



State of Rhode Island and Providence Plantations  
 Department of Labor & Training  
 Workers' Compensation Self-Insurance Unit  
 P.O. Box 20190  
 Cranston, RI 02920-0942  
 Telephone: (401) 462-8100  
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## Required Data Fields Claims Listing<sup>1</sup>

1. Claimant Name: \_\_\_\_\_
2. Claim Number: \_\_\_\_\_
3. Date of Injury: \_\_\_\_\_
4. Date Reported: \_\_\_\_\_
5. Date Closed (if applicable) : \_\_\_\_\_
6. Claimant Year of Birth: : \_\_\_\_\_
7. Permanent Disability Rating (if applicable): \_\_\_\_\_
8. Weekly Compensation Rate: \_\_\_\_\_
9. # of Weeks of Permanent Disability Paid (if applicable): \_\_\_\_\_
10. Has Claimant Returned to Work       Yes       No
11. Date Claimant Returned to Work (if applicable): \_\_\_\_\_
12. Latent Exposure Indicator (Check if applicable):  
 Asbestos       Silicosis       Chemical       Other
13. Payments to Date: Medical: \_\_\_\_\_
14. Payments to Date: Indemnity: \_\_\_\_\_
15. Payments to Date: Allocated Loss Adjustment Expense: \_\_\_\_\_
16. Case Reserves: Medical: \_\_\_\_\_
17. Case Reserves: Indemnity: \_\_\_\_\_
18. Case Reserves: Allocated Loss Adjustment Expense: \_\_\_\_\_
19. Excess Insurance Recoveries: \_\_\_\_\_
20. Other Insurance Recoveries: \_\_\_\_\_

<sup>1</sup> Listing of open and closed claims from all self insured years with incurred valued greater than \$10,000 or with any latent exposure cause (such as asbestos)