



Australian Government

National Occupational
Health and Safety Commission

National Data Set for Compensation-based Statistics

Third Edition

**Canberra
July 2004**

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FOREWORD

The National Occupational Health and Safety Commission (NOHSC) is a tripartite body established by the Australian Government to lead and coordinate national efforts to prevent or reduce the incidence and severity of occupational injury and disease by providing healthy and safe working environments. In seeking to improve Australia's occupational health and safety (OHS) performance, NOHSC is committed to the *National OHS Strategy 2002-2012* (the Strategy), endorsed by the Workplace Relations Ministers Council (WRMC).

The national priorities outlined in the Strategy are to:

- reduce high incidence/severity risks;
- improve the capacity of business operators and workers to manage OHS effectively;
- prevent occupational disease more effectively;
- eliminate hazards at the design stage; and
- strengthen the capacity of government to influence OHS outcomes.

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INTRODUCTION

From its establishment, the National Occupational Health and Safety Commission (NOHSC) has been concerned to ensure relevant, timely and comparable national statistics on occupational health and safety (OHS) are available. In 1986, NOHSC undertook a comprehensive investigation of potential data sources. Following this investigation it was determined that state and territory workers' compensation systems offered the best data source for facilitating improvements in OHS in terms of scope and coverage considerations, ease of collection and cost.

Since workers' compensation is the responsibility of the states and territories, claims legislation is not consistent across Australia. Consequently, claims statistics are not collected in a comparable way. To overcome this lack of uniformity in data collection, a national data set for compensation-based statistics was developed. Following a series of consultative meetings between Australian government and state agencies, employers, unions and experts in the occupational health and safety field, the *National Data Set for Compensation-based Statistics* (NDS) was endorsed by NOHSC in 1987. The NDS listed a standard set of data items, concepts and definitions for inclusion in workers' compensation systems operating in Australia. Its primary purpose was to enable the production of national and nationally-comparable workers' compensation-based data. Since its release, the NDS has been implemented in workers' compensation-based collections administered by state, territory and Australian government agencies.

A review of the NDS was undertaken by NOHSC five years after implementation in the various jurisdictions. This was to enable data items, concepts and definitions to be adjusted to take account of difficulties and ambiguities revealed once the system was in place and to reflect changes in the uses made of the data. The second edition of the NDS incorporated changes to the parameters of the original NDS, and was introduced into jurisdictions' systems from 1 July 2000.

Since 1998, NDS data have been used to calculate the OHS indicators in the *Comparative Performance Monitoring Report* (CPM). In 1999 the Workplace Relations Ministers' Council (WRMC) extended the data collection role of NOHSC to include all data required to calculate the full range of CPM indicators. Against this background, the NDS was reviewed by NOHSC to assess how these additional data items could best be integrated within the existing NDS.

This third edition of the NDS represents the outcome of the review and includes changes to the parameters of the second edition of the NDS and information on both OHS and scheme and claim management. The NDS 3rd edition becomes effective from 1 July 2005.

Throughout the review of the NDS, NOHSC received considerable co-operation from all government, union, industry and expert representatives approached for assistance. NOHSC wishes to express its appreciation to all of these bodies for their valuable contribution to the development of this report.

1. OBJECTIVES AND USES OF THE NATIONAL DATA SET

OBJECTIVES

- 1.1 The overall objectives of the NDS are to:
- assist in the prevention of occupational injury and disease by producing uniform national and nationally-comparable indicators of occupational health and safety performance and experience; and
 - assist in workers' compensation scheme management.

ANALYSIS

- 1.2 The NDS data will be analysed in a variety of ways by a number of different users. Some of the more important types of analyses are:
- calculation of measurement rates;
 - jurisdictional comparisons;
 - time series analysis;
 - industry and occupational analysis; and
 - analysis of causal factors.

Calculation of Measurement Rates

- 1.3 The value of the NDS is enhanced by the availability of suitable denominator data to enable the production of incidence and frequency rates. The incidence rate is the number of reported injuries/diseases per thousand workers; the frequency rate is the number of reported injuries/diseases per million hours worked. These rates enable more precise analysis of NDS data by removing the effect of fluctuating and differing employment levels. This is particularly necessary in time series analysis and jurisdictional comparisons.
- 1.4 The ABS has developed labour force denominator data suitable for use in calculating rates using NDS-based data. The methodology used to estimate the labour force denominators is periodically reviewed by the ABS to take account of the impact of changing working arrangements (for example, contracting out) on the denominator data. In those instances where ABS denominator data are not available, denominator data are obtained directly from the jurisdiction.

Jurisdictional Comparisons

- 1.5 The calculation of measurement rates for workers' compensation jurisdictions enables comparisons of OHS performance and scheme management between the jurisdictions. The data are used as high-level indicators for the purposes of comparative performance monitoring.

Time Series Analysis

- 1.6 Time series analysis will be used mainly to monitor the occupational health and safety and workers' compensation experience of individual groups. A time series analysis of the rates for a particular group can help in the evaluation of the success or otherwise of specific occupational health and safety strategies.

Industry and Occupational Analysis

- 1.7 An analysis of industry and occupation data enables:
- identification of high-risk (and emerging high-risk) groups; and
 - jurisdictions and employers to compare their performance.

Analysis of Causal Factors

- 1.8 Analysis of the type of occurrence data items, that is, nature, bodily location, mechanism, breakdown agency and agency of injury or disease, helps in the identification of the nature and causes of the problem and enables research, resources and risk reduction strategies to be better targeted.

DISSEMINATION

- 1.9 NOHSC will disseminate the NDS data through:
- hard copy publications;
 - information placed on the NOHSC website (<http://www.nohsc.gov.au>);
 - an interactive database available on the NOHSC website; and
 - contribution to the CPM project.

2. CONCEPTS AND METHODS FOR COLLECTING DATA

OVERVIEW

- 2.1 Previous editions of the NDS have relied solely on unit record level (URL) data. Since it is not possible to record all scheme data at the URL, this edition of the NDS now encompasses two formats for data collection:

Format 1 – Claim information at the unit record level

Format 2 – Scheme information at the aggregate level

- 2.2 As the concepts and methods for collecting data under these formats differ, each format will be considered separately.

FORMAT 1 – CLAIM INFORMATION AT THE UNIT RECORD LEVEL

Scope

- 2.3 In this edition of the NDS the scope has been determined as all new cases reported in the reference year, for which liability was either accepted or rejected, or a decision on liability is pending. Claims that were subsequently withdrawn by the claimant or disallowed on the basis of not being within the scope of the scheme are excluded.
- 2.4 Information should be collected in respect of all workers' compensation lodged with **any party** (e.g. employer, insurer or workers' compensation authority) and meeting the criteria outlined at 2.3.

Unit of Enumeration

- 2.5 The statistical unit of enumeration is the **case**. A case is any new workers' compensation claim made by, or for, a worker. Multiple claims for the same incident should only be counted once.

Period of Enumeration

- 2.6 The period of enumeration for the collection is the year ending 30 June (i.e. the reference year).

Basis of Recording

- 2.7 The basis of recording is all new cases with a date of lodgement with the insurer (including self-insurers) in the reference year.

Date of Extraction

- 2.8 Jurisdictions are to extract data from their claims database as at 30 November (i.e. five months after the end of the reference year) with the status of the claims as outlined at 2.3 above.
- 2.9 Jurisdictions are to supply the unit record file to NOHSC by 28 February in the following calendar year.

Updating of Cases

- 2.10 Cases should be updated to incorporate changes to Format 1 NDS records. It is expected that this may involve changes to claim status, date determined, work status, fatality indicator, nature of injury or disease, bodily location of injury or disease, mechanism of injury or disease, time lost and compensation paid data. Cases reopened within five years of the original claim would need to be linked to the original case so updating can occur.
- 2.11 Jurisdictions are to supply to NOHSC unit record files containing updated NDS data for the five years prior to the reference year at the same time as the reference year unit record file is supplied. A unit record NDS file for all claims lodged six or more years prior to the reference year, and for which claim activity has occurred in the reference year, should also be supplied. Note that updates of active records from six or more years prior to the reference financial year will not be required retrospectively from the implementation of this edition of the NDS on 1 July 2005. That is, this update file will be required for the first time when 2011-12 reference year data are supplied.

Definitions of Occupational Injury and Disease

- 2.12 *Occupational Injuries* are defined as all employment-related injuries that are the result of a single traumatic event occurring while a person is on duty or during a recess period and where there was a short or non-existent latency period. This includes injuries which are the result of a single exposure to an agent(s) causing an acute toxic effect.
- 2.13 *Occupational Diseases* are defined as all employment-related diseases that result from repeated or long-term exposure to an agent(s) or event(s) or that are the result of a single traumatic event where there was a long latency period (e.g. the development of hepatitis following a single exposure to the infection).

FORMAT 2 – SCHEME INFORMATION AT THE AGGREGATE LEVEL

Scope

- 2.14 Scheme information relating to activity that occurred in the reference financial year is required for the CPM indicators:
- Premium rates for workers' compensation;
 - Comparison of scheme assets and liabilities;
 - Scheme costs and disbursements; and
 - Disputation rates and legal costs.

- 2.15 Information on self-insurers is included for the premiums and remuneration and disputation and legal costs indicators. Data for the scheme assets and liabilities and scheme costs and disbursements are required only for activity directly relating to the workers' compensation authority, including private insurers but excluding self-insurers and the nominal insurer.

Period of Enumeration

- 2.16 The period of enumeration for the collection is the year ending 30 June (i.e. the reference year).

Basis of Recording

- 2.17 The basis of recording is the total of all scheme activity, including private insurers, and self-insurer activity where required, occurring in the reference year.

Date of Extraction

- 2.18 Jurisdictions are to extract data as at 31 December (i.e. six months after the end of the reference year). Data may be extracted prior to 31 December if no further development is anticipated.
- 2.19 Jurisdictions are to supply the aggregated data to NOHSC by 31 January in the next calendar year.

Updating of Information

- 2.20 Updated data for previous financial years are not required.

3. NATIONAL DATA SET INCLUSIONS

SUMMARY OF INCLUSIONS

Format 1 – Claim information at the unit record level

3.1 Data items included in Format 1 of the third edition of the NDS are listed below.

A. RECORD IDENTIFIER

A1 Unique record identifier

B. CLAIM PROCESS DETAILS

B1 Claim status
B2 Date determined
B3 Date of report to employer
B4 Date of notification/lodgement of claim
B5 Work status

C. CLAIMANT DETAILS

C1 Industry of employer
C2 Size of employer
C3 Date of birth
C4 Sex
C5 Postcode of residence
C6 Occupation
C7 Duty status
C8 Number of hours usually worked each week
C9 Normal weekly earnings
C10 Labour hire indicator
C11 Apprentice/trainee indicator

D. OCCURRENCE DETAILS

D1 Date of occurrence/report
D2 Industry of workplace
D3 Postcode of workplace
D4 Nature of injury/disease
D5 Bodily location of injury/disease
D6 Mechanism of injury/disease
D7 Agency of injury/disease
D8 Breakdown agency of injury/disease

E. OUTCOME OF OCCURRENCE

E1 Time lost
E2 Compensated fatality indicator

F. COMPENSATION PAYMENTS

F1 Weekly benefits year 0
F2 Weekly benefits year 1
F3 Weekly benefits year 2

F4	Weekly benefits year 3
F5	Weekly benefits year 4
F6	Weekly benefits year 5
F7	Weekly benefits year 6+
F8	Death benefit lump sum year 0
F9	Death benefit lump sum year 1
F10	Death benefit lump sum year 2
F11	Death benefit lump sum year 3
F12	Death benefit lump sum year 4
F13	Death benefit lump sum year 5
F14	Death benefit lump sum year 6+
F15	Redemption/commutation lump sum year 0
F16	Redemption/commutation lump sum year 1
F17	Redemption/commutation lump sum year 2
F18	Redemption/commutation lump sum year 3
F19	Redemption/commutation lump sum year 4
F20	Redemption/commutation lump sum year 5
F21	Redemption/commutation lump sum year 6+
F22	Impairment/non-economic lump sum year 0
F23	Impairment/non-economic lump sum year 1
F24	Impairment/non-economic lump sum year 2
F25	Impairment/non-economic lump sum year 3
F26	Impairment/non-economic lump sum year 4
F27	Impairment/non-economic lump sum year 5
F28	Impairment/non-economic lump sum year 6+
F29	Total statutory lump sum (excluding death lump sum) year 0
F30	Total statutory lump sum (excluding death lump sum) year 1
F31	Total statutory lump sum (excluding death lump sum) year 2
F32	Total statutory lump sum (excluding death lump sum) year 3
F33	Total statutory lump sum (excluding death lump sum) year 4
F34	Total statutory lump sum (excluding death lump sum) year 5
F35	Total statutory lump sum (excluding death lump sum) year 6+
F36	Common law lump sum – economic year 0
F37	Common law lump sum – economic year 1
F38	Common law lump sum – economic year 2
F39	Common law lump sum – economic year 3
F40	Common law lump sum – economic year 4
F41	Common law lump sum – economic year 5
F42	Common law lump sum – economic year 6+
F43	Common law lump sum – non-economic year 0
F44	Common law lump sum – non-economic year 1
F45	Common law lump sum – non-economic year 2
F46	Common law lump sum – non-economic year 3
F47	Common law lump sum – non-economic year 4
F48	Common law lump sum – non-economic year 5
F49	Common law lump sum – non-economic year 6+
F50	Common law lump sum – total year 0
F51	Common law lump sum – total year 1
F52	Common law lump sum – total year 2
F53	Common law lump sum – total year 3
F54	Common law lump sum – total year 4
F55	Common law lump sum – total year 5
F56	Common law lump sum – total year 6+

