

**State of Michigan
Workers' Compensation Agency**

EDI Implementation Guide

for

**Compensation Supplement Fund
Reimbursement Requests**

12/08/03

**State of Michigan
Compensation Supplement Fund
Event Table**

Report Type*	Event Rule Date - Injury Date		Transaction Type		What triggers the report?	When is the Report Due?	
	From	Thru	Code	Description	Trigger Criteria**	Value	From***
114	<i>9/1/1965</i>	<i>12/31/1979</i>	114	Request for Reimbursement	<i>End of quarter or suspension of weekly benefits</i>	<i>Within 1 year of quarter end date</i>	<i>reporting quarter</i>

**State of Michigan
Compensation Supplement Fund
Header Record Layout**

	<i>Data Element Name</i>				
<i>DN</i>	<i>HD1 Data Elements</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
0001	Transaction Set ID	A/N	3	1	3
0098	Sender ID	A/N	25	4	28
	Sender FEIN	A/N	9		
	Filler - Future Defined Usage	A/N	7		
	Sender Postal Code	A/N	9		
0099	Receiver ID	A/N	25	29	53
	Receiver FEIN	A/N	9		
	Filler - Future Defined Usage	A/N	7		
	Receiver Postal Code	A/N	9		
0100	Date Transmission Sent	DATE	8	54	61
0101	Time Transmission Sent	TIME	6	62	67
0102	Original Transmission Date	DATE	8	68	75
0103	Original Transmission Time	TIME	6	76	81
0104	Test/Production Code	A/N	1	82	82
0105	Interchange Version ID	A/N	5	83	87
	Batch Type Code	A/N	3		
	Release Number	A/N	1		
	Version Number	A/N	1		

**State of Michigan
Compensation Supplement Fund
114 Record Layout**

<i>DN</i>	<i>Data Element Name</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
0001	TRANSACTION-SET-ID	A/N	3	1	3
0901	F114-RECORD-SEQUENCE-NBR	N	9	4	12
0902	F114-TRANSACTION-TYPE	N	1	13	13
0903	F114-EMPLOYEE-NAME	A/N	24	14	37
0904	F114-SSN	N	9	38	46
0905	F114-DATE-OF-INJURY	DATE	8	47	54
0906	F114-REQUEST-QTR	N	1	55	55
0907	F114-REQUEST-YR	N	4	56	59
0908	F114-EMPLOYEE-ADDR	A/N	30	60	89
0909	F114-EMPLOYEE-CITY	A/N	20	90	109
0910	F114-EMPLOYEE-STATE	A/N	2	110	111
0911	F114-ZIP-PFX-ADDR	A/N	5	112	116
0912	F114-ZIP-SFX-ADDR	A/N	4	117	120
0913	F114-CARRIER-ID	A/N	11	121	131
0914	F114-CARRIER-FILE-NUM	A/N	15	132	146
0915	F114-DAYS-IN-WORK-WEEK	N	1	147	147
0916	F114-WEEKLY-COMP-RATE	9(3)V99	5	148	152
0917	F114-FROM-DATE-PYMT (Occurrence 1)	DATE	8	153	160
0918	F114-THRU-DATE-PYMT (Occurrence 1)	DATE	8	161	168
0919	F114-SEC-INJURY-AMT (Occurrence 1)	9(3)V99	5	169	173
0920	F114-COMP-SUP-AMT (Occurrence 1)	9(3)V99	5	174	178
0921	F114-TOTAL-SUPP-PAID (Occurrence 1)	9(5)V99	7	179	185
0922	F114-FROM-DATE-PYMT (Occurrence 2)	DATE	8	186	193
0923	F114-THRU-DATE-PYMT (Occurrence 2)	DATE	8	194	201
0924	F114-SEC-INJURY-AMT (Occurrence 2)	9(3)V99	5	202	206
0925	F114-COMP-SUP-AMT (Occurrence 2)	9(3)V99	5	207	211
0926	F114-TOTAL-SUPP-PAID (Occurrence 2)	9(5)V99	7	212	218
0927	F114-FROM-DATE-PYMT (Occurrence 3)	DATE	8	219	226
0928	F114-THRU-DATE-PYMT (Occurrence 3)	DATE	8	227	234
0929	F114-SEC-INJURY-AMT (Occurrence 3)	9(3)V99	5	235	239
0930	F114-COMP-SUP-AMT (Occurrence 3)	9(3)V99	5	240	244
0931	F114-TOTAL-SUPP-PAID (Occurrence 3)	9(5)v99	7	245	251
0932	F114-TOTAL-REQUEST-REIMB	9(5)V99	7	252	258
0933	F114-TYPE-OF-TERMINATION	A/N	1	259	259
0934	F114-REASON-DATE	DATE	8	260	267
0935	F114-OTHER-REASON	A/N	30	268	297
0936	F114-CONTACT-NAME	A/N	30	298	327
0937	F114-CONTACT-PHONE	N	10	328	337
0938	F114-DATE-OF-REPORT	DATE	8	338	345
0939	Filler - Future Defined Usage	A/N	15	346	360

