Required
Medical Incurred Amount	9 Characters	42 – 50	Required
Indemnity Incurred Amount	9 Characters	51 – 59	Required
Catastrophic Indicator	1 Character	60	Optional
Company Federal FEIN	9 Characters	61 – 69	Required

**File Format – Non-Excess Claim**

<u>Field Name</u>	<u>Size</u>	<u>Location</u>	<u>Data Needed</u>
Set Value – D	3 Characters	01 – 03	Required
Set Value – E	1 Character	04	Required
Self-Insurance Carrier Code Number	4 Characters	05 – 08	Required
Reporting Begin Date	8 Characters	09 – 16	Required
Reporting Ending Date	8 Characters	17 – 24	Required
Class Code	4 Characters	25 – 28	Required
Report Number	1 Character	29	Required
Claim Status	1 Character	30	Required
Injury Code	2 Characters	31 – 32	Required
Number of Claims	9 Characters	33 – 41	Required
Medical Incurred Amount	9 Characters	42 – 50	Required
Indemnity Incurred Amount	9 Characters	51 – 59	Required
Catastrophic Indicator	1 Character	60	Optional
Company Federal FEIN	9 Characters	61 – 69	Required

**Field Descriptions for the Excess Claim**

<u>Field Name</u>	<u>Descriptions/Values</u>
Set Value – A	This field will always have the value of ‘999’.
Set Value – B	This field will always have the value of a zero.
Self-Insurance Carrier Code Number	This is the self-insurer’s assigned carrier code number.
Date of Accident	The format is CCYYMMDD. This is the Date of Accident for the individual claim you are reporting.
Set Value – C	This field will always have the value of all zeroes.
Class Code	This is the payroll job class code associated with the individual claim being reported. Only those class codes reported on Form SI-5 (Self-Insurer Payroll Report) for the corresponding period can be utilized.

## Field Descriptions for the Excess Claim – Continued

<u>Field Name</u>	<u>Descriptions/Values</u>
Report Number	This field indicates how many times a given period has been eligible to be used in the calculation of the self-insurer's experience modification. Each of the eligible periods should have a numeric value assigned. For example, the most recently completed period should have a value of '1', the next period back should have a value of '2', the period before that should have a value of '3'. Periods should correspond to dates shown in "Period covered" box on Forms SI-5 (Self-Insurer Payroll Report).
Status	This is "0" (zero) for an open case or "1" for a closed case.
Injury Code	<p>This is the numeric value for the type of injury received as specified below.</p> <ul style="list-style-type: none"><li>• DEATH – Code "1". The amount entered as indemnity must include all paid and outstanding benefits including compensation paid to the deceased prior to death and burial expenses.</li><li>• PERMANENT TOTAL DISAABILITY –Code "2". Applies to all claims that have been adjudicated permanent total, are defined under law as permanent total, or, in the self-insurer's judgment, will result in permanent total disability.</li><li>• IMPAIRMENT BENEFITS (Prior to July 1, 2010) – Code "3". Impairment benefit claims may be reported with injury type code 03 or 09 for claims reported with a Policy effective date prior to July 1, 2010. For impairment benefit claims with a policy effective date of July 1, 2010, and subsequent, the injury type code must be reported as 09. Concurrently, injury type 03 must not be reported for impairment benefit claims with a policy effective date of July 1, 2010 and subsequent.</li><li>• SUPPLEMENTAL BENEFITS – Code "4". Applies to all claims occurring <u>prior</u> to October 1, 2003, where payment of benefits follows the expiration of scheduled impairment benefits on permanent partial claims payable under Section 440.15(3), F.S.</li><li>• TEMPORARY INJURY – Code "5". Applies to all claims for which indemnity benefits have been paid or are expected to be paid, but which do not involve death, permanent total disability, wage loss benefits, or impairment benefits.</li></ul>

## Field Descriptions for the Excess Claim – Continued

<u>Field Name</u>	<u>Descriptions/Values</u>
	<ul style="list-style-type: none"> <li>• MEDICAL ONLY CLAIMS – Code “6”. Apply to all claims for which only medical benefits have been paid. Enter zero in the indemnity column.</li> <li>• CONTRACT MEDICAL – Code “7”. Applies to contract medical costs that cannot be allocated to individual claims. Enter the aggregate amount of medical benefits in the medical column and enter zero in the indemnity column. Contract medical costs reported must be the actual costs incurred. Contract medical cost allocated to the individual claims must be reported with those claims and cannot be coded “7”.</li> <li>• IMPAIRMENT BENEFITS (after July 1, 2010) – Code “9”. Impairment benefit claims may be reported with injury type code 03 or 09 for claims reported with a Policy effective date prior to July 1, 2010. For impairment benefit claims with a policy effective date of July 1, 2010, and subsequent, the injury type code must be reported as 09. Concurrently, injury type 03 must not be reported for impairment benefit claims with a policy effective date of July 1, 2010 and subsequent.</li> </ul>
Claim Number	This is a numeric field, right justified, and is your assigned claim number.
Medical Incurred Amount	This is a numeric field, right justified, which should contain only whole dollar amount and no decimals. This field should contain the medical amount incurred for the claim as of the evaluation date.
Indemnity Incurred Amount	This is a numeric field, right justified, which should contain only whole dollar amount and no decimals. If no amount has been incurred as of the evaluation date, this field should contain zeroes. Otherwise this field should contain the indemnity amount incurred for this claim as of the evaluation date.
Catastrophic Indicator	If this is a catastrophic loss, which is any accident resulting in two or more claims, this field should contain a ‘C’, if not then just a space.
Company Federal FEIN	The self-insurer’s federal employer identification number.