G. PAYMENTS FOR GOODS AND SERVICES

G1	Payments for medical services year 0
G2	Payments for medical services year 1
G3	Payments for medical services year 2
G4	Payments for medical services year 3
G5	Payments for medical services year 4
G6	Payments for medical services year 5
G7	Payments for medical services year 6+
G8	Payments for hospital services year 0
G9	Payments for hospital services year 1
G10	Payments for hospital services year 2
G11	Payments for hospital services year 3
G12	Payments for hospital services year 4
G13	Payments for hospital services year 5
G14	Payments for hospital services year 6+
G15	Payments for allied health services year 0
G16	Payments for allied health services year 1
G17	Payments for allied health services year 2
G18	Payments for allied health services year 3
G19	Payments for allied health services year 4
G20	Payments for allied health services year 5
G21	Payments for allied health services year 6+
G22	Payments for vocational rehabilitation services year 0
G23	Payments for vocational rehabilitation services year 1
G24	Payments for vocational rehabilitation services year 2
G25	Payments for vocational rehabilitation services year 3
G26	Payments for vocational rehabilitation services year 4
G27	Payments for vocational rehabilitation services year 5
G28	Payments for vocational rehabilitation services year 6+
G29	Payments for other goods and services year 0
G30	Payments for other goods and services year 1
G31	Payments for other goods and services year 2
G32	Payments for other goods and services year 3
G33	Payments for other goods and services year 4
G34	Payments for other goods and services year 5
G35	Payments for other goods and services year 6+

H. NON-COMPENSATION PAYMENTS

H1	Non-compensation payments - legal year 0
H2	Non-compensation payments - legal year 1
H3	Non-compensation payments - legal year 2
H4	Non-compensation payments - legal year 3
H5	Non-compensation payments - legal year 4
H6	Non-compensation payments - legal year 5
H7	Non-compensation payments - legal year 6+
H8	Non-compensation payments - other year 0
H9	Non-compensation payments - other year 1
H10	Non-compensation payments - other year 2
H11	Non-compensation payments - other year 3
H12	Non-compensation payments - other year 4
H13	Non-compensation payments - other year 5
H14	Non-compensation payments - other year 6+

Format 2 – Scheme information at the aggregate level

3.2 Data items included in Format 2 of the third edition of the NDS are listed below.

I. PREMIUMS AND REMUNERATION

- I1** Earned premium – insured employers
- I2** Notional premium or claims payments – self-insured employers
- I3.1** Remuneration – insured employers
- I3.2** Employer superannuation contributions – insured employers
- I4.1** Remuneration – self-insured employers
- I4.2** Employer superannuation contributions – self-insured employers

J. SCHEME ASSETS AND LIABILITIES

- J1** Scheme net assets
- J2** Scheme net outstanding claim liabilities

K. SCHEME COSTS AND DISBURSEMENTS

- K1** Income Data
 - K1.1** Collected premium
 - K1.2** Self-insurance income
 - K1.2.1** Self-insurance income – regulatory
 - K1.2.2** Self-insurance income – OHS
 - K1.3** Investment revenue
 - K1.4** Other income
- K2** Remuneration and superannuation
 - K2.1** Remuneration
 - K2.2** Employer superannuation contributions
- K3** Claims payments
 - K3.1** Weekly compensation
 - K3.2** Death lump sum
 - K3.3** Redemption/commutation lump sum
 - K3.4** Impairment/non-economic lump sum
 - K3.5** Total statutory lump sum (excluding death lump sum)
 - K3.6** Common law lump sum
 - K3.7** Medical services
 - K3.8** Hospital services
 - K3.9** Allied health services
 - K3.10** Vocational rehabilitation services
 - K3.11** Aids and appliances
 - K3.12** Personal and household assistance
 - K3.13** Other medical and like services
 - K3.14** Legal costs – worker's representative
 - K3.15** Legal costs – insurer's representative and administrative
 - K3.16** Medical reports
 - K3.17** Investigation

K3.18 Other worker costs
K3.19 Other scheme costs

K4 Scheme administration

K3.1 OHS inspection/licensing
K3.2 Corporate administration
K3.3 Insurance/claims management
K3.4 Dispute resolution
K3.5 Abnormal items
K3.6 Occupancy costs

K3.6.1 Occupancy costs – OHS inspection/licensing
K3.6.2 Occupancy costs – corporate administration
K3.6.3 Occupancy costs – insurance/claims management
K3.6.4 Occupancy costs – dispute resolution
K3.6.5 Occupancy costs – other

K3.7 Depreciation

K3.7.1 Depreciation – OHS inspection/licensing
K3.7.2 Depreciation – corporate administration
K3.7.3 Depreciation – insurance/claims management
K3.7.4 Depreciation – dispute resolution
K3.7.5 Depreciation – other

L. DISPUTATION AND LEGAL COSTS

L1 Legal costs

L1.1 Defendant lawyer costs
L1.2 Plaintiff lawyer costs
L1.3 Advocate costs
L1.4 Common law costs
L1.5 Scheme overheads for statutory disputes – salary costs
L1.6 Scheme overheads for common law – salary costs
L1.7 Scheme overheads for dispute resolution body – salary costs
L1.8 Scheme overheads for statutory disputes – administration costs
L1.9 Scheme overheads for common law – administration costs
L1.10 Scheme overheads for dispute resolution body – administration costs

L2 Number of new disputes

L2.1 Number of statutory disputes
L2.2 Number of common law cases
L2.3 Number of deemed disputes

L3 Number of disputes resolved

L3.1 Number of disputes resolved within 1 calendar month
L3.2 Number of disputes resolved within 3 calendar months
L3.3 Number of disputes resolved within 6 calendar months
L3.4 Number of disputes resolved within 9 calendar months
L3.5 Number of disputes resolved after 9 calendar months

FORMAT 1 – CLAIM INFORMATION AT THE UNIT RECORD LEVEL

A. RECORD IDENTIFIER

Item A1 Unique record identifier

Description:	Uniquely identifies each record
Purpose:	Enables tracking of records
Classification/ Coding:	Two or three letter string identifying jurisdiction followed by 22 or 23 alphanumeric characters uniquely identifying the record.
Length:	25
Position:	1-25

B. CLAIM PROCESS DETAILS

Item B1 Claim status

Description:	Current claim status						
Purpose:	To enable the identification of claims currently within the NDS2 scope and to allow analysis of rejection rates.						
Classification/ Coding:	Numeric format. To be recorded using the following classification: <table> <tr> <td>01</td><td>Accepted</td></tr> <tr> <td>02</td><td>Pending</td></tr> <tr> <td>03</td><td>Rejected</td></tr> </table>	01	Accepted	02	Pending	03	Rejected
01	Accepted						
02	Pending						
03	Rejected						
Length:	2						
Position:	26-27						
Comment:	<p>Refers to acceptance or denial of liability by the insurer. Pending should be used for those claims for which liability has not yet been determined.</p> <p>Where the employer is the sole arbiter of liability, this refers to the acceptance or denial of liability by the employer.</p> <p>This data item can be used to assist in determining which data modules need to be supplied for the record.</p>						

Item B2 Date determined

Description:	The date the insurer accepted or denied liability for the claim.
Purpose:	To enable analysis of the time taken to determine liability of the claim from the date of lodgement.
Classification/ Coding:	Date of determination. Numeric format specified as DDMMYYYY.
Length:	8
Position:	28-35
Comment:	<p>This item should be left blank for claims on which a determination of liability is pending. If the determination of liability is changed, this data item should reflect the date the most recent liability determination was made. For example, if liability for a claim was originally denied but this decision is later overturned and liability is accepted, this data item should reflect the date the acceptance of liability was determined.</p> <p>Where the employer is the sole arbiter of liability, this is the date the employer accepted or denied liability for the claim.</p>

Item B3 Date of report to employer

Description:	The date the claim was reported to the employer.
Purpose:	To enable analysis of the time taken between the date of injury and the date the claim was reported to the employer.
Classification/ Coding:	Date of report to employer. Numeric format specified as DDMMYYYY.
Length:	8
Position:	36-43

Item B4 Date of notification/lodgement of claim

Description:	The earlier of the date the employer notified the insurer of the claim and the date the claim was lodged with the insurer.
Purpose:	To enable the identification of cases to be included in a year's statistics and to enable analysis of time taken between lodgement and determination of liability as outlined under date determined.
Classification/ Coding:	Date of lodgement of claim. Numeric format specified as DDMMYYYY.
Length:	8
Position:	44-51
Comment:	Where the employer is the sole arbiter of liability, this is the date on which a claim for compensation was notified/lodged with the employer.

Item B5 Work status

Description: The claimant's last known work status.

Purpose: To enable the analysis of return-to-work (RTW) outcomes.

Classification/
Coding: Numeric format. To be recorded using the following classification:

- 00 Less than 4 working weeks absence
- 01 Full RTW
- 02 Partial RTW
- 03 Not working – injury related
- 04 Not working – other reason
- 05 Unknown – failure to provide medical certificate
- 06 Unknown – Other

Length: 2

Position: 52-53

Comment: Work status should be updated each year until the case is finalised.

The definitions for the classification are:

- 00 *Less than 4 working weeks absence:* Employee was absent from work for less than 4 working weeks. Excludes cases where the employee has died as a result of the injury/disease (coded to 03 *Not working – injury related*).
- 01 *Full RTW:* Employee was absent from work for 4 working weeks or more and is currently working at least the same number of hours as prior to the injury/disease.
- 02 *Partial RTW:* Employee was absent from work for 4 working weeks or more and is currently working, but fewer hours than prior to the injury/disease.
- 03 *Not working – injury related:* Either:
 - employee was absent from work for 4 working weeks or more and is not working at all for reasons related to the compensated injury/disease; or
 - employee has died as a result of the compensated injury/disease, irrespective of the recorded time lost.
- 04 *Not working – other reason:* Employee was absent from work for 4 working weeks or more and is not working for reasons unrelated to the compensated injury/disease. Includes redundancy, retrenchment, resigned, studying, seasonal worker or deceased where death is not as a result of the compensated injury/disease.
- 05 *Unknown – failure to provide medical certificate:* Employee was absent from work for 4 working weeks or more, has stopped providing medical certificates and his or her work status is unknown.

- 06 *Unknown – other*: Employee was absent from work for 4 working weeks or more, is no longer eligible for compensation and his or her work status is unknown. For example, employee has reached retirement age or been disentitled from compensation because payment thresholds have been reached. Excludes employees who have received a redemption/commutation lump sum (see comment below).

The data item should be based on the claimant's work status as opposed to their compensation status. For example, if a claimant is no longer receiving compensation payments, this should not be automatically recorded as a return to work.

In the absence of further information, the work status of an employee who has been absent from work for 4 working weeks or more and is no longer eligible for weekly benefits payments because he or she has received a redemption/commutation lump sum should be recorded as at the point of the cessation of weekly benefits.

For example, the work status of an employee that had partially returned to work upon receipt of a redemption lump sum would be coded to *02 Partial RTW*.

C. CLAIMANT DETAILS

Item C1 Industry of employer

Description: Industry of employer relates to the main activity of the establishment at which the worker was employed at the time of reporting the occupational injury or disease.

Purpose: To enable between-industry and within-industry comparisons of occupational injury/disease experience.

**Classification/
Coding:** The establishment, at the time of reporting the employment injury, coded to the four-digit level of the Australian and New Zealand Standard Industrial Classification (ANZSIC, ABS Cat. no. 1292.0). Numeric format.

Length: 4

Position: 54-57

Comment: The ANZSIC Agriculture, Forestry and Fishing industry division codes have a leading zero. For example, the ANZSIC industry class code for Plant Nurseries is 0111. The unit records of cases in the Agriculture, Forestry and Fishing industry division should include the leading zero in the Industry of Employer data item in order to correctly specify the Agriculture, Forestry and Fishing industry division.

The industry of employer should be recorded in relation to the establishment at which the worker was employed, irrespective of where the injury/disease event occurred. The industry of the workplace at which the injury/disease event occurred should be coded at D2 Industry of workplace. For example, a worker employed by a labour hire firm but working in the mining industry would have their industry of employer recorded as Property and Business Services, and their industry of workplace as Mining.

Item C2 Size of employer

Description:	The number of FTE workers employed by the enterprise for which the claimant works.
Purpose:	To enable investigation of size of business factors on occupational injury/disease experience.
Classification/ Coding:	The total number of workers employed by the enterprise. Numeric format.
Comment:	<p>If the number of FTE workers is not known, this figure can be derived. The methodology for calculation involves dividing remuneration of the employer by the average yearly earnings for that industry. The remuneration figure used in the calculation should be that provided by the employer for the purpose of premium calculation. The average yearly earnings should be derived by taking the average weekly earnings for the industry division level (available as a special request from the ABS survey of Average Weekly Earnings (AWE), Cat. no. 1291.0) and multiplying by 52 weeks.</p> <p>The second edition of the NDS refers to employer size at the enterprise rather than the establishment level, which was recommended in the first edition.</p>
Length:	6
Position:	58-63

Item C3 Date of birth

Description:	The date of birth of the worker making the claim for an injury or disease.
Purpose:	To facilitate analysis of occupational injury/disease experience by age of worker.
Classification/ Coding:	Date of birth. Numeric format specified as DDMMYYYY.
Comment:	Age will be derived from the date of birth and the date of occurrence/report.
Length:	8
Position:	64-71

Item C4 Sex

Description: The sex of the worker.

