

Date of Report:
SCHOOLS EXCESS LIABILITY FUND
 Excess Workers' Compensation

- Initial
 Interim
 Final

School Site		Site #	District		District #
JPA Name		JPA#	Date of Loss	Date of Employer Knowledge	Claim Number
Claimant/Plaintiff(s)		SSN	SEX	Marital Status	Dependents
Date of Birth		Date of Hire	AWW	TTD Rate	PPD/TPD/PTD Rate
Policy Number	Policy Period	Wage/Salary	Full time <input type="checkbox"/>	MMI or P&S date	
Job title:			Deductible or Self Insured Retention amount:	Employment Status with Insured:	
TPA (Name & Location):					
Defense Attorney		Plaintiffs/Claimant Attorney		Jurisdiction:	

Description of Loss (details of accident, body parts, date of knowledge, any witnesses and investigation, companion claims)

Coverage and Compensability Analysis (date of claim approval or denial and rationale)

Subrogation, second injury fund, apportionment (results of index/ISO report, EAMS check, prior injuries/settlements and affected body parts)

Work Status/SJDB (outline all periods of TTD or TPD, current work status, comment on notice of RTW offer, if applicable and voucher)

Medical Assessment (Diagnosis, medical complications, underlying medical conditions, surgery and date, discuss current treatment plan, name of treating physicians)

Med Legal/P&S/MMI reports (outline all med legal reports (AME or QME), provider's name/specialty, diagnosis, permanent disability, apportionment, work restrictions, future medical)

Litigation (depo summary, hearing dates/results, legal strategy/defenses, upcoming hearing)

Surveillance (dates assigned and results, FD-1 referral and status, comment on any pending or future surveillance or investigation)

Settlement Evaluation (analysis, PD rating (s), value of future medical, disputes, contested body parts, liens, Medicare issues, structured settlement)

Resolution Plan (outline plan of action with specific details and timeline to achieve each of the action item)

Reserves (rationale, are they adequate?)

	Paid-To-Date	Reserves	Incurred	Recovery
Medical				
TTD				
PPD				
Rehab				
Legal				
Expense				
Total				

MSC/Trial Date	Projected Settlement Date	Claim Examiner (Name, address, phone, fax, email)	
Claim Supervisor (Name, address, phone, fax, email)		Date of next report	Date of Report