



Brian D. Gee, Executive Director

Self-Insurance Loss Data File Formatting Specifications for the Electronic Submission of 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 and text file format and should be submitted on a CD or by email to the Florida Self-Insurers Guaranty Association, Inc. (“FSIGA”) as shown below, along with contact information for the person making the submission (see request memorandum).

An **Excess Claim** is a single claim for which the paid amount plus the reserves (incurred loss) is greater than the Split Point, as of the Evaluation Date (see request memorandum). The Split Point can be found on the website at <https://fsiga.org/forms-and-documents/Form SI-17 - Split Point Change Notice> ([Click here](#)). These claims must be reported on an individual basis and cannot be grouped.

A **Non-Excess Claim** is a single claim for which the paid amount plus the reserves (incurred loss) is less than or equal to the Split Point, as of the Evaluation Date (see request memorandum). The Split Point can be found on the website at <https://fsiga.org/forms-and-documents/Form SI-17 - Split Point Change Notice> ([Click here](#)). These claims can be grouped together, by injury code, class code and claim status.

File Format

<u>Field Name</u>	<u>Size</u>	<u>Columns</u>	<u>Data Filled</u>
Filler	3 Characters	01 – 03	Required
Self-Insurance Carrier Code Number	5 Characters	04 – 08	Required
Accident Date or Beginning Date	8 Characters	09 – 16	Required
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
Claim Number/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

(All columns in all required fields must contain either the requested data as specified below or a zero to fill the space, only the optional column 60 may be blank)

Field Descriptions

<u>Field Name</u>	<u>Descriptions/Values</u>
Filler	This field will always have the value of ‘999’.
Self-Insurance Carrier Code Number	This is the self-insurer’s assigned four (4) digit carrier code number preceded by a “0” (zero)
Accident Date or Beginning Date	The format is CCYYMMDD. <ul style="list-style-type: none">• For an Excess Claim, this field must contain the Date of Accident for the claim.• For a Non-Excess Claim, this field is the beginning date of the specified reporting period (see request memorandum) that includes the Dates of Accident in the group.
Ending Date	The format is CCYYMMDD or all zeroes. <ul style="list-style-type: none">• For an Excess Claim, this field should contain all zeroes.• For a Non-Excess Claim, this field is the ending date of the specified reporting period (see request memorandum) that includes the Dates of Accident in this group.
Class Code	This is the payroll job class code associated with a claim or group of claims. 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. Please assign the specified numeric value to each eligible period (see request memorandum). If no claims were incurred for an eligible period, please so indicate in the specified box (see request memorandum).
Claim 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">• Death is “01”, for which the indemnity amount should include all paid and outstanding benefits including compensation paid to the deceased prior to death as well as burial expenses.

Field Descriptions – Continued

Field Name

Descriptions/Values

- Permanent Total Disability is “02”, which is all claims that are adjudicated as, are defined by law as, or are expected to result in permanent total disability.
- Impairment Benefits (prior to July 1, 2010) is “03”. Impairment benefit claims may be reported with injury 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 or after, the injury code must be reported as “09”. Concurrently, injury code “03” must not be reported for impairment benefit claims with a policy effective date of July 1, 2010 or after.
- Supplemental Benefits is “04”, which is all claims occurring prior to October 1, 2003, where the payment of benefits follows the expiration of scheduled impairment benefits on permanent partial claims payable under Section 440.15(3), F.S.
- Temporary Injury is “05”, which is all claims where indemnity benefits are paid or expected to be paid, but which do not involve death, permanent total disability, wage loss benefits, or impairment benefits.
- Medical Only Claims are “06”, which is all claims for which only medical benefits have been paid.
- Contract Medical is “07”, which is medical costs that cannot be allocated to a specific claim.
- Impairment Benefits (on or after July 1, 2010) is “09”. Impairment benefit claims may be reported with injury 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 or after, the injury code must be reported as “09”. Concurrently, injury code “03” must not be reported for impairment benefit claims with a policy effective date of July 1, 2010 or after.

Claim Number/Number of Claims

- This is a numeric field, right justified with leading zeros as necessary.
- For an Excess Claim, this field is your assigned claim number.
 - For Non-Excess Claims, this field should contain the total number of claims in the group.

Field Descriptions – Continued

<u>Field Name</u>	<u>Descriptions/Values</u>
Medical Incurred Amount	<p>This is a numeric field, right justified with leading zeros as necessary, which should contain only a whole dollar amount and no decimals.</p> <ul style="list-style-type: none">• For an Excess Claim, this field should contain the medical amount incurred for the claim as of the evaluation date.• For a Non-Excess Claim, this field should contain the total medical amount incurred for all of the claims in the group.
Indemnity Incurred Amount	<p>This is a numeric field, right justified with leading zeros as necessary, which should contain only a whole dollar amount and no decimals. If no amount has been incurred as of the evaluation date, this field should contain all zeroes.</p> <ul style="list-style-type: none">• For an Excess Claim, this field should contain the indemnity amount incurred for this claim as of the evaluation date.• For a Non-Excess Claim, this field should contain the total indemnity amount incurred for all the claims in the group.
Catastrophic Indicator	<p>If this is a catastrophic loss, which is any accident resulting in two or more claims, this field should contain a ‘C’. If this is a COVID-19 loss, this field should contain a ‘P’. If neither, leave the field blank.</p>
Company Federal FEIN	<p>The self-insurer’s federal employer identification number.</p>

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

The next page contains a cross-walk from the paper Form SI-17 to the new electronic file. A blank paper Form SI-17 can be found on our website at www.fsig.org under Forms and Documents.

Cross-Walk

Paper Form SI-17

Report No.

FEIN Number

Carrier Number

Beginning Date

Ending Date

**Claim Number or
Number of Claims**

Status

Injury Code

Payroll Class Code

Date of Accident

Incurred Loss - Medical

Incurred Loss - Indemnity

TOTALS

Total Allocated Loss

Adjustment Expense Incurred

Electronic Form SI-17 Field

Report Number

Company Federal FEIN

Self-Insurance Carrier Code Number

Reporting Period Beginning Date (Non-Excess Claims only)

Reporting Period Ending Date (Non-Excess Claims only)

**Claim Number (Excess Claims)
or Number of Claims (Non-Excess Claims)**

Claim Status

Injury Code

Class Code

Accident Date (Excess Claims only)

Medical Incurred Amount

Indemnity Incurred Amount

Catastrophic Indicator – New Field

No longer needed

No longer needed