Purpose: To facilitate analysis of occupational injury/disease experience by sex of worker.

Classification/
Coding: Alphanumeric format. To be recorded as male or female coded according to the following classification:

M	Male
F	Female

Length: 1

Position: 72

Item C5 Postcode of residence

Description: The postcode of the worker's residential address.

Purpose: To enable analysis of return-to-work rates by location to determine the effect, if any, of reduced access to medical and rehabilitation services.

Classification/
Coding: Numeric format.

Length: 4

Position: 73-76

Comment: If the residential postcode is unavailable then the postcode of the worker's postal address may be substituted.

Item C6 Occupation

Description: The worker's occupation at the time of the injury or reporting of the occupational disease.

Purpose: To enable between-occupation and within-occupation analysis of occupational injury/disease experience.

Classification/
Coding: Australian Standard Classification of Occupations, Second Edition (ASCO2, ABS Cat. no. 1220.0) at the four-digit unit group level. Numeric format.

Length: 4

Position: 77-80

Comment: The ASCO2 classification, together with a windows-based, computer-assisted coding system, is available from the ABS on CD-ROM (ABS Cat. no. 1220.0.30.001).

Occupation data should not be confused with activity at the time of the incident or report. The activity at that time may have been entirely unrelated to the worker's occupation.

Item C7 Duty status

Description:	The worker's duty status at the time of the injury or disease.												
Purpose:	To enable separate analysis of injuries according to the activity of the employee at the time of injury or disease.												
Classification/ Coding:	Numeric format. To be recorded using the following classification: <table border="0"> <tr><td>01</td><td>At work - working at normal workplace</td></tr> <tr><td>02</td><td>At work - road traffic accident</td></tr> <tr><td>03</td><td>At work - on break</td></tr> <tr><td>04</td><td>Commuting/journey</td></tr> <tr><td>05</td><td>Away from work during recess period</td></tr> <tr><td>06</td><td>At work - working away from normal workplace</td></tr> </table>	01	At work - working at normal workplace	02	At work - road traffic accident	03	At work - on break	04	Commuting/journey	05	Away from work during recess period	06	At work - working away from normal workplace
01	At work - working at normal workplace												
02	At work - road traffic accident												
03	At work - on break												
04	Commuting/journey												
05	Away from work during recess period												
06	At work - working away from normal workplace												
Length:	2												
Position:	81-82												
Comment:	Occupational diseases that are a result of long-term exposure to an agent or event should be coded to duty status '01' unless sufficient information is available which will enable coding to either '01' or '06'. For occupational diseases that are the result of a single traumatic event (for example, a needle stick injury leading to a hepatitis infection) the duty status at the time of the occurrence that lead to the disease should be coded.												

The definitions for the Classification are:

- 01 *At work - working at normal workplace:* The injury or disease occurred while the worker was working at their normal workplace or base of operations.
- 02 *At work - road traffic accident:* The worker is at work and sustains an injury or disease that occurred as a result of an accident involving a motor vehicle, bicycle or other vehicle on a public road as defined under relevant motor accidents legislation. For example, a truck driver's vehicle is involved in a road traffic accident while moving a load from one location to another on a public road. This code applies whether the case is a driver, passenger or pedestrian but does not apply to commuting or any other prescribed journey claims nor to accidents occurring where the worker is absent from the workplace during an authorised work break.
- 03 *At work - on break:* Refers to the paid or unpaid period within the shift during which the worker has taken an authorised break from work and is still covered for compensation.
- 04 *Commuting/journey:* Injury or disease that occurred while the worker is travelling directly between home and workplace or place of pick-up. This code may also apply to situations where the worker is travelling for work-related educational purposes or for treatment in relation to a compensable injury (legislation may vary across jurisdictions).

- 05 *Away from work during recess period:* Injury or disease - including vehicle accidents - that occurred where the claimant has gone to work, but is temporarily absent from the workplace, during an ordinary recess or authorised absence.
- 06 *At work - working away from normal workplace:* Injury or disease that occurred while the worker is working at a location other than the worker's normal workplace or base of operations.

Item C8 Number of hours usually worked each week

Description: The number of hours and minutes usually worked each week by the injured worker.

Purpose: To enable the consistent treatment of injuries sustained by workers engaged in non-standard employment arrangements.

Classification/
Coding: The number of hours and minutes usually worked each week (including overtime) by the injured worker. Format numeric specified as HHHMM. If number of hours usually worked each week is reported in whole hours and parts thereof then the decimal place should be converted to minutes (for example, 37.5 hours equates to 37 hours and 30 minutes). If minutes are not known the MM columns should be zero filled.

Length: 5

Position: 83-87

Comment: Recording the number of hours and minutes usually worked each week will enable: (i) the comparability of the data across jurisdictions to be increased through the application of a standard method for treatment of part-time workers; and (ii) analyses based on varying risk exposure thresholds to be undertaken. For example, the OHS experience of employees who work less than 35 hours each week (part-timers) could be examined.

Overtime (defined as work undertaken which is outside, or in addition to, ordinary working hours of the employee in their main job, whether paid or unpaid) which is usually worked each week should be included in the calculation of number of hours usually worked.

Item C9 Normal weekly earnings

Description:	Normal weekly earnings as defined by the scheme and that are used as the basis for the calculation of weekly benefits.
Purpose:	To enable comparison between the level of benefits paid to the claimant and the claimant's pre-injury earnings to assess the cost of the injury/disease to the claimant.
Classification/ Coding:	Gross weekly earnings rounded in whole dollars. Numeric format.
Length:	5
Position:	88-92
Comment:	Normal weekly earnings will be adjusted to represent pre-injury earnings for the calculation of level of benefits indicators.

Item C10 Labour hire indicator

Description:	Indicates employees working through a labour hire firm.				
Purpose:	To enable investigation of occupational injury/disease experience for employees working through a labour hire firm.				
Classification/ Coding:	Numeric format. To be recorded using the following classification: <table> <tr> <td>1</td><td>Employee working through labour hire firm – A person who is paid by, and/or listed on the books of, one employer but is hired out, often on a short-term basis, to other employers.</td></tr> <tr> <td>2</td><td>Other – all other employment arrangements.</td></tr> </table>	1	Employee working through labour hire firm – A person who is paid by, and/or listed on the books of, one employer but is hired out, often on a short-term basis, to other employers.	2	Other – all other employment arrangements.
1	Employee working through labour hire firm – A person who is paid by, and/or listed on the books of, one employer but is hired out, often on a short-term basis, to other employers.				
2	Other – all other employment arrangements.				
Length:	1				
Position:	93				

Item C11 Apprentice/trainee indicator

Description:	Indicates whether the injured worker is an apprentice/trainee.				
Purpose:	To enable investigation of occupational injury/disease experience for apprentices/trainees.				
Classification/ Coding:	<p>Numeric format. To be recorded using the following classification:</p> <table><tr><td>1</td><td>Apprentice/trainee – A person undertaking training through an apprenticeship or traineeship, where the training is regulated by law or custom and combines on-the-job training and work experience while in paid employment, with formal off-the-job training. Such an arrangement usually involves a contract of training or training agreement between employer and employee, which imposes mutual obligations on both parties.</td></tr><tr><td>2</td><td>Other – all other employment arrangements.</td></tr></table>	1	Apprentice/trainee – A person undertaking training through an apprenticeship or traineeship, where the training is regulated by law or custom and combines on-the-job training and work experience while in paid employment, with formal off-the-job training. Such an arrangement usually involves a contract of training or training agreement between employer and employee, which imposes mutual obligations on both parties.	2	Other – all other employment arrangements.
1	Apprentice/trainee – A person undertaking training through an apprenticeship or traineeship, where the training is regulated by law or custom and combines on-the-job training and work experience while in paid employment, with formal off-the-job training. Such an arrangement usually involves a contract of training or training agreement between employer and employee, which imposes mutual obligations on both parties.				
2	Other – all other employment arrangements.				
Length:	1				
Position:	94				

D. OCCURRENCE DETAILS

Item D1 Date of occurrence/report

Description:	The date on which the injury occurred or the occupational disease was first reported to the employer.
Purpose:	To enable provision of time series data and provide a basis of investigation of any seasonal variation of occurrences. To investigate the effect delays between the date of occurrence/report and the date of determination have on the overall cost of the claim.
Classification/ Coding:	Date of occurrence/report. Format numeric specified as DDMMYYYY.
Length:	8
Position:	95-102

Item D2 Industry of workplace

Description:	Industry of workplace relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease.
Purpose:	To enable analysis of the industry directly responsible for the injury/disease.
Classification/ Coding:	The establishment, at the time of injury or exposure, coded to the four-digit level of the Australian and New Zealand Standard Industrial Classification (ANZSIC, ABS Cat. no. 1292.0). Numeric format.
Length:	4
Position:	103-106
Comment:	<p>The ANZSIC Agriculture, Forestry and Fishing industry division codes have a leading zero. For example, the ANZSIC industry class code for Plant Nurseries is 0111. The unit records of cases in the Agriculture, Forestry and Fishing industry division should include the leading zero in the Industry of Employer data item in order to correctly specify the Agriculture, Forestry and Fishing industry division.</p> <p>The industry of workplace should be recorded in relation to the establishment at which the worker was injured or experienced the exposure resulting in disease, irrespective of the industry of their employer. The industry of employer should be coded at C1 Industry of employer. For example, a worker employed by a labour hire firm but working in the mining industry would have their industry of employer recorded as Property and Business Services, and their industry of workplace as Mining.</p>

Item D3 Postcode of workplace

Description:	The postcode of the workplace at which the worker was injured or experienced the exposure resulting in disease.
Purpose:	To enable analysis of injury/disease rates by location, for example, comparison of urban and rural rates.
Classification/ Coding:	Numeric format.
Length:	4
Position:	107-110
Comment:	For injuries or exposures occurring on any form of transport, the postcode should be left blank. The same rule should be used for workers injured overseas.

Item D4 to Item D8 Type of occurrence data items

The type of occurrence data items should be coded to the *Type of Occurrence Classification System, Third Edition* (TOOCS3, NOHSC, 2004).

Item D4 Nature of injury/disease

Description: The nature of injury/disease is intended to identify the most serious injury or disease sustained or suffered by the worker. The injury or disease suffered is generally physical although the classification includes categories for mental illness.

Purpose: To enable the analysis of the distribution of types of injury or disease and to relate specific types of injury or disease to the processes leading to them.

**Classification/
Coding:** The nature of injury/disease classification given in TOOCS3 is to be used. Format numeric.

Length: 3

Position: 111-113

Comment: The classification should be used for coding both injuries and diseases.

The classification was developed as an aggregated version of the International Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification. The classification has been structured hierarchically and consists of eleven divisions (first digit level), which are divided into a number of codes at the two digit level. In order to provide a capacity to expand on the number of codes available, a third digit level has been incorporated.

The classification relies on sufficient detail being available to allow the allocation of appropriate codes. Where the description given on the report form is inadequate, coders should use any other information that is available, for example, medical certificates or other information given in the report, or, where possible, by directly querying the injured worker to determine the required information.

Nature of injury codes 010 to 090 can only be correctly specified by including the leading zero.

Item D5 Bodily location of injury/disease

Description: The bodily location of injury/disease is intended to identify the part of the body affected by the most serious injury or disease.

Purpose: To enable analysis of employment injuries or diseases affecting specific bodily locations to assist in the development of prevention programs (for example, prevent eye injuries via an eye protection program). To enable more detailed analysis of the injury or disease event.

Classification/
Coding: The bodily location of injury/disease classification given in TOOCS3 is to be used. Format numeric.

Length: 3

Position: 114-116

Comment: The classification has been structured hierarchically and consists of nine divisions (first digit level) divided into several major groups (two digit level), which in turn consist of a number of sub-group codes (three digit level).

The classification relies on sufficient detail being available to allow the allocation of appropriate codes. Where the description given on the report form is inadequate, coders should use any other information that is available, for example, medical certificates or other information given in the report, or, where possible, by directly querying the injured worker to determine the required information.

Item D6 Mechanism of injury/disease

Description: The mechanism of injury/disease is intended to identify the action, exposure or event that was the direct cause of the most serious injury or disease.

Purpose: To facilitate analysis of the circumstances and events leading to the employment injury or disease enabling the identification of hazardous work practices or environments and development of suitable prevention strategies.

**Classification/
Coding:** The mechanism of injury/disease classification given in TOOCS3 is to be used. Format numeric.

Length: 2

Position: 117-118

Comment: The classification consists of a summary classification and a detailed listing that incorporates a comprehensive set of inclusions and exclusions for each code. The classification has been structured hierarchically and consists of nine divisions (first digit level), which are divided into a number of groups (two digit level).

The classification relies on sufficient detail being available to allow the allocation of appropriate codes. Where the description given on the report form is inadequate, coders should use any other information that is available, for example, other information given in the report, or, where possible, by directly querying the injured worker to determine the required information.

The mechanism of injury/disease codes with a leading zero (for example, those for Falls, Trips and Slips of a Person) can only be correctly specified by including the leading zero in unit records.

Item D7 Agency of injury/disease

Description: The agency of injury/disease refers to the object, substance or circumstance directly involved in inflicting the most serious injury or disease.

Purpose: To facilitate analysis of the circumstances and events leading to the employment injury or disease enabling the identification of hazardous work practices or environments and, ultimately, the development of suitable prevention strategies.

