WC/PDB

WORKERS' COMPENSATION/PUBLIC DISABILITY BENEFITS SELECTION MENU

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 234567890123456789012345678901234567890123456789012345678901234567890123456789 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: SSSSS SSSSSSSSSS
 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            SSSSSSSSSSSSSSSSSSSSSSSS  SS          X
 9 N | 2       SSSSSSSS  SS            SSSSSSSSSSSSSSSSSSSSSSSS  SS          X
10 E | 3       SSSSSSSS  SS            SSSSSSSSSSSSSSSSSSSSSSSS  SS          X
11   | 4       SSSSSSSS  SS            SSSSSSSSSSSSSSSSSSSSSSSS  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): X
20
21
22   PF1 HELP AVAILABLE                                   TRANSFER TO: XXXX
23   **********************APPLICATION ERROR MESSAGE*****************************
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
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SCREEN FR **MSOM**

WC/PDB CLAIM DATA

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 234567890123456789012345678901234567890123456789012345678901234567890123456789 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         7 8
No 1 234567890123456789012345678901234567890123456789012345678901234567890123456789 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 SSSSSSSSS
 3 L INJURY/ILLNESS DATE: SSSSSSSS                     SOURCE OF COMPENSATION: SS
 4 U WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSSS    INJURY/ILLNESS STATE: SS
 5 M
 6 N
 7 * EMPLOYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 8 O ADDRESS 1: XXXXXXXXXXXXXXXXXXXXXX  ADDRESS 2: XXXXXXXXXXXXXXXXXXXXXX
 9 N ADDRESS 3: XXXXXXXXXXXXXXXXXXXXXX  ADDRESS 4: XXXXXXXXXXXXXXXXXXXXXX
10 E      CITY: XXXXXXXXXXXXXXXXXXXXXX      STATE: XX     ZIP: 99999
11    CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXXX  PHONE: XXXXXXXXXXXX  EXTENSION: 9999
12 R    E-MAIL: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  FAX: XXXXXXXXXXXX
13 E
14 S
15 E PAYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXX
16 R ADDRESS 1: XXXXXXXXXXXXXXXXXXXXXX  ADDRESS 2: XXXXXXXXXXXXXXXXXXXXXX
17 V ADDRESS 3: XXXXXXXXXXXXXXXXXXXXXX  ADDRESS 4: XXXXXXXXXXXXXXXXXXXXXX
18 E      CITY: XXXXXXXXXXXXXXXXXXXXXX      STATE: XX     ZIP: 99999
19 D    CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXXX  PHONE: XXXXXXXXXXXX  EXTENSION: 9999
20    E-MAIL: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  FAX: XXXXXXXXXXXX
21
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 PERIODIC PAYMENTS

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 234567890123456789012345678901234567890123456789012345678901234567890123456789 0
 1 C COMM                        WC/PDB PERIODIC PAYMENTS                 WPPR TZW 3
 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: SSSSSSSSSSSSSSSSSSSSSSSS    INJURY/ILLNESS STATE: SS
 5 M
 6 N [ *START         STOP           *PERIODIC    *FREQ     TYPE OF     *PAYMENT
 7 * [ (MMDDCCYY)     (MMDDCCYY)     AMOUNT                 PAYMENT     PROOF (Y/N)
 8 O | 99999999       99999999       99999.99     X         XX          X
 9 N | 99999999       99999999       99999.99     X         XX          X
10 E | 99999999       99999999       99999.99     X         XX          X
11   | 99999999       99999999       99999.99     X         XX          X
12 R | 99999999       99999999       99999.99     X         XX          X
13 E | 99999999       99999999       99999.99     X         XX          X
14 S | 99999999       99999999       99999.99     X         XX          X
15 E | 99999999       99999999       99999.99     X         XX          X
16 R
17 V IF PERIODIC PAYMENTS ARE TO BEGIN AGAIN, EXPECTED DATE (MMDDCCYY): 99999999
18 E ARE ONGOING PERIODIC EXPENSES INVOLVED (Y/N): X
19 D ARE ONE-TIME EXCLUDABLE EXPENSES FROM PERIODIC PAYMENTS INVOLVED (Y/N): X
20   ________ EXPENSES WILL BE DELETED FROM THIS INJURY - CONTINUE (Y/N): X
21   MORE PERIODIC PAYMENTS (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 PERIODIC PAYMENTS ONGOING EXPENSES

