Brian D. Gee, Executive Director

Excel Training Manual
Self-Insurers' Batch SI-17 Statistical Reporting

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

*** IMPORTANT NOTE ***
- **THE EXCEL SPREADSHEET MUST BE IN THE EXACT FORMATTING ORDER (e. g. TEMPLATE)**
- **IF ONE RECORD IS REJECTED, THE ENTIRE FILE IS REJECTED.**

This document is to be utilized for reporting loss data for experience modification purposes. The Excel spreadsheet must be either .xls or .xlsx format. The spreadsheet can be sent via email to the Florida Self-Insurers Guaranty Association, Inc. ("FSIGA") as shown below, accompanied by the Optional Electronic Submission Request memorandum providing contact information for the person making the submission. The naming standard for the spreadsheet will be 'si17(your 4 digit Self-Insurance Carrier Code Number).xls(x)', for example if your number is 1234 then the document name would be 'si171234.xls(x)'.

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 must be grouped together, by injury code, class code and claim status.

For any technical assistance, please contact Ted May at (850) 413-1882. For any other questions, please contact Debra Compton as shown below or by email at debracompton@fsiga.org.

The Excel spreadsheet template below in Fig. 1 can be obtained through our website at www.fsiga.org/forms-and-documents/ and should be used to enter the required loss data.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Carrier Number	Date of Accident/ Beg-Date	End-Date	Payroll Class Code	Report Number	Status	Injury Code	Claim Number	Number of Claims	Medical Loss	Indemnity Loss	Catastropic Ind	FEIN
2	99901234	3/1/2015	00/00/0000	7720	1	1	06	123456789	000000000	000011335	000005666		595959591
3	99901234	1/1/2015	12/31/2015	0036	2	0	09	000000000	000000003	000009639	000000000	C	590123456
4													

Fig. 1

Formatting Form SI-17 Loss Data for Batch Entry

1	**Carrier Number** This is the 8-digit Division assigned Self-Insured Number. Format: 9990NNNN Where NNNN = SI Carrier Code
2	**Date of Accident or Beginning Date** Beginning date is the first day of the coverage reporting period corresponding to the report number (see request memorandum). Format: MM/DD/CCYY or M/D/CCYY Ex. 03/01/2011 or 3/1/2011 **Note:** If Excess Claim, enter date of accident If Non-Excess Claim, this is the first day of the coverage reporting period
3	**Ending Date** This is the last day of the coverage reporting period corresponding to the report number (see request memorandum. Format: MM/DD/CCYY or M/D/CCYY Ex. 02/28/2011 or 2/28/2011 **NOTE:** If Excess Claim, this field should always be zeros or blank If Non-Excess, this is the last day of the coverage reporting period
4	**Payroll Class Code** Up to a 4-digit payroll class code associated with a claim or group of claims being reported. Only the codes reported on Form SI-5 (Self-Insurer Payroll Report) for the corresponding period can be utilized. Note: If less than 4 digits sent, it will be padded with zeroes on the left side of the number prior to loading the data Example: The number '36' would be 0036
5	**Report Number** This is the period which the report covers (see request memorandum). If no claims were incurred for an eligible period, please so indicate in the specified box on the request memorandum. Code_ Definition 1 The report covers claims for the most recent ended policy period 2 The report covers the previous period (this period would have been Report 1 at the time of the last submission) 3 The report covers the period before the previous period (this period would have been Report 2 at the time of the last submission)

6	**Status**
	Code Definition
	0 Open Claim
	1 Closed Claim
7	**Injury Code**
	Code Definition
	01 Death
	02 Permanent Total Disability
	05 Temporary Injury
	06 Medical Only
	07 Contract Medical
	09 Permanent Partial Disability (Florida Impairment Benefits)
8	**Claim Number - For Excess Claims**
	Claim number assigned either by you or your servicing entity. (Up to 9-digits)
	If you send less than 9 digits, the claim number will be padded with zeros on the left.
	EX. If you send claim number '12345' it will be entered as '000012345'
	If Non-Excess, this field must be zeros or blank
9	**Number of Claims – For Non-Excess Claims**
	Number of claims in the group. Non-Excess claims must be grouped by injury code, payroll classification code and status. (Up to 9-digits) If there are non-excess COVID-19 claims, then each non-excess group will need to be split into two separate groups in order to show the catastrophic indicator applicable to the COVID-19 claims. (see 12 below)
	Note: Medical Incurred + Indemnity Incurred / Claim Count must be the Split Point or less
	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)](#).
	If Excess, this field must be zeros or blank
10	**Medical Incurred Loss**
	This is the 9-digit number for the medical amount incurred for the claim. Round to the nearest whole dollar. (No dollar signs or decimals)
	Ex. $9,816 in Medical Loss will be sent as 9816
11	**Indemnity Incurred Loss**
	This is the 9-digit number for the indemnity amount incurred for the claim. Round to the nearest whole dollar.
	Ex. $7,000 in Indemnity Loss will be sent as 7000
12	**Catastrophic Indicator**
	For catastrophe claims (these are usually excess claims) which are accidents that involve more than one claim, the indicator should be a 'C'. For COVID-19 claims (these can be excess or non-excess claims), the indicator should be a 'P'.
	This will be blank, a 'C', or a 'P'.
13	**FEIN**
	This is the Self-Insurer's Federal Employer Identification Number.
	NNNNNNNNN - Must be 9 characters Ex. 595959591

Once all of the data has been entered and checked to ensure correct formatting, please save the Excel spreadsheet as **SI17NNNN.xlsx** or **SI17NNNN.xls** where NNNN is your Carrier Number.

Send the Excel spreadsheet document and the executed Optional Electronic Submission Request memorandum to fsiga@fsiga.org .

ERROR REPORT

If you receive an error report, it means that there were errors with the data that you submitted for processing and as a result, the data as a whole was rejected. The error report will list for you the record number(s) with error(s) and will detail the error underneath each error line. An example of the report is provided below in Fig. 2. Please make the necessary corrections and resend your file back to FSIGA at fsiga@fsiga.org for processing.

<div align="center">

SI17 Detail Error Report for 01/13/2017   Page: **1**

Date/Time: 1/13/2017 12:48:21 PM

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File Name: SI171234.xlxs (ABC Company)

Record Number	Carrier Number	Date of Accident/ Beginning Date	Ending Date	Report Number	Payroll Class Code	Status	Injury Code	Claim Number	Number of Claims	Medical Loss	Indemnity Loss	CI	FEIN
4	99901234	1/19/2014		1	9082	1	5	144583339		8740	28683		999999999
Invalid Date of Accident and Report Number combination. For reporting period 1 the date of accident should fall within coverage period 5/31/2015 - 5/30/2016														
6	99901234	5/31/2014	5/30/2014	3	9082	1	6		61	66150			999999999
Invalid Coverage Period and Report Number combination. For reporting period 3 the coverage period is 5/31/2013 - 5/30/2014														
11	99901234	5/31/2015	5/30/2015	2	9082	0	5		1	1727	3097		999999999
Invalid Coverage Period and Report Number combination. For reporting period 2 the coverage period is 5/31/2014 - 5/30/2015														
12	99901234	5/31/2014	5/30/2015	2	9082	3	5		14	37355	21963		999999999
Invalid Status Code: valid values are 0 and 1														

Fig. 2