Classification/
Coding: The agency of injury/disease classification given in TOOCS3 is to be used. Format numeric.

Length: 4

Position: 119-122

Comment: The classification consists of a summary classification and a detailed listing. The classification has been structured hierarchically and consists of nine divisions (first digit level) divided into a number of major groups (two digit level), which in turn consist of a number of individual sub-group codes (three digit level) and several minor sub-group codes (four digit level).

The classification relies on sufficient detail being available to allow the allocation of appropriate codes. Where the description given on the report form is inadequate, coders should use any other information that is available, for example, other information given in the report, or, where possible, by directly querying the injured worker to determine the required information.

Item D8 Breakdown agency of injury/disease

Description:	The breakdown agency of injury/disease is intended to identify the object, substance or circumstance that was principally involved in, or most closely associated with, the point at which things started to go wrong and which ultimately led to the most serious injury or disease.
Purpose:	To facilitate analysis of the circumstances and events leading to the employment injury enabling the identification of hazardous work practices or environments and, ultimately, the development of suitable prevention strategies.
Classification/ Coding:	The agency of injury/disease classification given in the TOOCS3 is to be used. Format numeric.
Length:	4
Position:	123-126
Comment:	<p>The classification consists of a summary classification and a detailed listing. The classification has been structured hierarchically and consists of nine divisions (first digit level) divided into a number of major groups (two digit level), which in turn consist of a number of individual sub-group codes (three digit level) and several minor sub-group codes (four digit level).</p> <p>The classification relies on sufficient detail being available to allow the allocation of appropriate codes. Where the description given on the report form is inadequate, coders should use any other information that is available, for example, other information given in the report, or, where possible, by directly querying the injured worker to determine the required information.</p>

E. OUTCOME OF OCCURRENCE**Item E1 Time lost**

Description: The number of hours and minutes lost for which compensation was paid by **any party** (e.g. employer, insurer, workers' compensation authority).

Purpose: To provide an indication of the severity of injury or disease occurrences and to identify records meeting the publication scope.

Classification/
Coding: The number of hours and minutes lost for which compensation was paid. Format numeric, specified as HHHHHMM, right justified and zero filled. If number of hours lost are reported in whole hours and parts thereof then the decimal place should be converted to minutes (e.g. 37.5 hours equates to 37 hours and 30 minutes). If minutes are not known the MM columns should be zero filled.

Length: 7

Position: 127-133

Comment: Collection of the number of hours and minutes lost for which compensation was paid will enable NDS-based data to be presented on a more comparable basis across jurisdictions. In combination with data item C8 Number of hours usually worked each week, part-time employment arrangements will be able to be accounted for in the collection.

Cases not finalised at the end of the reporting period will NOT require an estimate of future time lost to be included. However, time lost should be updated each year until the case is finalised.

For claims involving no compensated time lost this item should be zero filled.

Item E2 Compensated fatality indicator

Description:	The compensated fatality indicator categorises cases as either fatal or non-fatal.				
Purpose:	To enable the identification of fatal work-related injury and disease outcomes.				
Classification/ Coding:	Format numeric. To be coded according to the following classification: <table> <tr> <td>1</td><td>Fatal – all compensated fatalities, including situations where the worker subsequently dies from injuries or diseases sustained (including complications) in the accident or exposure to which the claim relates.</td></tr> <tr> <td>2</td><td>Non-fatal – all other cases.</td></tr> </table>	1	Fatal – all compensated fatalities, including situations where the worker subsequently dies from injuries or diseases sustained (including complications) in the accident or exposure to which the claim relates.	2	Non-fatal – all other cases.
1	Fatal – all compensated fatalities, including situations where the worker subsequently dies from injuries or diseases sustained (including complications) in the accident or exposure to which the claim relates.				
2	Non-fatal – all other cases.				
Length:	1				
Position:	134				
Comment:	More detailed information on severity will be derived using other claim information.				

F. COMPENSATION PAYMENTS

Description: All payments made to the worker or worker's family in compensation for the injury or disease as at the reporting date. This includes payments made below any non-compensable excess operated by workers' compensation authorities.

Purpose: To provide an indicator of the economic cost of employment injuries and provide a basis for evaluation of planned prevention strategies. To enable the calculation of the level of benefits payable for particular injury or disease types and across jurisdictions.

**Classification/
Coding:** Total amount of benefits paid as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

These data items will be used in conjunction with the pre-injury earnings to determine the direct cost of workplace injury or disease to the claimant. This is not the total cost of workplace injury or disease as other indirect costs may apply, for example, loss of future earnings.

Payments in the financial year are to be identified separately to allow indexing of payments for level of benefits indicators. Year X is the development year in which the payment was made, where X is defined as:

- | | |
|----|--|
| 0 | Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01. |
| 1 | Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02. |
| 2 | Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03. |
| 3 | Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04. |
| 4 | Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05. |
| 5 | Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06. |
| 6+ | Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later. |

Item F1 Weekly benefits year 0

Description: The total amount of weekly benefits (full and partial) paid in development year 0.

Length: 8

Position: 135-142

Item F2 Weekly benefits year 1

Description: The total amount of weekly benefits (full and partial) paid in development year 1.

Length: 8

Position: 143-150

Item F3 Weekly benefits year 2

Description: The total amount of weekly benefits (full and partial) paid in development year 2.

Length: 8

Position: 151-158

Item F4 Weekly benefits year 3

Description: The total amount of weekly benefits (full and partial) paid in development year 3.

Length: 8

Position: 159-166

Item F5 Weekly benefits year 4

Description: The total amount of weekly benefits (full and partial) paid in development year 4.

Length: 8

Position: 167-174

Item F6 Weekly benefits year 5

Description: The total amount of weekly benefits (full and partial) paid in development year 5.

Length: 8

Position: 175-182

Item F7 Weekly benefits year 6+

Description: The total amount of weekly benefits (full and partial) paid in development year 6 or more.

Length: 8

Position: 183-190

Item F8 Death benefit lump sum year 0

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 0. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

Length: 8

Position: 191-198

Item F9 Death benefit lump sum year 1

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 1. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

Length: 8

Position: 199-206

Item F10 Death benefit lump sum year 2

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 2. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

Length: 8

Position: 207-214

Item F11 Death benefit lump sum year 3

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 3. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

Length: 8

Position: 215-222

Item F12 Death benefit lump sum year 4

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 4. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

Length: 8

Position: 223-230

Item F13 Death benefit lump sum year 5

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 5. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

Length: 8

Position: 231-238

Item F14 Death benefit lump sum year 6+

Description: The total paid to or in trust for a dependent spouse and other family members due to the death of a worker, paid in development year 6 or more. Includes lump sums paid to dependents, pension benefits paid to dependents and funeral expenses.

Length: 8

Position: 239-246

Item F15 Redemption/commutation lump sum year 0

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 0.

Length: 8

Position: 247-254

Item F16 Redemption/commutation lump sum year 1

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 1.

Length: 8

Position: 255-262

Item F17 Redemption/commutation lump sum year 2

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 2.

Length: 8

Position: 263-270

Item F18 Redemption/commutation lump sum year 3

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 3.

Length: 8

Position: 271-278

Item F19 Redemption/commutation lump sum year 4

Description: The total paid to a worker for the settlement of weekly benefits, paid in development year 4.

Length: 8

Position: 279-286

Item F20 Redemption/commutation lump sum year 5

Description: The total paid to a worker for the settlement of weekly benefits in development year 5.

Length: 8

Position: 287-294

Item F21 Redemption/commutation lump sum year 6+

Description: The total paid to a worker for the settlement of weekly benefits in development year 6 or more.

Length: 8

Position: 295-302

Item F22 Impairment/non-economic lump sum year 0

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 0. Includes any additional payments such as severe injury payments and gratuitous care.

Length: 8

Position: 303-310

Comment: This item is also required for the derivation of a severity indicator.

Item F23 Impairment/non-economic lump sum year 1

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 1. Includes any additional payments such as severe injury payments and gratuitous care.

Length: 8

Position: 311-318

Comment: This item is also required for the derivation of a severity indicator.

Item F24 Impairment/non-economic lump sum year 2

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 2. Includes any additional payments such as severe injury payments and gratuitous care.

Length: 8

Position: 319-326

Comment: This item is also required for the derivation of a severity indicator.

Item F25 Impairment/non-economic lump sum year 3

Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 3. Includes any additional payments such as severe injury payments and gratuitous care.

Length: 8

Position: 327-334

Comment: This item is also required for the derivation of a severity indicator.

Item F26 Impairment/non-economic lump sum year 4

- Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 4. Includes any additional payments such as severe injury payments and gratuitous care.
- Length: 8
- Position: 335-342
- Comment: This item is also required for the derivation of a severity indicator.

Item F27 Impairment/non-economic lump sum year 5

- Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 5. Includes any additional payments such as severe injury payments and gratuitous care.
- Length: 8
- Position: 343-350
- Comment: This item is also required for the derivation of a severity indicator.

Item F28 Impairment/non-economic lump sum year 6+

- Description: The total lump sum paid to a worker on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme, paid in development year 6 or more. Includes any additional payments such as severe injury payments and gratuitous care.
- Length: 8
- Position: 351-358
- Comment: This item is also required for the derivation of a severity indicator.

Item F29 Total statutory lump sum (excluding death lump sum) year 0

- Description: The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F15 and F22.
- Length: 8
- Position: 359-366
- Comment: This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

Item F30 Total statutory lump sum (excluding death lump sum) year 1

Description:	The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F16 and F23.
Length:	8
Position:	367-374
Comment:	This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

Item F31 Total statutory lump sum (excluding death lump sum) year 2

Description:	The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F17 and F24.
Length:	8
Position:	375-382
Comment:	This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

Item F32 Total statutory lump sum (excluding death lump sum) year 3

Description:	The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F18 and F25.
Length:	8
Position:	383-390
Comment:	This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

Item F33 Total statutory lump sum (excluding death lump sum) year 4

Description:	The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F19 and F26.
Length:	8
Position:	391-398
Comment:	This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

Item F34 Total statutory lump sum (excluding death lump sum) year 5

Description:	The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F20 and F27.
Length:	8
Position:	399-406
Comment:	This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

Item F35 Total statutory lump sum (excluding death lump sum) year 6+

Description:	The total statutory lump sum (excluding death lump sum) paid to a worker including all benefits payable at items F21 and F28.
Length:	8
Position:	407-414
Comment:	This item is only required if it is not possible to separately record the redemption/commutation and impairment/non-economic loss components of the lump sum.

Item F36 Common law lump sum – economic year 0

Description:	The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 0.
Length:	8
Position:	415-422

Item F37 Common law lump sum – economic year 1

Description:	The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 1.
Length:	8
Position:	423-430

Item F38 Common law lump sum – economic year 2

Description:	The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 2.
Length:	8
Position:	431-438

Item F39 Common law lump sum – economic year 3

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 3.

Length: 8

Position: 439-446

Item F40 Common law lump sum – economic year 4

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 4.

Length: 8

Position: 447-454

Item F41 Common law lump sum – economic year 5

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 5.

Length: 8

Position: 455-462

Item F42 Common law lump sum – economic year 6+

Description: The total lump sum paid to a worker on account of economic loss (income replacement) under common law arrangements, paid in development year 6 or more.

Length: 8

Position: 463-470

Item F43 Common law lump sum – non-economic year 0

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 0. Excludes insurer's and worker's legal costs.

Length: 8

Position: 471-478

Comment: This item is also required for the derivation of a severity indicator.

Item F44 Common law lump sum – non-economic year 1

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 1. Excludes insurer's and worker's legal costs.

Length: 8

Position: 479-486

Comment: This item is also required for the derivation of a severity indicator.

Item F45 Common law lump sum – non-economic year 2

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 2. Excludes insurer's and worker's legal costs.

Length: 8

Position: 487-494

Comment: This item is also required for the derivation of a severity indicator.

Item F46 Common law lump sum – non-economic year 3

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 3. Excludes insurer's and worker's legal costs.

Length: 8

Position: 495-502

Comment: This item is also required for the derivation of a severity indicator.

Item F47 Common law lump sum – non-economic year 4

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 4. Excludes insurer's and worker's legal costs.

Length: 8

Position: 503-510

Comment: This item is also required for the derivation of a severity indicator.

Item F48 Common law lump sum – non-economic year 5

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 5. Excludes insurer's and worker's legal costs.

Length: 8

Position: 511-518

Comment: This item is also required for the derivation of a severity indicator.

Item F49 Common law lump sum – non-economic year 6+

Description: The total lump sum paid to a worker on account of non-economic loss under common law arrangements, paid in development year 6 or more. Excludes insurer's and worker's legal costs.

Length: 8

Position: 519-526

Comment: This item is also required for the derivation of a severity indicator.

Item F50 Common law lump sum – total year 0

Description: The total common law lump sum including all benefits payable at items F36 and F43.

Length: 8

Position: 527-534

Comment: This item is also required for the derivation of a severity indicator.

This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

Item F51 Common law lump sum – total year 1

Description: The total common law lump sum including all benefits payable at items F37 and F44.

Length: 8

Position: 535-542

Comment: This item is also required for the derivation of a severity indicator.

This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

Item F52 Common law lump sum – total year 2

Description: The total common law lump sum including all benefits payable at items F38 and F45.

Length: 8

Position: 543-550

Comment: This item is also required for the derivation of a severity indicator.

This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

Item F53 Common law lump sum – total year 3

Description: The total common law lump sum paid to a worker including all benefits payable at items F39 and F46.