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 234567890123456789012345678901234567890123456789012345678901234567890123456789 0
 1 C COMM             WC/PDB PERIODIC PAYMENTS ONGOING EXPENSES            WPOX TZW 4
 2 0 NUMBER HOLDER SSN: SSS-SS-SSSS          NUMBER HOLDER NAME: SSSSS SSSSSSSSS
 3 L INJURY/ILLNESS DATE: SSSSSSSS                    SOURCE OF COMPENSATION: SS
 4 U WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSS    INJURY/ILLNESS STATE: SS
 5 M
 6 N
 7 * [ START       STOP        PERIODIC  FREQ  TYPE OF  ONGOING   ONGOING  PROOF
 8 O [ (MMDDCCYY)  (MMDDCCYY)  AMOUNT          PAYMENT  EXPENSES  PERCENT  (Y/N)
 9 N | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
10 E | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
11   | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
12 R | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
13 E | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
14 S | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
15 E | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
16 R | SSSSSSSS    SSSSSSSS    SSSSSSS   S     SS       99999.99  999      X
17 V
18 E
19 D IF PERIODIC PAYMENTS ARE TO BEGIN AGAIN, EXPECTED DATE (MMDDCCYY): PPPPPPPP
20
21   MORE PERIODIC PAYMENTS (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

ONE-TIME ONLY EXCLUDABLE EXPENSES FOR PERIODIC PAYMENTS

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 234567890123456789012345678901234567890123456789012345678901234567890123456789 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 SSSSSSSSS
 3 L INJURY/ILLNESS DATE: SSSSSSSS                    SOURCE OF COMPENSATION: SS
 4 U WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSSS    INJURY/ILLNESS STATE: SS
 5 M
 6 N
 7 *
 8 O
 9 N ONE-TIME EXCLUDABLE ATTORNEY EXPENSES: 9999999.99     PROOF (Y/N): X
10 E
11   ONE-TIME EXCLUDABLE MEDICAL EXPENSES: 9999999.99      PROOF (Y/N): X
12 R
13 E ONE-TIME EXCLUDABLE RELATED EXPENSES: 9999999.99      PROOF (Y/N): X
14 S
15 E
16 R *SPECIFIED EXPENSE PERIOD START DATE (MMDDCCYY): 99999999
17 V
18 E
19 D
20
21
22   PF1 HELP AVAILABLE                                        TRANSFER TO: XXXX
23   **************************APPLICATION ERROR MESSAGE***************************
24   ***************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)************
```

SCREEN FR MSOM

WC/PDB LUMP SUM AWARD DATA

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 234567890123456789012345678901234567890123456789012345678901234567890123456789 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: SSSSSSSSSSSSSSSSSSSSSSS    INJURY/ILLNESS STATE: SS
 5 M
 6 N
 7 * *LUMP SUM AMOUNT: 9999999.99                    *PROOF (Y/N): X
 8 O *LUMP SUM START DATE (MMDDCCYY): 99999999
 9 N *RATE AT WHICH LUMP SUM IS TO BE PRORATED: 99999.99
10 E *FREQUENCY FOR LUMP SUM PRORATION: X
11   TYPE OF PAYMENT: XX
12 R
13 E EXCLUDABLE ATTORNEY EXPENSES: 9999999.99          PROOF (Y/N): X
14 S EXCLUDABLE MEDICAL EXPENSES: 9999999.99           PROOF (Y/N): X
15 E EXCLUDABLE RELATED EXPENSES: 9999999.99           PROOF (Y/N): X
16 R SPECIAL AMOUNTS TO BE DEDUCTED FROM LUMP SUM: 9999999.99     PROOF (Y/N): X
17 V
18 E IF DESIRED, SELECT PRORATION METHOD TO BE USED IN COMPUTATION: 9
19 D      1=METHOD A     2=METHOD B     3=METHOD C.
20
21
22   PF1 HELP AVAILABLE                                     TRANSFER TO: XXXX
23   *************************APPLICATION ERROR MESSAGE**************************
24   **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

SCREEN FR MSOM