KENTUCKY OFFICE OF WORKERS' CLAIMS ELEMENT TABLE
IAIABC RELEASE #1A SUBSEQUENT REPORT OF INJURY

GROUPING	Data Nbr.	STATE FIELDS/DEFINED ELEMENTS	BM, AP, IP 4P, FS	02, CO	04	CA	CB	CD	FN	P1 to P7, P9, PJ S1 to S9, SJ	RB	PY, RE, and VE
TRANSACTION	1	TRANSACTION SET ID	M	M	M	M	M	M	M	M	M	M
	2	MAINTENANCE TYPE CODE	M	M	M	M	M	M	M	M	M	M
	3	MAINTENANCE TYPE CODE DATE	M	M	M	M	M	M	M	M	M	M
JURISDICTION	4	JURISDICTION	M	M	M	M	M	M	M	M	M	M
CLAIM ADMINISTRATOR	6	INSURER FEIN	M	M	M	M	M	M	M	M	M	M
	8	THIRD PARTY ADMINISTRATOR FEIN	C	C	C	C	C	C	C	C	C	C
	14	CLAIM ADMINISTRATOR POSTAL CODE	M	M	M	M	M	M	M	M	M	M
CLAIMANT	42	SOCIAL SECURITY NUMBER	M	M	M	M	M	M	M	M	M	M
	55	NUMBER OF DEPENDENTS	O	O	O	O	O	O	O	O	O	O
	69	PRE-EXISTING DISABILITY	O	O	O	O	O	O	O	O	O	O
	56	DATE DISABILITY BEGAN	M	C	O	O	O	M	O	M	O	O
	70	DATE OF MAX MEDICAL IMPROVEMENT	C	C	O	O	O	O	C	C	O	O
	71	RETURN TO WORK QUALIFIER	C	C	O	O	O	O	C	C	O	O
	72	DATE OF RETURN/RELEASE TO WORK	C	C	O	O	O	O	C	C	O	O
	57	EMPLOYEE DATE OF DEATH	C	C	C	C	C	M	C	C	C	C
WAGE	62	WAGE	M	C	O	O	O	O	M	O	O	O
	63	WAGE PERIOD	M	C	O	O	O	O	M	O	O	O
	64	NUMBER OF DAYS WORKED	M	C	O	O	O	O	M	O	O	O
	67	SALARY CONTINUED INDICATOR	M	C	O	O	O	O	M	O	O	O
ACCIDENT	31	DATE OF INJURY	M	M	M	M	M	M	M	M	M	M
	26	INSURED REPORT NUMBER	O	O	O	O	O	O	O	O	O	O
	15	CLAIM ADMINISTRATOR CLAIM NUMBER	M	M	M	M	M	M	M	M	M	M
	5	AGENCY CLAIM NUMBER	M	M	M	M	M	M	M	M	M	M
CLAIM STATUS	73	CLAIM STATUS	O	O	O	O	O	O	O	O	O	O
	74	CLAIM TYPE	M	C	O	O	O	M	M	O	O	O
	75	AGREEMENT TO COMPENSATE CODE	O	O	O	O	O	O	O	O	O	O
	76	DATE OF REPRESENTATION	O	O	O	O	O	O	O	O	O	O
PAYMENTS	77	LATE REASON CODE	C	C	C	C	C	C	C	C	C	C
VARIABLE SEGMENT COUNTERS	78	NUMBER OF PERMANENT IMPAIRMENTS	M	M	M	M	M	M	M	M	M	M
	79	NUMBER OF PAYMENTS/ADJUSTMENTS	M	M	M	M	M	M	M	M	M	M
	80	NUMBER OF BENEFIT ADJUSTMENTS	M	M	M	M	M	M	M	M	M	M
	81	NUMBER OF PAID TO DATES/REDUCED EARNINGS/RECOVERIES	M	M	M	M	M	M	M	M	M	M
	82	NUMBER OF DEATH DEPENDENT/PAYEE RELATIONSHIPS	M	M	M	M	M	M	M	M	M	M
VARIABLE SEGMENTS												
		PERMANENT IMPAIRMENTS										
	83	PERMANENT IMPAIRMENT BODY PART CODE	C	C	O	O	C	O	C	C	C	
	84	PERMANENT IMPAIRMENT PERCENT	C	C	O	O	C	O	M	C	C	
		PAYMENT/ADJUSTMENTS										
	85	PAYMENT/ADJUSTMENT CODE	M	O	O	M	M	O	M	M	M	
	86	PAYMENT/ADJUSTMENT PAID TO DATE	M	O	O	M	M	O	M	M	M	
	87	PAYMENT/ADJUSTMENT AMOUNT	M	O	O	M	M	O	M	M	M	
	88	PAYMENT/ADJUSTMENT START DATE	M	O	O	M	M	O	M	M	M	
	89	PAYMENT/ADJUSTMENT END DATE	O	O	O	C	C	O	M	M	O	
	90	PAYMENT/ADJUSTMENT WEEKS PAID	M	O	O	M	M	O	M	M	M	
	91	PAYMENT/ADJUSTMENT DAYS PAID	M	O	O	M	M	O	M	M	M	
		BENEFIT ADJUSTMENTS										
	92	BENEFIT ADJUSTMENT CODE	C	O	O	C	O	O	C	O	O	
	93	BENEFIT ADJUSTMENT AMOUNT	C	O	O	C	O	O	C	O	O	
	94	BENEFIT ADJUSTMENT START DATE	C	O	O	C	O	O	C	O	O	
		PAID TO DATE/REDUCED EARNINGS/RECOVERIES										
	95	PAID TO DATE/REDUCED EARNINGS/RECOVERIES CODE	C	C	O	C	O	O	C	C	C	
	96	PAID TO DATE/REDUCED EARNINGS/RECOVERIES AMOUNT	C	C	O	C	O	O	C	C	C	
		DEATH DEPENDENT/PAYEE RELATIONSHIPS										

GROUPING	Data	STATE FIELDS/DEFINED ELEMENTS	BM, AP, IP							P1 to P7, P9, PJ		PY, RE,
	Nbr.		4P, FS	02, CO	04	CA	CB	CD	FN	S1 to S9, SJ	RB	and VE
	97	DEPENDENT/PAYEE RELATIONSHIP	C	C	O	O	O	O	C	O	C	