Length: 8

Position: 551-558

Comment: This item is also required for the derivation of a severity indicator.

This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

Item F54 Common law lump sum – total year 4

Description: The total common law lump sum including all benefits payable at items F40 and F47.

Length: 8

Position: 559-566

Comment: This item is also required for the derivation of a severity indicator.

This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

Item F55 Common law lump sum – total year 5

Description: The total common law lump sum including all benefits payable at items F41 and F48.

Length: 8

Position: 567-574

Comment: This item is also required for the derivation of a severity indicator.

This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

Item F56 Common law lump sum – total year 6+

Description: The total common law lump sum including all benefits payable at items F42 and F49.

Length: 8

Position: 575-582

Comment: This item is also required for the derivation of a severity indicator.

This item is only required if it is not possible to separately record the economic and non-economic loss components of the common law lump sum.

G. PAYMENTS FOR GOODS AND SERVICES**Item G1 to Item G7 Payments for medical services**

Description: Costs of services (treatment & reports) rendered by registered medical practitioners, regardless of whether the services were rendered in a hospital or clinical environment, including outpatient charges for doctors. Registered medical practitioners are defined as:

- general practitioners;
- psychiatrists;
- radiologists;
- surgeons; and
- dentists.

Costs incurred for the preparation of medical reports for the purposes of legal proceedings or administration are excluded and should be placed under Item H Non-compensation payments.

Purpose: To contribute to the understanding of the cost of the treatment of work-related injury/disease.

**Classification/
Coding:** Collect total amount paid for medical services as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

Costs incurred for the preparation of medical reports for the purposes of legal proceedings are excluded and should be placed under Item H Non-compensation payments.

Year X is the development year in which the payment was made, where X is defined as:

- | | |
|---|---|
| 0 | Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01. |
| 1 | Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02. |
| 2 | Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03. |
| 3 | Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04. |

- 4 Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05.
- 5 Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06.
- 6+ Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later.

Item G1 Payments for medical services year 0

Description: The total cost relating to medical services paid in development year 0.

Length: 8

Position: 583-590

Item G2 Payments for medical services year 1

Description: The total cost relating to medical services paid in development year 1.

Length: 8

Position: 591-598

Item G3 Payments for medical services year 2

Description: The total cost relating to medical services paid in development year 2.

Length: 8

Position: 599-606

Item G4 Payments for medical services year 3

Description: The total cost relating to medical services paid in development year 3.

Length: 8

Position: 607-614

Item G5 Payments for medical services year 4

Description: The total cost relating to medical services paid in development year 4.

Length: 8

Position: 615-622

Item G6 Payments for medical services year 5

Description: The total cost relating to medical services paid in development year 5.

Length: 8

Position: 623-630

Item G7 Payments for medical services year 6+

Description: The total cost relating to medical services paid in development year 6 or more.

Length: 8

Position: 631-638

Item G8 to Item G14 Payments for hospital services

Description: The sum of all costs related to public and private hospital visits except those amounts which are identified on the hospital account but which belong to other categories of payment.

Purpose: To contribute to the understanding of the cost of the treatment of work-related injury/disease.

**Classification/
Coding:** Collect total amount paid for hospital services as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: Includes cost of bed, operating theatre and other hospital facilities. All outpatient charges billed by hospitals are to be included here. However, the cost of medical and like services provided in an outpatient environment by a practitioner in private practice is to be included under Item G1 to Item G7 Payments for medical services or Item G15 to G21 Payments for allied health services.

Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

Year X is the development year in which the payment was made, where X is defined as:

- 0 Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01.
- 1 Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02.
- 2 Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03.
- 3 Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04.
- 4 Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05.
- 5 Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06.
- 6+ Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later.

Item G8 Payments for hospital services year 0

Description: The total cost relating to hospital services paid in development year 0.
Length: 8
Position: 639-646

Item G9 Payments for hospital services year 1

Description: The total cost relating to hospital services paid in development year 1.
Length: 8
Position: 647-654

Item G10 Payments for hospital services year 2

Description: The total cost relating to hospital services paid in development year 2.
Length: 8
Position: 655-662

Item G11 Payments for hospital services year 3

Description: The total cost relating to hospital services paid in development year 3.
Length: 8
Position: 663-670

Item G12 Payments for hospital services year 4

Description: The total cost relating to hospital services paid in development year 4.
Length: 8
Position: 671-678

Item G13 Payments for hospital services year 5

Description: The total cost relating to hospital services paid in development year 5.
Length: 8
Position: 679-686

Item G14 Payments for hospital services year 6+

Description: The total cost relating to hospital services paid in development year 6 or more.

Length: 8

Position: 687-694

Item G15 to Item G21 Payments for allied health services

Description: Includes service costs related to the treatment of work-related injury/disease, other than:

- treatments provided by registered medical practitioners (as listed at Item G1 to Item G7 Payments for medical services); or
- treatments provided as part of vocational rehabilitation.

Includes outpatient charges for allied health professionals.

Purpose: To contribute to the understanding of the cost of the treatment of work-related injury/disease.

Classification/
Coding:

Collect total amount paid for allied health services as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: The types of service providers in this category include but are not limited to:

- chiropractors;
- physiotherapists;
- psychologists;
- occupational therapists;
- masseurs/masseuses;
- aromatherapists;
- nurses;
- paramedics;
- ambulance; and
- acupuncturists.

Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

Costs incurred for the preparation of medical reports for the purpose of either administration or legal proceedings are to be placed under Item H Non-compensation payments.

Payments to service providers that were primarily for the purpose of vocational rehabilitation should be included at Item G22 to Item G28 Payments for vocational rehabilitation services.

Year X is the development year in which the payment was made, where X is defined as:

- 0 Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01.

- 1 Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02.
- 2 Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03.
- 3 Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04.
- 4 Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05.
- 5 Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06.
- 6+ Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later.

Item G15 Payments for allied health services year 0

Description: The total cost relating to allied health services paid in development year 0.

Length: 8

Position: 695-702

Item G16 Payments for allied health services year 1

Description: The total cost relating to allied health services paid in development year 1.

Length: 8

Position: 703-710

Item G17 Payments for allied health services year 2

Description: The total cost relating to allied health services paid in development year 2.

Length: 8

Position: 711-718

Item G18 Payments for allied health services year 3

Description: The total cost relating to allied health services paid in development year 3.

Length: 8

Position: 719-726

Item G19 Payments for allied health services year 4

Description: The total cost relating to allied health services paid in development year 4.

Length: 8

Position: 727-734

Item G20 Payments for allied health services year 5

Description: The total cost relating to allied health services paid in development year 5.

Length: 8

Position: 735-742

Item G21 Payments for allied health services year 6+

Description: The total cost relating to allied health services paid in development year 6 or more.

Length: 8

Position: 743-750

Item G22 to Item G28 Payments for vocational rehabilitation services

Description: Includes service costs provided as part of vocational rehabilitation, other than those treatments provided by registered medical practitioners (as listed at Item G1 to Item G7 Payments for medical services).

Purpose: To contribute to the understanding of the cost of the treatment of work-related injury/disease.

**Classification/
Coding:** Collect total amount paid for vocational rehabilitation services as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: The list of services includes but is not limited to:

- retraining;
- job placement; and
- workplace assessment.

Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

Payments to service providers that were primarily for the treatment of the injury/disease should be included at Item G15 to Item G21 Payments for allied health services.

Year X is the development year in which the payment was made, where X is defined as:

- | | |
|---|---|
| 0 | Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01. |
| 1 | Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02. |
| 2 | Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03. |
| 3 | Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04. |
| 4 | Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05. |
| 5 | Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06. |

6+ Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later.

Item G22 Payments for vocational rehabilitation services year 0

Description: The total cost relating to vocational rehabilitation services paid in development year 0.

Length: 8

Position: 751-758

Item G23 Payments for vocational rehabilitation services year 1

Description: The total cost relating to vocational rehabilitation services paid in development year 1.

Length: 8

Position: 759-766

Item G24 Payments for vocational rehabilitation services year 2

Description: The total cost relating to vocational rehabilitation services paid in development year 2.

Length: 8

Position: 767-774

Item G25 Payments for vocational rehabilitation services year 3

Description: The total cost relating to vocational rehabilitation services paid in development year 3.

Length: 8

Position: 775-782

Item G26 Payments for vocational rehabilitation services year 4

Description: The total cost relating to vocational rehabilitation services paid in development year 4.

Length: 8

Position: 783-790

Item G27 Payments for vocational rehabilitation services year 5

Description: The total cost relating to vocational rehabilitation services paid in development year 5.

Length: 8

Position: 791-798

Item G28 Payments for vocational rehabilitation services year 6+

Description: The total cost relating to vocational rehabilitation services paid in development year 6 or more.

Length: 8

Position: 799-806

Item G29 to Item G35 Payments for other goods and services

Description: Any other benefits paid or goods provided to claimant not reported above.

Purpose: To enable the collection of those costs not included in the above categories in providing an indicator of the cost of the treatment of employment injuries.

Classification/
Coding: Collect total amount paid for other services as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: Includes:

- prescriptions, medical and surgical supplies;
- provision, maintenance, repair, adjustment or replacement of aids and appliances;
- costs incurred on account of home help, for example cleaners;
- workplace, home and vehicle modifications;
- miscellaneous, repair or replacement of damaged clothing, road accident rescue services; and
- any other goods or service not already covered above.

Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

Year X is the development year in which the payment was made, where X is defined as:

- | | |
|---|---|
| 0 | Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01. |
| 1 | Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02. |
| 2 | Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03. |
| 3 | Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04. |
| 4 | Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05. |
| 5 | Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06. |

6+ Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later.

Item G29 Payments for other goods and services year 0

Description: The total cost relating to other goods and services paid in development year 0.

Length: 8

Position: 807-814

Item G30 Payments for other goods and services year 1

Description: The total cost relating to other goods and services paid in development year 1.

Length: 8

Position: 815-822

Item G31 Payments for other goods and services year 2

Description: The total cost relating to other goods and services paid in development year 2.

Length: 8

Position: 823-830

Item G32 Payments for other goods and services year 3

Description: The total cost relating to other goods and services paid in development year 3.

Length: 8

Position: 831-838

Item G33 Payments for other goods and services year 4

Description: The total cost relating to other goods and services paid in development year 4.

Length: 8

Position: 839-846

Item G34 Payments for other goods and services year 5

Description: The total cost relating to other goods and services paid in development year 5.

Length: 8

Position: 847-854

Payments for other goods and services year 6+

Description: The total cost relating to other goods and services paid in development year 6 or more.

Length: 8

Position: 855-862

H. NON-COMPENSATION PAYMENTS

Item H1 to Item H7 Non-compensation payments - legal

Description: Total of all legal costs incurred as a result of the claim that are not paid to, or on behalf of, the worker.

**Classification/
Coding:** Collect total amount of non-compensation payments as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: Includes:

- investigation expenses and medical reports for the purposes of legal proceedings;
- worker's legal costs paid by insurer; and
- insurer's/employer's legal costs attributable to the claim.

Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

Costs related to investigation and medical reports for administration should be recorded at Item H8 to Item H14 Non-compensation payments - other.

Year X is the development year in which the payment was made, where X is defined as:

- | | |
|----|--|
| 0 | Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01. |
| 1 | Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02. |
| 2 | Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03. |
| 3 | Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04. |
| 4 | Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05. |
| 5 | Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06. |
| 6+ | Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later. |

Item H1 Non-compensation payments – legal year 0

Description: The total non-compensation costs paid in development year 0.

Length: 8

Position: 863-870

Item H2 Non-compensation payments - legal year 1

Description: The total non-compensation costs paid in development year 1.

Length: 8

Position: 871-878

Item H3 Non-compensation payments - legal year 2

Description: The total non-compensation costs paid in development year 2.

Length: 8

Position: 879-886

Item H4 Non-compensation payments - legal year 3

Description: The total non-compensation costs paid in development year 3.

Length: 8

Position: 887-894

Item H5 Non-compensation payments - legal year 4

Description: The total non-compensation costs paid in development year 4.

Length: 8

Position: 895-902

Item H6 Non-compensation payments - legal year 5

Description: The total non-compensation costs paid in development year 5.

Length: 8

Position: 903-910

Item H7 Non-compensation payments - legal year 6+

Description: The total non-compensation costs paid in development year 6 or more.

Length: 8

Position: 911-918

Item H8 to Item H14 Non-compensation payments - other

Description: Total of all other non-compensation costs incurred as a result of the claim that are not paid to or on behalf of the worker.

Classification/
Coding: Collect total amount of non-compensation payments, excluding legal costs, as at the reporting date in whole dollars. Format numeric, right justified, zero filled.

Comment: Includes:

- investigation expenses and medical reports for administration;
- all transport (other than ambulance) and accommodation expenses; and
- interpreter services.

Cases not finalised at the reporting date will not require an estimate of future payments to be included. However, payments should be updated each year until the case is finalised.

Legal costs and costs related to investigation and medical reports for legal proceedings should be recorded at Item H1 to Item H7 Non-compensation payments - legal.

Year X is the development year in which the payment was made, where X is defined as:

- | | |
|----|--|
| 0 | Payment is made in the same financial year as claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2000-01. |
| 1 | Payment is made one financial year following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2001-02. |
| 2 | Payment is made two financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2002-03. |
| 3 | Payment is made three financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2003-04. |
| 4 | Payment is made four financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2004-05. |
| 5 | Payment is made five financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2005-06. |
| 6+ | Payment is made six or more financial years following the financial year of claim lodgement. For example, if the claim was lodged in 2000-01, this category records payments made in 2006-07 or later. |

Item H8 Non-compensation payments - other year 0

Description: The total non-compensation costs paid in development year 0.

