

WC/PDB

WORKERS' COMPENSATION/PUBLIC DISABILITY BENEFITS SELECTION MENU

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	COMM WORKERS' COMPENSATION/PUBLIC DISABILITY BENEFITS SELECTION MENU WPMU TZW							0	
2	0	NUMBER HOLDER SSN: SSS-SS-SSSS			NUMBER HOLDER NAME: SSSS SSSSSSSSS					
3	L									
4	U									
5	M	[	WC/PDB	INJURY/	SOURCE OF	WC/PDB CLAIM NUMBER	INJURY/	SSSSSS		
6	N	[	CLAIM	ILLNESS	COMPENSATION		ILLNESS			
7	*	[		DATE			STATE			
8	O	|	1	SSSSSSSS	SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSS	SS	X		
9	N	|	2	SSSSSSSS	SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSS	SS	X		
10	E	|	3	SSSSSSSS	SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSS	SS	X		
11		|	4	SSSSSSSS	SS	SSSSSSSSSSSSSSSSSSSSSSSSSSSS	SS	X		
12	R									
13	E									
14	S	WC/PDB CLAIM 1 SCREENS: SSSS SSSS SSSS SSSS SSSS SSSS								
15	E	WC/PDB CLAIM 2 SCREENS: SSSS SSSS SSSS SSSS SSSS SSSS								
16	R	WC/PDB CLAIM 3 SCREENS: SSSS SSSS SSSS SSSS SSSS SSSS								
17	V	WC/PDB CLAIM 4 SCREENS: SSSS SSSS SSSS SSSS SSSS SSSS								
18	E									
19	D	ADD NEW OCCURRENCE (Y/N): <u>X</u>								
20										
21										
22		PF1 HELP AVAILABLE				TRANSFER TO: <u>XXXX</u>				
23		*****APPLICATION ERROR MESSAGE*****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

WC/PDB

WC/PDB CLAIM DATA

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0	
1	C	COMM WC/PDB CLAIM DATA WPCL TZW								1	
2	0	NUMBER HOLDER SSN: SSS-SS-SSSS				NUMBER HOLDER NAME: SSSSS SSSSSSSSSS					
3	L	*INJURY/ILLNESS DATE (MMDDCCYY): 99999999				*SOURCE OF COMPENSATION: XX					
4	U	*WC/PDB CLAIM NUMBER: XXXXXXXXXXXXXXXXXXXXXXXX				INJURY/ILLNESS STATE: XX					
5	M										
6	N	*PERIODIC PAYMENTS AWARDED (Y/N): X				*LUMP SUM AWARDED (Y/N): X					
7	*	*WC/PDB CLAIM PENDING (Y/N): X				*CLAIM DENIED (Y/N): X					
8	O	*APPEAL PENDING (Y/N): X				IF YES, EXPECTED DECISION DATE (MMDDCCYY): 99999999					
9	N	INTEND TO FILE (Y/N): X									
10	E	_____ WILL BE DELETED FROM THIS INJURY - CONTINUE (Y/N): X									
11		*REVERSE JURISDICTION INVOLVED (Y/N): X									
12	R	IF YES, START (MMDDCCYY): 99999999				STOP (MMCCYY): 999999					
13	E										
14	S	DO THE PDB'S MEET THE COVERED SERVICE EXCLUSION (Y/N): X									
15	E	COVERED EARNINGS PERCENTAGE: 999									
16	R	DO YOU NEED TO MANUALLY ENTER A HIGHER ACE (Y/N): X									
17	V	IF YES, MANUAL 100 PERCENT ACE: 99999									
18	E	SELECT METHOD USED: 9									
19	D	1=HIGH 1 2=HIGH 5 3=AVERAGE MONTHLY WAGE.									
20		DELETE THIS CLAIM (Y/N): N									
21		THIS OCCURRENCE OF DATA WILL BE DELETED FROM CLIENT AND MBR-CONTINUE (Y/N): X									
22		PF1 HELP AVAILABLE								TRANSFER TO: XXXX	
23		*****APPLICATION ERROR MESSAGE*****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