**State of Michigan
Compensation Supplement Fund
Trailer Record Layout**

	<i>Data Element Name</i>				
<i>DN</i>	<i>TR2 Data Elements</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
0001	Transaction Set ID	A/N	3	1	3
0106	Detail Record Count	N	9	4	12
0191	Transaction Count	N	9	13	21

**State of Michigan
Compensation Supplement Fund
Acknowledgment Record Layout**

<i>DN</i>	<i>Data Element Name</i>	<i>Format</i>	<i>Length</i>	<i>Beg</i>	<i>End</i>
0001	Transaction Set ID	A/N	3	1	3
0107	Record Sequence Number	N	9	4	12
0108	Date Processed	DATE	8	13	20
0109	Time Processed	TIME	6	21	26
0006	Insurer FEIN	A/N	9	27	35
0014	Claim Administrator Mailing Postal Code	A/N	9	36	44
0187	Claim Administrator FEIN	A/N	9	45	53
0110	Acknowledgement Transaction Set ID	A/N	3	54	56
0111	Application Acknowledgment Code	A/N	2	57	58
0026	Insured Report Number	A/N	25	59	83
0015	Claim Administrator Claim Number	A/N	25	84	108
0005	Jurisdiction Claim Number	A/N	25	109	133
0186	Jurisdiction Branch Office Code	A/N	2	134	135
0002	Maintenance Type Code (From Original Transaction)	A/N	2	136	137
0003	Maintenance Type Code Date (From Original Transaction)	DATE	8	138	145
0112	Request Code	A/N	3	146	148
0113	Free Form Text	A/N	60	149	208
0295	Maintenance Type Correction Code	A/N	2	209	210
0296	Maintenance Type Correction Code Date	DATE	8	211	218
	Acknowledgement Quarter	N	1	219	219
	Acknowledgment Year	N	4	220	223
n/a	Filler - Future Defined Usage	A/N	23	224	246
0114	Number of Errors	N	2	247	248
Variable Segments					
Variable Segments Error					
Element Number, Element Error Number and Variable Segment Number Occurs 'Number of Errors ' times.					
			Occ 15		
0115	Element Number	A/N	4	1	4
0116	Element Error Number	A/N	3	5	7
0117	Variable Segment Number	N	2	8	9
0291	Element Error Text	A/N	50	10	59