Length: 8

Position: 919-926

Item H9 Non-compensation payments - other year 1

Description: The total non-compensation costs paid in development year 1.

Length: 8

Position: 927-934

Item H10 Non-compensation payments - other year 2

Description: The total non-compensation costs paid in development year 2.

Length: 8

Position: 935-942

Item H11 Non-compensation payments - other year 3

Description: The total non-compensation costs paid in development year 3.

Length: 8

Position: 943-950

Item H12 Non-compensation payments - other year 4

Description: The total non-compensation costs paid in development year 4.

Length: 8

Position: 951-958

Item H13 Non-compensation payments - other year 5

Description: The total non-compensation costs paid in development year 5.

Length: 8

Position: 959-966

Item H14 Non-compensation payments - other year 6+

Description: The total non-compensation costs paid in development year 6 or more.

Length: 8

Position: 967-974

FORMAT 2 – SCHEME INFORMATION AT THE AGGREGATE LEVEL

I. PREMIUMS AND REMUNERATION

Purpose: To enable the comparison of premium rates across jurisdictions.

Item I1 Earned premium – insured employers

Description: This is the amount allocated to the reference financial year from premiums collected during the previous and current financial year, by ANZSIC Division. Stamp duty, levies and loadings should be included, and premiums should be reduced by any discounts and rebates. Excludes GST.

Comment: Earned premium allocates each premium to the period of risk, irrespective of when the premium was actually paid. For example, a premium for coverage from 1 January to 31 December would be allocated half to the financial year ended 30 June, and half would be held as unearned premium as at 30 June (to be counted in the following year's premiums).

In the financial statements, earned premium represents the amount available to meet the claim costs incurred during the year plus expenses. Earned premium is recorded in the profit and loss statement of the audited accounts. Data should be provided by ANZSIC Division if possible.

If earned premium is not available at ANZSIC Division level, this information should be derived by distributing the total earned premium across the ANZSIC Divisions according to the distribution of either the written, collected or policy year premiums (whichever is used for internal purposes).

Adjustment premiums relating to earlier periods of cover should be treated as earned in the year when the adjustment premium is invoiced (subject to the jurisdiction's usual treatment: if adjustments are sheeted home to the year of risk, or adjustments are estimated in advance, this should be provided and noted).

Information on the magnitude and type of any taxes (e.g. stamp duty), levies, loadings, discounts and/or rebates should be supplied.

Item I2 Notional premium or claims payments – self-insured employers

Description: The information required is:

- past aggregate claim payments, subdivided by financial year of injury and financial year of payment, for each ANZSIC Division (payment triangles); and
- case estimates of outstanding claim liabilities, subdivided by year of injury, as at the end of the current financial year.

Comment: Five years of past claim payments are preferred. For example, for claims lodged in each of the five financial years (1998-99 to 2002-03) (the 'accident year'), provide the claim payments made in the accident year and each succeeding financial year (the 'development year'), up to and including 2002-03, and estimated future costs, by ANZSIC Division.

If a jurisdiction has an independent actuarial estimate of ultimate incurred claim costs for self-insurers, by ANZSIC Division, this should be provided in preference to the payment triangles described above.

Item I3.1 Remuneration – insured employers

Description: Remuneration declared by employers in respect of the financial year by ANZSIC Division level, *excluding* employer superannuation contributions.

Comment: Remuneration should include all items on which premiums are levied, such as fringe benefits, fringe benefits tax, lump sums etc. excluding employer superannuation contributions. Schemes should identify if employer superannuation contributions cannot be separated from remuneration.

If remuneration is not declared in respect of a financial year, it should be calculated from the two policy years overlapping the financial year, as per the following example.

Example: For a policy providing coverage from 1 March 2002 to 28 February 2003, the remuneration for the 2002-03 financial year would be calculated as three quarters of the declared remuneration for the policy year commencing 1 March 2002 and one quarter of the declared remuneration for the policy year commencing 1 March 2003.

Item I3.2 Employer superannuation contributions – insured employers

Description: The employer superannuation contributions payable in relation to the remuneration for insured employers listed at Item I3.1 by ANZSIC Division level.

Comment: This data item should be supplied only if premiums are levied on remuneration including employer superannuation contributions.

If remuneration is not declared in respect of a financial year, it should be calculated from the two policy years overlapping the financial year, as per the following example.

Example: For a policy providing coverage from 1 March 2002 to 28 February 2003, the remuneration for the 2002-03 financial year would be calculated as three quarters of the declared remuneration for the policy year commencing 1 March 2002 and one quarter of the declared remuneration for the policy year commencing 1 March 2003.

Item I4.1 Remuneration – self-insured employers

Description: This is the remuneration declared by self-insured employers in respect of the financial year by ANZSIC Division level, at the appropriate date of measurement, *excluding* employer superannuation contributions.

Comment: Remuneration should include all items on which premiums are levied, such as fringe benefits, fringe benefits tax, lump sums etc. excluding employer superannuation contributions. Schemes should identify if employer superannuation contributions cannot be separated from remuneration.

If remuneration is not declared in respect of a financial year, it should be calculated from the two policy years overlapping the financial year, as per the following example.

Example: For a policy providing coverage from 1 March 2002 to 28 February 2003, the remuneration for the 2002-03 financial year would be calculated as three quarters of the declared remuneration for the policy year commencing 1 March 2002 and one quarter of the declared remuneration for the policy year commencing 1 March 2003.

Item I4.2 Employer superannuation contributions – self-insured employers

Description: The employer superannuation contributions payable in relation to the remuneration for self-insured employers listed at Item I4.1 by ANZSIC Division level.

Comment: This data item should be supplied only if premiums are levied on remuneration including employer superannuation contributions.

If remuneration is not declared in respect of a financial year, it should be calculated from the two policy years overlapping the financial year, as per the following example.

Example: For a policy providing coverage from 1 March 2002 to 28 February 2003, the remuneration for the 2002-03 financial year would be calculated as three quarters of the declared remuneration for the policy year commencing 1 March 2002 and one quarter of the declared remuneration for the policy year commencing 1 March 2003.

J. SCHEME ASSETS AND LIABILITIES

Purpose: To enable the development of comparable funding ratios of outstanding claim liabilities across schemes.

Comment: The funding ratios are defined as the ratio of net assets to net outstanding claim liabilities as at the end of the reference financial year. This ratio represents the funding level of net outstanding claims, assuming all other current and non-current liabilities are fully funded.

Item J1 Scheme net assets

Description: The total current value of the scheme's net assets as presented in either the scheme's annual report lodged with parliament each year or the scheme's actuarial report.

Comment: The requirements of this data item can be satisfied by supplying a copy of the scheme's annual or actuarial report.

Net assets are equal to the total current and non-current assets of the scheme minus the total current and non-current liabilities (such as unearned premium, employee entitlements, creditors and borrowings), with the exception of the scheme's net outstanding claim liabilities, as at the end of the reference financial year.

For privately underwritten schemes, assets are taken to equal the sum of individual insurer's claim provisions.

Item J2 Scheme net outstanding claim liabilities

Description: The total current value of the scheme's liabilities as presented in either the annual report lodged with parliament each year or the scheme's actuarial report.

Comment: The requirements of this data item can be satisfied by supplying a copy of the scheme's annual or actuarial report.

Net outstanding claim liabilities are equal to the current and non-current outstanding claim liabilities of the scheme minus outstanding claim recoveries as at the end of the reference financial year.

The liabilities for privately underwritten schemes require actuarial assessment of the outstanding claims for the whole scheme as at the end of the reference financial year.

Any prudential or risk margins included in the assessment of net outstanding claims should be clearly identified.

K. SCHEME COSTS AND DISBURSEMENTS

Purpose: To enable the comparison of the disbursement of each scheme's income received in the reference financial year.

Comment: This information should be supplied as meets the scope outlined at paragraph 2.15 on page 7.

Item K1 Income data

Description: The total income received in the reference financial year.

Item K1.1 Collected premium

Description: The sum of all premium amounts *collected* during the reference financial year.

Comment: The sum of one year's collected amounts might include two years' premiums for some employers. For example, invoices paid on 1 July one year and 30 June on the following year would both be counted in the same financial year's collected premiums.

Item K1.2 Self-insurance income

Description: The sum of all income received by the scheme from self-insurers/exempt insurers including levies and/or licence fees.

Comment: Should be allocated across the functions listed at Items K1.2.1 and K1.2.2. Excludes self-insurer levies paid to the nominal insurer.

Item K1.2.1 Self-insurance income – regulatory

Description: The sum of all income received by the scheme from self-insurers/exempt insurers including levies and/or licence fees for regulatory purposes.

Item K1.2.2 Self-insurance income – OHS

Description: The sum of all income received by the scheme from self-insurers/exempt insurers including levies and/or licence fees for OHS purposes.

Item K1.3 Investment revenue

Description: The sum of returns on all investments (realised and unrealised) held by the scheme.

Item K1.4 Other income

Description: The sum of all other forms of income and funding such as:

- income from commercial operations;
- government grants or funding; and
- licencing income other than that included at Item K1.2 Self-insurance income.

Item K2 Remuneration and superannuation

Description: The total wages and salaries in respect of the premium recorded at Item K1.1 Collected premium.

Comment: Should be allocated across Items K2.1 and Item K2.2.

Item K2.1 Remuneration

Description: The total declared wages and salaries bill in respect of the premium recorded at Item K1.1 Collected premium. *Excludes* employer superannuation contributions, which should instead be recorded at Item K2.2 Superannuation.

Comment: If the collected premium includes two years' premiums, as outlined in the comment at Item K1.1, the remuneration relating to both years should be included.

Remuneration should include all items on which premiums are levied, such as fringe benefits, fringe benefits tax, lump sums etc, excluding employer superannuation contributions. Schemes should identify if employer superannuation contributions cannot be separated from remuneration.

Item K2.2 Employer superannuation contributions

Description: The total employer superannuation contribution made in respect of the remuneration recorded at Item K2.1 Remuneration.

Comment: Only required for those schemes that levy premiums on wages and salaries including superannuation.

Item K3 Claims payments

Description: The total of all payments made by the scheme in the reference financial year on all claims.

Should be supplied on the basis of cheques issued.

Item K3.1 Weekly compensation

Description: The total paid by the scheme in the reference financial year in weekly compensation (full and partial).

Item K3.2 Death lump sum

Description: The total paid by the scheme in the reference financial year to, or in trust for, a dependent spouse and other family members due to the death of a worker. Includes lump sums and periodic benefits paid to dependents and burial/funeral benefits.

Item K3.3 Redemption/commutation lump sum

Description: The total paid by the scheme in the reference financial year on all claims for the settlement of weekly benefits.

Item K3.4 Impairment/non-economic lump sum

Description: The total paid by the scheme in the reference financial year on all claims on account of permanent injuries, pain & suffering and/or other non-economic loss benefits as defined by the scheme. Includes any additional payments such as severe injury payments and gratuitous care.

Item K3.5 Total statutory lump sum (excluding death lump sum)

Description: The total statutory lump sum (excluding death lump sum), paid by the scheme in the reference financial year, excluding payments included at Item K3.3 Redemption/commutation lump sum and Item K3.4 Impairment/non-economic lump sum.

Comment: Should only be used if it is not possible to allocate lump sum payments to Items K3.3 and K3.4 as appropriate.

The total of Items K3.3 to K3.5 should be equal to the total lump sums paid by the scheme excluding death lump sums (included at Item K3.2) and common law lump sums (included at Item K3.6).

Item K3.6 Common law lump sum

Description: The total paid by the scheme in the reference financial year under common law arrangements. *Excludes* insurer's legal costs.

Comment: May include workers' legal costs if these cannot be separately identified. If workers' legal costs can be separately identified then include at Item 3.14 Legal costs – worker's representative.

Item K3.7 Medical services

Description: The total paid by the scheme in the reference financial year for services (treatment & reports) rendered by registered medical practitioners, regardless of whether the services were rendered in a hospital or clinical environment, including outpatient charges for doctors. Registered medical practitioners are defined as:

- general practitioners;
- psychiatrists;
- radiologists;
- surgeons; and
- dentists.

Costs incurred for the preparation of medical reports for the purposes of administration or legal proceedings initiated by the scheme are excluded and should be placed under Item K3.16 Medical reports.

Item K3.8 Hospital services

- Description: The sum of all costs paid by the scheme in the reference financial year related to public and private hospital visits except those amounts which are identified on the hospital account but which belong to other categories of payment.
- Comment: Includes grants to hospitals paid by the scheme for services as described above.

Item K3.9 Allied health services

- Description: The sum of all costs paid by the scheme in the reference financial year related to the treatment of work related injury/disease, other than:
- treatments provided by registered medical practitioners (as listed at Item K3.7 Medical services); or
 - treatments provided as part of vocational rehabilitation.
- Includes outpatient charges for the services of allied health professionals.
- Comment: Payments for services relating primarily to vocational rehabilitation should be included at Item K3.10 Vocational rehabilitation services.
- The types of service providers in this category include but are not limited to:
- chiropractors;
 - physiotherapists;
 - psychologists;
 - occupational therapists;
 - masseurs/masseuses;
 - aromatherapists;
 - nurses;
 - paramedics;
 - ambulance; and
 - acupuncturists.