SCREEN FR

MSOM

WC/PDB

WC/PDB CLAIM DATA EMPLOYER/PAYER NAME AND ADDRESS

Ln	0	1	2	3	4	5	6	7	8
No	1	2345678901234567890	12345678901234567890	12345678901234567890	12345678901234567890	12345678901234567890	12345678901234567890	12345678901234567890	0
1	C	COMM WC/PDB CLAIM DATA EMPLOYER/PAYER NAME AND ADDRESS WPAD TZW							2
2	0	NUMBER HOLDER SSN: SSS-SS-SSSS			NUMBER HOLDER NAME: SSSSS SSSSSSSSSSS				
3	L	INJURY/ILLNESS DATE: SSSSSSSS				SOURCE OF COMPENSATION: SS			
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSS				INJURY/ILLNESS STATE: SS			
5	M								
6	N								
7	*	EMPLOYER NAME: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>							
8	O	ADDRESS 1: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 2: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>					
9	N	ADDRESS 3: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 4: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>					
10	E	CITY: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		STATE: <u>XX</u>		ZIP: <u>99999</u>			
11		CONTACT: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		PHONE: <u>XXXXXXXXXXXX</u>		EXTENSION: <u>9999</u>			
12	R	E-MAIL: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		FAX: <u>XXXXXXXXXXXX</u>					
13	E								
14	S								
15	E	PAYER NAME: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>							
16	R	ADDRESS 1: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 2: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>					
17	V	ADDRESS 3: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		ADDRESS 4: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>					
18	E	CITY: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		STATE: <u>XX</u>		ZIP: <u>99999</u>			
19	D	CONTACT: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		PHONE: <u>XXXXXXXXXXXX</u>		EXTENSION: <u>9999</u>			
20		E-MAIL: <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</u>		FAX: <u>XXXXXXXXXXXX</u>					
21									
22		PF1 HELP AVAILABLE						TRANSFER TO: <u>XXXX</u>	
23		*****APPLICATION ERROR MESSAGE*****							
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****							

SCREEN FR

MSOM

WC/PDB

WC/PDB PERIODIC PAYMENTS

Ln	0	1	2	3	4	5	6	7	7	8
No	1	234567890	1234567890	1234567890	1234567890	1234567890	1234567890	1234567890	123456789	0
1	C	COMM		WC/PDB PERIODIC PAYMENTS				WPPR TZW		3
2	0	NUMBER HOLDER SSN: SSS-SS-SSSS				NUMBER HOLDER NAME: SSSSS SSSSSSSSSSS				
3	L	INJURY/ILLNESS DATE: SSSSSSSS				SOURCE OF COMPENSATION: SS				
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS				INJURY/ILLNESS STATE: SS				
5	M									
6	N	[*START	STOP	*PERIODIC	*FREQ	TYPE OF	*PAYMENT			
7	*	[(MMDDCCYY)	(MMDDCCYY)	AMOUNT		PAYMENT	PROOF (Y/N)			
8	0	| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
9	N	| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
10	E	| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
11		| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
12	R	| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
13	E	| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
14	S	| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
15	E	| <u>99999999</u>	<u>99999999</u>	<u>99999.99</u>	<u>X</u>	<u>XX</u>	<u>X</u>			
16	R									
17	V	IF PERIODIC PAYMENTS ARE TO BEGIN AGAIN, EXPECTED DATE (MMDDCCYY):	<u>99999999</u>							
18	E	ARE ONGOING PERIODIC EXPENSES INVOLVED (Y/N):	<u>X</u>							
19	D	ARE ONE-TIME EXCLUDABLE EXPENSES FROM PERIODIC PAYMENTS INVOLVED (Y/N):	<u>X</u>							
20		_____ EXPENSES WILL BE DELETED FROM THIS INJURY - CONTINUE (Y/N):	<u>X</u>							
21		MORE PERIODIC PAYMENTS (Y/N):	<u>X</u>							
22		PF1 HELP AVAILABLE				TRANSFER TO: <u>XXX</u>				
23		*****APPLICATION ERROR MESSAGE*****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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MSOM

