FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
BUREAU OF FINANCIAL ACCOUNTABILILTY
SELF-INSURANCE SECTION

REPORT DUE DATE

UNIT STATISTICAL REPORT

REPORT NUMBER
1☐ 2☐ 3☐

Page___of___Pages

SELF-INSURER'S NAME AND ADDRESS

FEIN NUMBER	CARRIER NUMBER
	999-
BEGINNING DATE	**ENDING DATE**
	EVALUATION DATE

CLAIM NUMBER OR NUMBER OF CLAIMS	STATUS	INJURY CODE	PAYROLL CLASS CODE*	DATE OF ACCIDENT (EXCESS CLAIMS ONLY)	INCURRED LOSS	
					MEDICAL	INDEMNITY

ENTER TOTAL ALLOCATED LOSS ADJUSTMENT EXPENSE INCURRED

TOTALS $ _____ $_____

*Only payroll classification codes shown on the self-insurer payroll report for the corresponding payroll period can be used on this report.

IF ANY OF THE INFORMATION ENTERED ON THE FORM IS ILLEGIBLE OR NOT IN COMPLIANCE WITH THE INSTRUCTIONS, THE FORM WILL BE RETURNED UNPROCESSED.

REPORT COMPLETED BY:

_____ (Print Name & Title):

_____ (Signature)

_____ (Company)

_____ (Address)

_____ (Telephone)

_____ (City, State, Zip)

PLEASE RETURN COMPLETED REPORT TO:

Florida Self-Insurers Guaranty Association, Inc.
1427 East Piedmont Drive, 2nd Floor
Tallahassee, Florida 32308
(850)222-1882
fsiga@fsiga.org

INSTRUCTIONS FOR COMPLETION OF FORM SI-17
SELF-INSURER UNIT STATISTICAL REPORT

IF ANY OF THE INFORMATION ENTERED ON THE FORM(S) IS ILLEGIBLE OR NOT IN COMPLIANCE WITH THESE INSTRUCTIONS, THE FORM(S) WILL BE RETURNED UNPROCESSED.

These instructions are to clarify the completion of the form(s). Some lines are not covered in these instructions as the instructions are included on the form. Reports must be submitted for the last three policy periods or back to the effective date of the self-insurance privilege, if the effective date is less than three policy periods back. If you have any questions concerning the form or these instructions, please contact the Florida Self-Insurers Guaranty Association, Inc. by telephone at (850)222-1882 or by email at fsiga@fsiga.org

NAME OF SELF-INSURER – This is the name of the privilege holder.

FEIN – This is the Federal Employer Identification Number of the privilege holder.

CARRIER NUMBER – This is the self-insured carrier number assigned to the privilege at the time it was approved.

BEGINNING DATE – This is the first day of the period corresponding to the report number marked.

ENDING DATE – This is the last day of the period corresponding to the report number marked.

EVALUATION DATE – This is six months after the privilege holder's most recent anniversary rating date.

REPORT DUE DATE – This is two months after the evaluation date.

REPORT NUMBER – Mark Report 1, if this report covers claims for the most recently ended policy period. Mark Report 2, if this report covers the previous period (this period would have been Report 1 at the time of the last submission). Mark Report 3, if this report covers the period before the previous period (this period would have been Report 2 at the time of the last submission). Be sure to indicate the number of pages in each report.

CLAIM NUMBER OR # OF CLAIMS COLUMN– For an excess claim (over $18,000 for 2021), this is the claim number assigned to this claim by either you or your servicing company. For non-excess claims (equal to or less than $18,000 for 2021), this is the number of claims in the group. Non-excess claims must be grouped by injury code, payroll classification code and status.

STATUS COLUMN – This is "0" (zero) for open claims (payments are currently being made and/or anticipated to be made in the future) and "1" (one) for closed claims (final payment has been made, but may reopen if it is later determined that additional payments need to be made).

INJURY CODE COLUMN – This is the appropriate NCCI "Workers' Compensation Unit Statistical Plan Manual" (which may be obtained from the National Council on Compensation Insurance, Boca Raton, Florida) injury code from the list below and indicates the type of injury:

a) DEATH – This is code "01". The amount entered as indemnity must include all paid and outstanding benefits including compensation paid to the deceased prior to death and burial expenses.

b) PERMANENT TOTAL DISABILITY – This is code "02". It 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.

c) IMPAIRMENT BENEFITS (prior to July 1, 2010) – This is code "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.

d) SUPPLEMENTAL BENEFITS – This is code "04". It applies to 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.

e) TEMPORARY INJURY – This is code "05". It 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.

f) MEDICAL ONLY CLAIMS – This is code "06". It applies to all claims for which only medical benefits have been paid. Enter zero in the indemnity column.

g) CONTRACT MEDICAL – This is code "07". It 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".

h) IMPAIRMENT BENEFITS (on or after July 1, 2010) – This is code "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.

i) HOSPITAL ALLOWANCE – This code is not applicable to self-insurers.

j) MEDICAL OR LEGAL EXPENSE – Medical or legal expense incurred for the benefit of the self-insurer to secure evidence before a Judge of Compensation Claims or court shall be treated as adjusting expense, except as noted:

   a. When the claimant calls the attending physician to give medical testimony on his behalf or where the self-insurer is required to produce the claimant's physician at the hearing and is required to pay such a physician's fee, the payment of the fee must be reported as a medical expense.
   b. When an award to a claimant includes the cost of witness fees, attorneys fees (other than "bad faith") and other court costs, the amount so awarded must be included as part of the indemnity benefit.

PAYROLL CLASS CODE COLUMN – This is the appropriate payroll classification code for a claim or group of claims as reported on the Self-Insurer Payroll Report for the same policy period. The use of any other classification codes is incorrect as it is not possible to have a claim in a class code that has no reported payroll.

DATE OF ACCIDENT (EXCESS CLAIMS ONLY) COLUMN – Accident dates for all accidents included on the report, excess and non-excess, must be between the beginning and ending dates shown on the respective report. Only use one of the following formats: xx/xx/xx or xx-xx-xx.

INCURRED LOSS COLUMS – Incurred loss is the total dollar amount that is paid on a claim until it is closed and includes both payments already made and outstanding reserves (payments anticipated to be made in the future). Incurred losses exclude attorney fees awarded due to "bad faith" on the part of the self-insurer, pursuant to Section 440.34, F.S. Only use whole dollars, no cents, in both the medical (payments to doctors, hospital, and pharmacies as well as for physical rehabilitation and psychiatric and psychological testing and treatment, but not claim expense, must be included as part of the amount reported for medical) and indemnity (payments for vocational rehabilitation, including training, counseling, evaluation and aptitude and similar testing to enable the claimant to resume gainful employment, as well as bi-weekly compensation payments must be included as part of the amount reported for indemnity) columns and total each column as indicated. If the report is more than one page, enter these totals only on the last page.

TOTAL ALLOCATED LOSS ADJUSTMENT EXPENSE INCURRED– This is expenses such as attorney's fees, legal expense, investigation cost, witness fees, court costs, document costs, and other expenses directly related and allocated to the cost of settling a specific claim. Do not include unallocated loss adjustment expenses, which are those expenses that cannot be directly assigned to a particular claim.