Item K3.10 Vocational rehabilitation services

- Description: Service costs paid by the scheme in the reference financial year for vocational rehabilitation, other than those treatments provided by registered medical practitioners (included at Item K3.7) and allied health services (included at Item K3.9).
- Comment: Payments for services relating primarily to the treatment of the injury/disease by medical services or allied health providers should be included at Items K3.7 and K3.9 respectively.

Item K3.11 Aids and appliances

Description: Costs paid by the scheme in the reference financial year for the provision, maintenance, repair, adjustment or replacement of aids and appliances.

Comment: Includes workplace modifications.

Item K3.12 Personal and household assistance

Description: Costs paid by the scheme in the reference financial year incurred on account of personal and household assistance. Includes home help, for example cleaners, and home and vehicle modifications.

Item K3.13 Other medical and like services

Description: All other costs paid by the scheme in the reference financial year for medical and like services. Includes:

- pharmaceuticals, medical and surgical supplies;
- miscellaneous, repair or replacement of damaged clothing;
- road accident rescue services; and
- any other goods or service not already covered above.

Item K3.14 Legal costs – worker's representative

Description: Costs paid by the scheme in the reference financial year for the worker's representative legal costs.

Comment: Where available, this information should be provided separately across each of the following categories that operate within the scheme:

- administrative tribunals;
- magistrates court;
- county court;
- supreme court;
- common law (if not already included at Item K3.6 Common law lump sum);
- court of appeal; and
- other.

Item K3.15 Legal costs – insurer’s representative and administrative

Description: All payments made by the scheme in the reference financial year to cover the insurer’s representative legal costs and legal administrative costs, including the cost of conciliation services, review hearings, compensation court costs or tribunal costs. *Excludes* medical reports and investigation costs (include at Item K3.16 or K3.17 as appropriate).

Comment: Where available, this information should be provided separately across each of the following categories that operate within the scheme:

- administrative tribunals;
- magistrates court;
- county court;
- supreme court;
- common law;
- court of appeal;
- recovery actions; and
- other.

Includes grants to the courts paid by the scheme for services as described above.

Item K3.16 Medical reports

Description: All payments made by the scheme in the reference financial year to cover the preparation of medical reports for both legal and administrative purposes.

Comment: Where available, this information should be provided separately across each of the following categories that operate within the scheme:

- independent medical assessment;
- hearing loss assessment;
- treating practitioner;
- medical panel; and
- impairment assessment.

Item K3.17 Investigation

Description: All payments made by the scheme in the reference financial year to cover investigations undertaken for both legal and administrative purposes.

Comment: Where available, this information should be provided separately across each of the following categories that operate within the scheme:

- fact investigation;
- circumstance investigation; and
- activity review.

Item K3.18 Other worker costs

- Description: All other payments made by the scheme in the reference financial year to, or on behalf of, the worker.
- Comment: Where available, this information should be provided separately across each of the following categories:
- interpreting services;
 - transport (excluding ambulance); and
 - other services for worker.

Item K3.19 Other insurer costs

- Description: All other payments made by the scheme in the reference financial year for services used to manage a claim.
- Comment: Where available, this information should be provided separately across each of the following categories:
- co-ordinated care program;
 - case management; and
 - other insurer costs relating directly to claim management services.

Item K4 Scheme administration

- Description: The total of all costs related to administering the scheme, other than those costs related to administering claims.
- Comment: Salaries and wages allocated to each area should include all direct on costs such as pay roll tax, superannuation, leave provisions, fringe benefits tax etc.

Item K4.1 OHS Inspection/licensing

- Description: All OHS prevention and regulatory activities incurred by the scheme.
- Comment: Includes but is not limited to:
- OHS policy and planning;
 - inspectorate/field services;
 - OHS advisory services;
 - OHS educational/program grants;
 - safety and prevention research; and
 - prevention advertising.

Item K4.2 Corporate administration

Description: All corporate administration costs directly incurred by the scheme.

Comment: Includes all corporate policy, information technology (including depreciation of IT equipment but excluding insurance/claims management IT expenses) and corporate services of the organisation. Excludes occupancy costs (include at Item K4.6.2 Occupancy costs – corporate administration).

Item K4.3 Insurance/claims management

Description: All activities associated with the insurance and claims management activities of the scheme.

Comment: Includes but is not limited to:

- claims management;
- licence and performance management;
- premiums/levy management;
- employer registration and premium collection;
- compliance activity;
- fraud investigations;
- litigation and prosecution;
- return to work and compensation advertising;
- insurance/claims management IT costs (including depreciation);
- injury management and return to work research;
- actuarial services; and
- administration and overseeing of self-insurers and exempt employers.

Item K4.4 Dispute resolution

Description: All activities associated with the finalising of disputes other than the direct costs associated with a claim, such as legal representation costs, which are included as claims payments.

Comment: Includes lump sum payments to departments of justice/courts.

Item K4.5 Abnormal items

Description: All items which are abnormal to the operation of the scheme.

Comment: Includes but is not limited to:

- stamp duty;
- redundancy payments;
- refurbishments;
- special grants; and
- income tax equivalents expense.

Item K4.6 Occupancy costs

Description: The occupancy costs for each function of the scheme.

Comment: These costs should be allocated across the functions of the scheme listed at Items K4.6.1 to K4.6.5. Allocate based on staffing in each area if the details for each function are not known.

Item K4.6.1 Occupancy costs – OHS inspection/licensing

Description: The occupancy costs for the OHS inspection/licensing function of the scheme.

Comment: See Item K4.1 for activities incorporated by the OHS inspection/licensing function of the scheme.

Item K4.6.2 Occupancy costs – corporate administration

Description: The occupancy costs for the corporate administration function of the scheme.

Comment: See Item K4.2 for activities incorporated by the corporate administration function of the scheme.

Item K4.6.3 Occupancy costs – insurance/claims management

Description: The occupancy costs for the insurance/claims management function of the scheme.

Comment: See Item K4.3 for activities incorporated by the corporate administration function of the scheme.

Item K4.6.4 Occupancy costs – dispute resolution

Description: The occupancy costs for the dispute resolution function of the scheme.

Comment: See Item K4.4 for activities incorporated by the dispute resolution function of the scheme.

Item K4.6.5 Occupancy costs – other

Description: The occupancy costs of the scheme other than those included at Items K4.6.1 to K4.6.4.

Item K4.7 Depreciation

Description: The value of the depreciation for each function of the scheme.

Comment: Should be allocated across the functions of the scheme listed at Items K4.7.1 to K4.7.5

Item K4.7.1 Depreciation – OHS inspection/licensing

Description: The value of the depreciation for the OHS inspection/licensing function of the scheme.

Comment: See Item K4.1 for activities incorporated by the OHS inspection/licensing function of the scheme.

Item K4.7.2 Depreciation – corporate administration

Description: The value of the depreciation for the corporate administration function of the scheme.

Comment: See Item K4.2 for activities incorporated by the corporate administration function of the scheme.

Item K4.7.3 Depreciation – insurance/claims management

Description: The value of the depreciation for the insurance/claims management function of the scheme.

Comment: See Item K4.3 for activities incorporated by the corporate administration function of the scheme.

Item K4.7.4 Depreciation – dispute resolution

Description: The value of the depreciation for the dispute resolution function of the scheme.

Comment: See Item K4.4 for activities incorporated by the dispute resolution function of the scheme.

Item K4.7.5 Depreciation – other

Description: The value of the depreciation of the scheme other than where included at Items K4.7.1 to K4.7.4.

L. DISPUTATION AND LEGAL COSTS

- Purpose: To enable the comparison of scheme costs for legal proceedings and disputation in the reference financial year.
- Comment: This information should be supplied as meets the scope outlined at paragraph 2.15 on page 7.

Item L1 Legal costs

- Description: The total legal costs paid in the reference financial year.

Item L1.1 Defendant lawyer costs

- Description: All legal costs paid in the reference financial year to lawyers who act for the scheme or the insurer.
- Comment: Includes costs paid for investigations, medico-legal reports and expert witnesses on behalf of the defence of the scheme or the insurer. Excludes costs relating to common law (include at Item L1.4).

Item L1.2 Plaintiff lawyer costs

- Description: All legal costs paid in the reference financial year to lawyers who act for the claimant.
- Comment: Includes both costs paid directly to the plaintiff's lawyer and costs paid to the claimant for the purpose of engaging a lawyer. Excludes amounts paid to union advocates (include at Item L1.3) and costs relating to common law (include at Item L1.4).

Item L1.3 Advocate costs

- Description: All legal costs paid in the reference financial year to advocates engaged on behalf of the claimant.
- Comment: Includes union advocates and directly funded union assistance schemes.
- Includes costs paid for investigations, medico-legal reports and expert witnesses on behalf of the claimant. Excludes costs relating to common law (include at Item L1.4).

Item L1.4 Common law costs

- Description: All legal costs paid in the reference financial year in relation to common law claims.
- Comment: Includes legal costs relating to pre-litigation processes and structured offers.

Item L1.5 Scheme overheads for statutory disputes – salary costs

Description: All salary costs paid in the reference financial year for staff engaged in preparing statutory dispute cases or attending court hearings.

Comment: Excludes salary costs for staff engaged in preparing common law cases (include at Item L1.6), operating the dispute resolution body (include at Item L1.7) or acting in a quasi-legal capacity for the scheme (include at Item L1.1).

Item L1.6 Scheme overheads for common law – salary costs

Description: All salary costs paid in the reference financial year for staff engaged in preparing common law cases or attending court hearings.

Comment: Excludes salary costs for staff engaged in preparing statutory dispute cases (include at Item L1.5), operating the dispute resolution body (include at Item L1.7) or acting in a quasi-legal capacity for the scheme (include at Item L1.1).

Item L1.7 Scheme overheads for dispute resolution body – salary costs

Description: All salary costs paid in the reference financial year for staff engaged in operating the dispute resolution body.

Comment: Excludes salary costs for staff involved in preparing statutory dispute or common law cases (include at Items L1.5 and L1.6 respectively) or acting in a quasi-legal capacity for the scheme (include at Item L1.1).

Item L1.8 Scheme overheads for statutory disputes – administration costs

Description: All administrative costs paid in the reference financial year in relation to preparing statutory dispute cases.

Comment: Includes accommodation, IT, payments to government departments that administer the courts and tribunals for the use of their services. Excludes salaries (include at Item L1.5) and administrative costs relating to common law (include at Item L1.9) or first level dispute resolution body (include at Item L1.10).

Item L1.9 Scheme overheads for common law – administration costs

Description: All administrative costs paid in the reference financial year in relation to preparing common law cases.

Comment: Includes accommodation, IT, payments to government departments that administer the courts and tribunals for the use of their services. Excludes salaries (include at Item L1.6) and administrative costs relating to statutory disputes (include at Item L1.8) or first level dispute resolution body (include at Item L1.10).

Item L1.10 Scheme overheads for dispute resolution body – administration costs

- Description: All administrative costs paid in the reference financial year in relation to the dispute resolution body.
- Comment: Includes accommodation and IT. Excludes salaries (include at Item L1.7) and administrative costs relating to preparation of statutory dispute or common law cases (include at Items L1.8 and L1.9 respectively).

Item L2 Number of new disputes

- Description: The number of new disputes in the reference financial year.
- Comment: A dispute is an appeal to a formal mechanism against an insurer's decision or decisions relating to compensation. Note that if a worker appeals to more than one forum (where available) in the first instance, claims in each forum are counted as separate disputes.
- Exclude redemptions and commutations unless processed as disputes.
- The total of Items L2.1 to L2.3 should be equal to the total number of new disputes lodged in the reference financial year.

Item L2.1 Number of statutory disputes

- Description: The number of new statutory disputes formally initiated.
- Comment: Disputes relating to liability, benefits, treatment or termination only should be counted separately. Where a case covers two or more of the above issues being considered concurrently, it will be counted as one dispute.

Item L2.2 Number of common law cases

- Description: The number of new common law claims formally initiated.
- Comment: This level includes reconsideration processes run internally by the insurer after referral from the dispute resolution body.

Item L2.3 Number of deemed disputes

- Description: The number of new deemed disputes.
- Comment: A deemed dispute is the statutory deeming of a delayed decision as a dispute.

Item L3 Number of disputes resolved

- Description: The number of disputes resolved in the reference financial year.
- Comment: Exclude redemptions and commutations unless processed as disputes. Note that if a worker appeals to more than one forum (where available), claims in each forum are counted as separate disputes.

Item L3.1 Number of disputes resolved within 1 calendar month

Description: The number of disputes resolved within 1 calendar month of when the dispute was notified and registered.

Item L3.2 Number of disputes resolved within 3 calendar months

Description: The number of disputes resolved within 3 calendar months of when the dispute was notified and registered.

Comment: Excludes cases resolved within 1 calendar month (included at Item L3.1).

Item L3.3 Number of disputes resolved within 6 calendar months

Description: The number of disputes resolved within 6 calendar months of when the dispute was notified and registered.

Comment: Excludes cases resolved within 1 or 3 calendar months (included at Items L3.1 and L3.2 respectively).

Item L3.4 Number of disputes resolved within 9 calendar months

Description: The number of disputes resolved within 9 calendar months of when the dispute was notified and registered.

Comment: Excludes cases resolved within 1, 3 or 6 calendar months (included at Items L3.1, L3.2 and L3.3 respectively).

Item L3.5 Number of disputes resolved after 9 calendar months

Description: The number of disputes resolved after 9 calendar months of when the dispute was notified and registered.

Comment: Excludes cases resolved within 1, 3, 6 or 9 calendar months (included at Items L3.1, L3.2, L3.3 and L3.4 respectively).