WC/PDB

ONE-TIME ONLY EXCLUDABLE EXPENSES FOR PERIODIC PAYMENTS

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	COMM ONE-TIME ONLY EXCLUDABLE EXPENSES FOR PERIODIC PAYMENTS WPEX TZW								5
2	0	NUMBER HOLDER SSN: SSS-SS-SSSS				NUMBER HOLDER NAME: SSSSS SSSSSSSSSSS				
3	L	INJURY/ILLNESS DATE: SSSSSSSS				SOURCE OF COMPENSATION: SS				
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS				INJURY/ILLNESS STATE: SS				
5	M									
6	N									
7	*									
8	O									
9	N	ONE-TIME EXCLUDABLE ATTORNEY EXPENSES: <u>9999999.99</u>				PROOF (Y/N): <u>X</u>				
10	E									
11		ONE-TIME EXCLUDABLE MEDICAL EXPENSES: <u>9999999.99</u>				PROOF (Y/N): <u>X</u>				
12	R									
13	E	ONE-TIME EXCLUDABLE RELATED EXPENSES: <u>9999999.99</u>				PROOF (Y/N): <u>X</u>				
14	S									
15	E									
16	R	*SPECIFIED EXPENSE PERIOD START DATE (MMDDCCYY): <u>99999999</u>								
17	V									
18	E									
19	D									
20										
21										
22		PF1 HELP AVAILABLE				TRANSFER TO: <u>XXXX</u>				
23		*****APPLICATION ERROR MESSAGE*****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

SCREEN FR

MSOM

WC/PDB

WC/PDB LUMP SUM AWARD DATA

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789								0
1	C	COMM WC/PDB LUMP SUM AWARD DATA WPLS TZW								6
2	0	NUMBER HOLDER SSN: SSS-SS-SSSS				NUMBER HOLDER NAME: SSSSS SSSSSSSSSS				
3	L	INJURY/ILLNESS DATE: SSSSSSSS				SOURCE OF COMPENSATION: SS				
4	U	WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSSSSS				INJURY/ILLNESS STATE: SS				
5	M									
6	N									
7	*	*LUMP SUM AMOUNT: <u>9999999.99</u>				*PROOF (Y/N): <u>X</u>				
8	O	*LUMP SUM START DATE (MMDDCCYY): <u>99999999</u>								
9	N	*RATE AT WHICH LUMP SUM IS TO BE PRORATED: <u>99999.99</u>								
10	E	*FREQUENCY FOR LUMP SUM PRORATION: <u>X</u>								
11		TYPE OF PAYMENT: <u>XX</u>								
12	R									
13	E	EXCLUDABLE ATTORNEY EXPENSES: <u>9999999.99</u>				PROOF (Y/N): <u>X</u>				
14	S	EXCLUDABLE MEDICAL EXPENSES: <u>9999999.99</u>				PROOF (Y/N): <u>X</u>				
15	E	EXCLUDABLE RELATED EXPENSES: <u>9999999.99</u>				PROOF (Y/N): <u>X</u>				
16	R	SPECIAL AMOUNTS TO BE DEDUCTED FROM LUMP SUM: <u>9999999.99</u>				PROOF (Y/N): <u>X</u>				
17	V									
18	E	IF DESIRED, SELECT PRORATION METHOD TO BE USED IN COMPUTATION: <u>9</u>								
19	D	1=METHOD A 2=METHOD B 3=METHOD C.								
20										
21										
22		PF1 HELP AVAILABLE							TRANSFER TO: <u>XXXX</u>	
23		*****APPLICATION ERROR MESSAGE*****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

SCREEN FR

MSOM