## Field Descriptions for the Non-Excess Claim

<u>Field Name</u>	<u>Descriptions/Values</u>
Filler – D	This field will always have the value of ‘999’.
Filler – E	This field will always have the value of a zero.
Self-Insurance Carrier Code Number	This is the self-insurer’s assigned carrier code number.
Reporting Begin Date	The format is CCYYMMDD, this field is the beginning date of the reporting period (see Report Number) that includes the Dates of Accident in the group.
Ending Date	The format is CCYYMMDD, this field is the ending date of the reporting period (see Report Number) that includes the Dates of Accident in this group.
Class Code	This is the payroll job class code associated with the group of claims being reported. Only those class codes reported on Form SI-5 (Self-Insurer Payroll Report) for the corresponding period can be utilized.
Report Number	This field indicates how many times a given period has been eligible to be used in the calculation of the self-insurer’s experience modification. Each of the eligible periods should have a numeric value assigned. For example, the most recently completed period should have a value of ‘1’, the next period back should have a value of ‘2’, the period before that should have a value of ‘3’. Periods should correspond to dates shown in “Period covered” box on Forms SI-5 (Self-Insurer Payroll Report).
Status	This is “0” (zero) for an open case or “1” for a closed case.
Injury Code	This is the numeric value for the type of injury received as specified below. <ul style="list-style-type: none"><li>• DEATH – Code “1”. The amount entered as indemnity must include all paid and outstanding benefits including compensation paid to the deceased prior to death and burial expenses.</li><li>• PERMANENT TOTAL DISAABILITY –Code “2”. Applies to all claims that have been adjudicated permanent total, are defined under law as permanent total, or, in the self-insurer’s judgment, will result in permanent total disability.</li></ul>

## Field Descriptions for the Non-Excess Claim – Continued

### Field Name

### Descriptions/Values

- **IMPAIRMENT BENEFITS (Prior to July 1, 2010) – Code “3”.** Impairment benefit claims may be reported with injury type code 03 or 09 for claims reported with a Policy effective date prior to July 1, 2010. For impairment benefit claims with a policy effective date of July 1, 2010, and subsequent, the injury type code must be reported as 09. Concurrently, injury type 03 must not be reported for impairment benefit claims with a policy effective date of July 1, 2010 and subsequent.
- **SUPPLEMENTAL BENEFITS – Code “4”.** Applies to all claims occurring prior to October 1, 2003, where payment of benefits follows the expiration of scheduled impairment benefits on permanent partial claims payable under Section 440.15(3), F.S.
- **TEMPORARY INJURY – Code “5”.** Applies to all claims for which indemnity benefits have been paid or are expected to be paid, but which do not involve death, permanent total disability, wage loss benefits, or impairment benefits.
- **MEDICAL ONLY CLAIMS – Code “6”.** Applies to all claims for which only medical benefits have been paid. Enter zero in the indemnity column.
- **CONTRACT MEDICAL – Code “7”.** Applies to contract medical costs that cannot be allocated to individual claims. Enter the aggregate amount of medical benefits in the medical column and enter zero in the indemnity column. Contract medical costs reported must be the actual costs incurred. Contract medical cost allocated to the individual claims must be reported with those claims and cannot be coded “7”.
- **IMPAIRMENT BENEFITS (after July 1, 2010) – Code “9”.** Impairment benefit claims may be reported with injury type code 03 or 09 for claims reported with a Policy effective date prior to July 1, 2010. For impairment benefit claims with a policy effective date of July 1, 2010, and subsequent, the injury type code must be reported as 09. Concurrently, injury type 03 must not be reported for impairment benefit claims with a policy effective date of July 1, 2010 and subsequent.

## **Field Descriptions for the Non-Excess Claim – Continued**

<b><u>Field Name</u></b>	<b><u>Descriptions/Values</u></b>
Number of Claims	This is a numeric field, right justified and should contain the total number of claims in the group.
Medical Incurred Amount	This is a numeric field, right justified, which should contain only whole dollar amount and no decimals. Should contain the total medical amount incurred for all of the claims in the group.
Indemnity Incurred Amount	This is a numeric field, right justified, which should contain only whole dollar amount and no decimals. If no amount has been incurred as of the evaluation date, this field should contain zeroes. Otherwise should contain the total indemnity amount incurred for all the claims in the group.
Catastrophic Indicator	If this is a catastrophic loss, which is any accident resulting in two or more claims, this field should contain a 'C', if not then just a space.
Company Federal FEIN	The self-insurer's federal employer identification number.

**If the form is not completed in accordance with the instructions, it will be returned for correction.**

The next couple of pages will contain the original form then a cross-walk to the new electronic file.



**Cross-Walk**

**Original Form  
Report No**

**New File Field  
Report Number**

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**Employer Number**

**N/A**

**Account Number**

**Self-Insurance Carrier Code Number**

**Beginning Date**

**Reporting Begin Date – for Non-Excess Claims Only**

**Ending Date**

**Reporting End Date – for Non-Excess Claims Only**

**Social Security No. or  
Number of Claims**

**Claim Number/Number of Claims – Social Security Number  
will no longer be accepted.**

**Status**

**Claim Status**

**Injury Code**

**Injury Code**

**Payroll Class Code**

**Class Code**

**Date of Accident**

**Date of Accident – Excess Claims only**

**Medical**

**Medical Incurred Amount**

**Indemnity**

**Indemnity Incurred Amount**

**Catastrophic Indicator – New Field**

**Company Federal FEIN – New Field**

**TOTALS**

**No longer needed**

**Total Allocated Loss**

**No longer needed**

**Total Adjustment Expense  
Incurred**

**No longer needed**