4. NATIONAL DATA SET SPECIFICATIONS FOR FORMAT 1

CONTENT AND FORMAT

The content of each data item will be as defined in this document and:

- the data are to be provided in fixed length fields;
- all numeric fields are to be right justified and zero filled; and
- any data item that is not being supplied for any claim must be left blank for that field.

Each year's data are to be accompanied by control totals of the number of fatal and non-fatal claims recorded for the year, the total time lost in hours, the total of all the numbers included in the nature of injury/disease field and the grand total of all payments made for the year. These totals will be reconciled on receipt of the data by NOHSC to ensure that all claims have been read correctly.

SUMMARY OF FORMAT 1 – CLAIM INFORMATION AT THE UNIT RECORD LEVEL

Data Item	Position	Length	Format	Classification
A. RECORD IDENTIFIER				
A1 Unique record identifier	1-25	25	Alphanumeric	Zero filled, first 3 characters jurisdiction identifier
B. CLAIM PROCESS DETAILS				
B1 Claim status	26-27	2	Numeric	01 Accepted 02 Pending 03 Rejected
B2 Date determined	28-35	8	Numeric	DDMMYYYY
B3 Date of report to employer	36-43	8	Numeric	DDMMYYYY
B4 Date of notification/lodgement of claim	44-51	8	Numeric	DDMMYYYY
B5 Work status	52-53	2	Numeric	00 Less than 4 working weeks absence 01 Full RTW 02 Partial RTW 03 Not working – injury related 04 Not working – other reason 05 Unknown – failure to provide medical certificate 06 Unknown - other
C. CLAIMANT DETAILS				
C1 Industry of employer	54-57	4	Numeric	ANZSIC (ABS catalogue number 1292.0)
C2 Size of employer	58-63	6	Numeric	Total number of FTE workers employed by the enterprise
C3 Date of birth	64-71	8	Numeric	DDMMYYYY
C4 Sex	72	1	Character	Male Female
C5 Postcode of residence	73-76	4	Numeric	Australian postcode
C6 Occupation	77-80	4	Numeric	ASCO Second Edition (ABS catalogue number 1220.0)
C7 Duty status	81-82	2	Numeric	01 At work – working at normal workplace 02 At work – road traffic accident

				03 At work – on break 04 Commuting/journey 05 Away from work during recess period 06 At work – working away from normal workplace
C8 Number of hours usually worked each week	83-87	5	Numeric	HHHMM
C9 Normal weekly earnings	88-92	5	Numeric	Whole dollars only
C10 Labour hire indicator	93	1	Numeric	1 At work – working at normal workplace 2 Other
C11 Apprentice/trainee indicator	94	1	Numeric	1 Apprentice/trainee 2 Other
D. OCCURRENCE DETAILS				
D1 Date of occurrence/report	95-102	8	Numeric	DDMMYYYY
D2 Industry of workplace	103-106	4	Numeric	ANZSIC (ABS catalogue number 1292.0)
D3 Postcode of workplace	107-110	4	Numeric	Australian postcode
D4 Nature of injury/disease	111-113	3	Numeric	TOOCS third edition
D5 Bodily location of injury/disease	114-116	3	Numeric	TOOCS third edition
D6 Mechanism of injury/disease	117-118	2	Numeric	TOOCS third edition
D7 Agency of injury/disease	119-122	4	Numeric	TOOCS third edition
D8 Breakdown agency of injury/disease	123-126	4	Numeric	TOOCS third edition
E. OUTCOME OF OCCURENCE				
E1 Time lost	127-133	7	Numeric	HHHHHMM
E2 Compensated fatality indicator	134	1	Numeric	1 Fatal 2 Non-fatal
F. COMPENSATION PAYMENTS				
F1 Weekly benefits – year 0	135-142	8	Numeric	Whole dollars only
F2 Weekly benefits – year 1	143-150	8	Numeric	Whole dollars only
F3 Weekly benefits – year 2	151-158	8	Numeric	Whole dollars only
F4 Weekly benefits – year 3	159-166	8	Numeric	Whole dollars only
F5 Weekly benefits – year 4	167-174	8	Numeric	Whole dollars only
F6 Weekly benefits – year 5	175-182	8	Numeric	Whole dollars only
F7 Weekly benefits – year 6+	183-190	8	Numeric	Whole dollars only
F8 Death benefit lump sum – year 0	191-198	8	Numeric	Whole dollars only
F9 Death benefit lump sum – year 1	199-206	8	Numeric	Whole dollars only
F10 Death benefit lump sum – year 2	207-214	8	Numeric	Whole dollars only
F11 Death benefit lump sum – year 3	215-222	8	Numeric	Whole dollars only
F12 Death benefit lump sum – year 4	223-230	8	Numeric	Whole dollars only
F13 Death benefit lump sum – year 5	231-238	8	Numeric	Whole dollars only
F14 Death benefit lump sum – year 6+	239-246	8	Numeric	Whole dollars only
F15 Redemption/commutation lump sum – year 0	247-254	8	Numeric	Whole dollars only
F16 Redemption/commutation lump sum – year 1	255-262	8	Numeric	Whole dollars only
F17 Redemption/commutation lump sum – year 2	263-270	8	Numeric	Whole dollars only
F18 Redemption/commutation lump sum – year 3	271-278	8	Numeric	Whole dollars only
F19 Redemption/commutation lump sum – year 4	279-286	8	Numeric	Whole dollars only
F20 Redemption/commutation lump sum – year 5	287-294	8	Numeric	Whole dollars only
F21 Redemption/commutation lump sum – year 6+	295-302	8	Numeric	Whole dollars only
F22 Impairment/non-economic lump sum – year 0	303-310	8	Numeric	Whole dollars only
F23 Impairment/non-economic lump sum – year 1	311-318	8	Numeric	Whole dollars only
F24 Impairment/non-economic lump sum – year 2	319-326	8	Numeric	Whole dollars only
F25 Impairment/non-economic lump sum – year 3	327-334	8	Numeric	Whole dollars only

F26	Impairment/non-economic lump sum – year 4	335-342	8	Numeric	Whole dollars only
F27	Impairment/non-economic lump sum – year 5	343-350	8	Numeric	Whole dollars only
F28	Impairment/non-economic lump sum – year 6+	351-358	8	Numeric	Whole dollars only
F29	Total statutory lump sum (excluding death lump sum) – year 0	359-366	8	Numeric	Whole dollars only
F30	Total statutory lump sum (excluding death lump sum) – year 1	367-374	8	Numeric	Whole dollars only
F31	Total statutory lump sum (excluding death lump sum) – year 2	375-382	8	Numeric	Whole dollars only
F32	Total statutory lump sum (excluding death lump sum) – year 3	383-390	8	Numeric	Whole dollars only
F33	Total statutory lump sum (excluding death lump sum) – year 4	391-398	8	Numeric	Whole dollars only
F34	Total statutory lump sum (excluding death lump sum) – year 5	399-406	8	Numeric	Whole dollars only
F35	Total statutory lump sum (excluding death lump sum) – year 6+	407-414	8	Numeric	Whole dollars only
F36	Common law lump sum – economic – year 0	415-422	8	Numeric	Whole dollars only
F37	Common law lump sum – economic – year 1	423-430	8	Numeric	Whole dollars only
F38	Common law lump sum – economic – year 2	431-438	8	Numeric	Whole dollars only
F39	Common law lump sum – economic – year 3	439-446	8	Numeric	Whole dollars only
F40	Common law lump sum – economic – year 4	447-454	8	Numeric	Whole dollars only
F41	Common law lump sum – economic – year 5	455-462	8	Numeric	Whole dollars only
F42	Common law lump sum – economic – year 6+	463-470	8	Numeric	Whole dollars only
F43	Common law lump sum – non-economic – year 0	471-478	8	Numeric	Whole dollars only
F44	Common law lump sum – non-economic – year 1	479-486	8	Numeric	Whole dollars only
F45	Common law lump sum – non-economic – year 2	487-494	8	Numeric	Whole dollars only
F46	Common law lump sum – non-economic – year 3	495-502	8	Numeric	Whole dollars only
F47	Common law lump sum – non-economic – year 4	503-510	8	Numeric	Whole dollars only
F48	Common law lump sum – non-economic – year 5	511-518	8	Numeric	Whole dollars only
F49	Common law lump sum – non-economic – year 6+	519-526	8	Numeric	Whole dollars only
F50	Common law lump sum – total – year 0	527-534	8	Numeric	Whole dollars only
F51	Common law lump sum – total – year 1	535-542	8	Numeric	Whole dollars only
F52	Common law lump sum – total – year 2	543-550	8	Numeric	Whole dollars only
F53	Common law lump sum – total – year 3	551-558	8	Numeric	Whole dollars only
F54	Common law lump sum – total – year 4	559-566	8	Numeric	Whole dollars only
F55	Common law lump sum – total – year 5	567-574	8	Numeric	Whole dollars only
F56	Common law lump sum – total – year 6+	575-582	8	Numeric	Whole dollars only
G. PAYMENTS FOR GOODS AND SERVICES					
G1	Payments for medical services – year 0	583-590	8	Numeric	Whole dollars only
G2	Payments for medical services – year 1	591-598	8	Numeric	Whole dollars only
G3	Payments for medical services – year 2	599-606	8	Numeric	Whole dollars only
G4	Payments for medical services – year 3	607-614	8	Numeric	Whole dollars only
G5	Payments for medical services – year 4	615-622	8	Numeric	Whole dollars only
G6	Payments for medical services – year 5	623-630	8	Numeric	Whole dollars only
G7	Payments for medical services – year 6+	631-638	8	Numeric	Whole dollars only
G8	Payments for hospital services – year 0	639-646	8	Numeric	Whole dollars only
G9	Payments for hospital services – year 1	647-654	8	Numeric	Whole dollars only

G10 Payments for hospital services – year 2	655-662	8	Numeric	Whole dollars only
G11 Payments for hospital services – year 3	663-670	8	Numeric	Whole dollars only
G12 Payments for hospital services – year 4	671-678	8	Numeric	Whole dollars only
G13 Payments for hospital services – year 5	679-686	8	Numeric	Whole dollars only
G14 Payments for hospital services – year 6+	687-694	8	Numeric	Whole dollars only
G15 Payments for allied health services – year 0	695-702	8	Numeric	Whole dollars only
G16 Payments for allied health services – year 1	703-710	8	Numeric	Whole dollars only
G17 Payments for allied health services – year 2	711-718	8	Numeric	Whole dollars only
G18 Payments for allied health services – year 3	719-726	8	Numeric	Whole dollars only
G19 Payments for allied health services – year 4	727-734	8	Numeric	Whole dollars only
G20 Payments for allied health services – year 5	735-742	8	Numeric	Whole dollars only
G21 Payments for allied health services – year 6+	743-750	8	Numeric	Whole dollars only
G22 Payments for vocational rehabilitation services – year 0	751-758	8	Numeric	Whole dollars only
G23 Payments for vocational rehabilitation services – year 1	759-766	8	Numeric	Whole dollars only
G24 Payments for vocational rehabilitation services – year 2	767-774	8	Numeric	Whole dollars only
G25 Payments for vocational rehabilitation services – year 3	775-782	8	Numeric	Whole dollars only
G26 Payments for vocational rehabilitation services – year 4	783-790	8	Numeric	Whole dollars only
G27 Payments for vocational rehabilitation services – year 5	791-798	8	Numeric	Whole dollars only
G28 Payments for vocational rehabilitation services – year 6+	799-806	8	Numeric	Whole dollars only
G29 Payments for other good and services – year 0	807-814	8	Numeric	Whole dollars only
G30 Payments for other good and services – year 1	815-822	8	Numeric	Whole dollars only
G31 Payments for other good and services – year 2	823-830	8	Numeric	Whole dollars only
G32 Payments for other good and services – year 3	831-838	8	Numeric	Whole dollars only
G33 Payments for other good and services – year 4	839-846	8	Numeric	Whole dollars only
G34 Payments for other good and services – year 5	847-854	8	Numeric	Whole dollars only
G35 Payments for other good and services – year 6+	855-862	8	Numeric	Whole dollars only
H. NON-COMPENSATION PAYMENTS				
H1 Non-compensation payment – legal – year 0	863-870	8	Numeric	Whole dollars only
H2 Non-compensation payment – legal – year 1	871-878	8	Numeric	Whole dollars only
H3 Non-compensation payment – legal – year 2	879-886	8	Numeric	Whole dollars only
H4 Non-compensation payment – legal – year 3	887-894	8	Numeric	Whole dollars only
H5 Non-compensation payment – legal – year 4	895-902	8	Numeric	Whole dollars only
H6 Non-compensation payment – legal – year 5	903-910	8	Numeric	Whole dollars only
H7 Non-compensation payment – legal – year 6+	911-918	8	Numeric	Whole dollars only
H8 Non-compensation payment – other – year 0	919-926	8	Numeric	Whole dollars only
H9 Non-compensation payment – other – year 1	927-934	8	Numeric	Whole dollars only
H10 Non-compensation payment – other – year 2	935-942	8	Numeric	Whole dollars only
H11 Non-compensation payment – other – year 3	943-950	8	Numeric	Whole dollars only
H12 Non-compensation payment – other – year 4	951-958	8	Numeric	Whole dollars only
H13 Non-compensation payment – other – year 5	959-966	8	Numeric	Whole dollars only
H14 Non-compensation payment – other – year 6+	967-974	8	Numeric	Whole dollars only

