WC/PDB

WORKERS' COMPENSATION/PUBLIC DISABILITY BENEFITS SELECTION MENU

```
Ln 0 |         1         2         3         4         5         6         7         7 | 8
No 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 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 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             SSSSSSSSSSSSSSSSSSSSSS  SS          X
 9 N | | 2       SSSSSSSS  SS             SSSSSSSSSSSSSSSSSSSSSS  SS          X
10 E | | 3       SSSSSSSS  SS             SSSSSSSSSSSSSSSSSSSSSS  SS          X
11   | | 4       SSSSSSSS  SS             SSSSSSSSSSSSSSSSSSSSSS  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 |2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789| 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)************ |
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SCREEN FR MSOM

WC/PDB CLAIM DATA EMPLOYER/PAYER NAME AND ADDRESS

```
Ln 0  |         1         2         3         4         5         6         7         8
No 1  |2345678901234567890123456789012345678901234567890123456789012345678901234567890
 1  C |COMM          WC/PDB CLAIM DATA EMPLOYER/PAYER NAME AND ADDRESS          WPAD TZW
 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  * |EMPLOYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 8  O |ADDRESS 1: XXXXXXXXXXXXXXXXXXXX  ADDRESS 2: XXXXXXXXXXXXXXXXXXXX
 9  N |ADDRESS 3: XXXXXXXXXXXXXXXXXXXX  ADDRESS 4: XXXXXXXXXXXXXXXXXXXX
10  E |     CITY: XXXXXXXXXXXXXXXXXXXX      STATE: XX     ZIP: 99999
11    |  CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXXX  PHONE: XXXXXXXXXXXX  EXTENSION: 9999
12  R |   E-MAIL: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  FAX: XXXXXXXXXXXX
13  E |
14  S |
15  E |PAYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXX
16  R |ADDRESS 1: XXXXXXXXXXXXXXXXXXXX  ADDRESS 2: XXXXXXXXXXXXXXXXXXXX
17  V |ADDRESS 3: XXXXXXXXXXXXXXXXXXXX  ADDRESS 4: XXXXXXXXXXXXXXXXXXXX
18  E |     CITY: XXXXXXXXXXXXXXXXXXXX      STATE: XX     ZIP: 99999
19  D |  CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXXX  PHONE: XXXXXXXXXXXX  EXTENSION: 9999
20    |   E-MAIL: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  FAX: XXXXXXXXXXXX
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 PERIODIC PAYMENTS

```
Ln 0 |        1         2         3         4         5         6         7         7 | 8
No 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 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: SSSSSSSSSSSSSSSSSSSSSS    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)************ |
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SCREEN FR MSOM

WC/PDB PERIODIC PAYMENTS ONGOING EXPENSES

```
Ln 0 |        1         2         3         4         5         6         7         7 | 8
No 1 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 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 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 * |[ 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)************ |
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SCREEN FR MSOM

ONE-TIME ONLY EXCLUDABLE EXPENSES FOR PERIODIC PAYMENTS

```
Ln 0         1         2         3         4         5         6         7         7 8
No 1 2345678901234567890123456789012345678901234567890123456789012345678901234567890 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 SSSSSSSSSS
 3  L INJURY/ILLNESS DATE: SSSSSSSS                    SOURCE OF COMPENSATION: SS
 4  U WC/PDB CLAIM NUMBER: SSSSSSSSSSSSSSSSSSSSSS    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)************
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SCREEN FR MSOM

WC/PDB LUMP SUM AWARD DATA

```
Ln 01 |         1         2         3         4         5         6         7         7 | 80
No 01 |2345678901234567890123456789012345678901234567890123456789012345678901234567890| 00
 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: SSSSSSSSSSSSSSSSSSSSSS    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)***********
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SCREEN FR MSOM