**State of Michigan
Compensation Supplement Fund
Element Requirement Table**

REC	DN#	DATA ELEMENT NAME	REQUIREMENT CODE
HD1	0001	TRANSACTION SET ID	M
HD1	0098	SENDER ID	M
HD1	0099	RECEIVER ID	M
HD1	0100	DATE TRANSMISSION SENT	M
HD1	0101	TIME TRANSMISSION SENT	M
HD1	0102	ORIGINAL TRANSMISSION DATE	NA
HD1	0103	ORIGINAL TRANSMISSION TIME	NA
HD1	0104	TEST/PRODUCTION CODE	M
HD1	0105	INTERCHANGE VERSION ID	NA
TR2	0001	TRANSACTION SET ID	M
TR2	0106	DETAIL RECORD COUNT	M
TR2	0191	TRANSACTION COUNT	NA
114	0001	F114 TRANSACTION SET ID	M
114	0901	F114-RECORD-SEQUENCE-NUM	M
114	0902	F114-TRANSACTION-TYPE	M
114	0903	F114-EMPLOYEE-NAME	M
114	0904	F114-SSN	M
114	0905	F114-DATE-OF-INJURY	M
114	0906	F114-REQUEST-QTR	M
114	0907	F114-REQUEST-YR	M
114	0908	F114-EMPLOYEE-ADDR	IA
114	0909	F114-EMPLOYEE-CITY	IA
114	0910	F114-EMPLOYEE-STATE	IA
114	0911	F114-ZIP-PFX-ADDR	IA
114	0912	F114-ZIP-SFX-ADDR	IA
114	0913	F114-CARRIER-ID	M
114	0914	F114-CARRIER-FILE-NUM	M
114	0915	F114-DAYS-IN-WORK-WEEK	M
114	0916	F114-WEEKLY-COMP-RATE	M
114	0917	F114-FROM-DATE-PYMT (Occurrence 1)	M
114	0918	F114-THRU-DATE-PYMT (Occurrence 1)	M
114	0919	F114-SEC-INJURY-AMT (Occurrence 1)	M
114	0920	F114-COMP-SUP-AMT (Occurrence 1)	IA
114	0921	F114-TOTAL-SUPP-PAID (Occurrence 1)	M
114	0922	F114-FROM-DATE-PYMT (Occurrence 2)	IA
114	0923	F114-THRU-DATE-PYMT (Occurrence 2)	MC
114	0924	F114-SEC-INJURY-AMT (Occurrence 2)	IA
114	0925	F114-COMP-SUP-AMT (Occurrence 2)	IA
114	0926	F114-TOTAL-SUPP-PAID (Occurrence 2)	MC
114	0927	F114-FROM-DATE-PYMT (Occurrence 3)	IA
114	0928	F114-THRU-DATE-PYMT (Occurrence 3)	MC
114	0929	F114-SEC-INJURY-AMT (Occurrence 3)	IA
114	0930	F114-COMP-SUP-AMT (Occurrence 3)	IA
114	0931	F114-TOTAL-SUPP-PAID (Occurrence 3)	MC
114	0932	F114-TOTAL-REQUEST-REIMB	M
114	0933	F114-TYPE-OF-TERMINATION	MC
114	0934	F114-REASON-DATE	MC
114	0935	F114-OTHER-REASON	MC
114	0936	F114-CONTACT-NAME	M
114	0937	F114-CONTACT-PHONE	M

**State of Michigan
Compensation Supplement Fund
Element Requirement Table**

REC	DN#	DATA ELEMENT NAME	REQUIREMENT CODE
114	0938	F114-DATE-OF-REPORT	IA If not present, CSF defaults to received date

Legend:

M = Mandatory. The data element must be present and must be a valid format or the transaction will be rejected. The presence of data is required and will reject if not present and properly formatted.

MC = Mandatory/Conditional. The data element is normally optional, but becomes mandatory under conditions established by the receiver. If the defined condition exists, the data element becomes mandatory and the data element must be present, contain a valid value and must be a valid format or the transaction will be rejected. Conditions that make the data element mandatory are defined in the Content Restrictions for the data element.

E = Expected – The data element is expected on the MTC, yet the transaction will be accepted with errors should it fail any edit. If an “E” is designated, the transaction will not be rejected if it is the only edit failure.

EC = Expected/Conditional – The data element becomes expected under conditions established by the receiver. The transaction would be accepted with errors should it fail any edit.

IA = If Available. Data may or may not be populated. If present, may be edited for valid value and/or format.

NA = Not Applicable. The data element may or may not be sent. If it is sent, it will not be edited.

**State of Michigan
Compensation Supplement Fund
Content Restrictions**

Rec	Item	Error #	Data Name	Content Restrictions
HD1	0098	058	SENDER ID	Sender FEIN must be authorized for CSF EDI
HD1	0098	111	SENDER ID	EDI authorization has been revoked.
HD1	0099	058	RECEIVER ID	Receiver FEIN must be "386000134"
HD1	0104	058	TEST/PRODUCTION CODE	Incoming file name (where XXX is Sender identification. Refer to Transmission Profile for CSF Incoming Transmissions): XXXCSFTT = Test XXXCSFPD = Production If a "Production" file is received and the value = "T" we will send "Production file expected." If a "Test" file is received and the value = "P" we will send "Test file expected."
HDI	0105	058	INTERCHANGE VERSION ID	Batch Type Code valid value = 114 Release Number valid value = 1 Version Number valid value = 0
114	0001	058	F114-TRANSACTION-SET-ID	Valid Value = 114
114	0901	064	F114-RECORD-SEQUENCE-NBR	Record sequencing is not consecutive
114	0902	058	F114-TRANSACTION-TYPE	Valid Value = 1
114	0904	039	F114-SSN	SSN and Date of Injury <i>combination</i> not found on database
114	0906	057	F114-REQUEST-QTR	*114 already processed for QTR/YR or *Pending transaction exists for QTR/YR
114	0906	063	F114-REQUEST-QTR	Must be <= current quarter
114	0906	111	F114-REQUEST-QTR	Agency's Claim Closed
114	0907	044	F114-REQUEST-YR	Request year cannot be greater than current year
114	0907	045	F114-REQUEST-YR	Must be <= current year and within one year rule One year rule: Claim Administrators have one year to file requests for reimbursement. The Agency gives them until the end of the quarter to file. i) Start with the requested Quarter and Year ii) Add one year to requested Year iii) Go to the last day of the calculated Qtr/Yr If the received date is greater than the calculated date, then the one year rule has been violated; the transaction is rejected; Element Error Text will contain "1 year rule violated".
114	0907	111	F114-REQUEST-YR	format = CCYY

**State of Michigan
Compensation Supplement Fund
Content Restrictions**

Rec	Item	Error #	Data Name	Content Restrictions
114	0913	111	F114-CARRIER-ID	Sender not authorized for Carrier ID
114	0915	039	F114-DAYS-IN-WORK-WEEK	Work week days does not match previously reported
114	0917	044	F114-FROM-DATE-PYMT (Occurrence 1)	Value cannot be beyond the end of the quarter: *Other Years: F114-REQUEST-QTR = 1: value must be <= 0401 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0701 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0930 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR *Leap Year: F114-REQUEST-QTR = 1: value must be <= 0331 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0630 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0929 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR
114	0917	045	F114-FROM-DATE-PYMT (Occurrence 1)	Value cannot be prior to the beginning of the reporting quarter: Other Years: F114-REQUEST-QTR = 1: value must be >= 0101 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be >= 0402 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be >= 0701 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be >= 1001 of F114-REQUEST-YR Leap Year: F114-REQUEST-QTR = 1: value must be >= 0101 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be >= 0401 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be >= 0702 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be >= 0930 of F114-REQUEST-YR

**State of Michigan
Compensation Supplement Fund
Content Restrictions**

Rec	Item	Error #	Data Name	Content Restrictions
114	0918	044	F114-THRU-DATE-PYMT (Occurrence 1)	Value cannot be beyond the end of the reporting quarter: *Other Years: F114-REQUEST-QTR = 1: value must be <= 0401 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0701 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0930 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR *Leap Year: F114-REQUEST-QTR = 1: value must be <= 0331 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0630 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0929 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR
114	0918	045	F114-THRU-DATE-PYMT (Occurrence 1)	Must be greater than or equal F114-FROM-DATE-PYMT (Occurrence 1)
114	0919	044	F114-SEC-INJURY-AMT (occurrence 1)	Value not allowed unless CARRIER ID is a FUND
114	0922	001	F114-FROM-DATE-PYMT (Occurrence 2)	Required if F114-THRU-DATE-PYMT (Occurrence 2) is present
114	0922	044	F114-FROM-DATE-PYMT (Occurrence 2)	Value cannot be beyond the end of the reporting quarter: *Other Years: F114-REQUEST-QTR = 1: value must be <= 0401 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0701 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0930 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR *Leap Year: F114-REQUEST-QTR = 1: value must be <= 0331 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0630 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0929 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR
114	0922	045	F114-FROM-DATE-PYMT (Occurrence 2)	If present, value must be greater than F114-THRU-DATE-PYMT (Occurrence 1)
114	0923	001	F114-THRU-DATE-PYMT (Occurrence 2)	Required if F114-FROM-DATE-PYMT (Occurrence 2) is present

**State of Michigan
Compensation Supplement Fund
Content Restrictions**

Rec	Item	Error #	Data Name	Content Restrictions
114	0923	044	F114-THRU-DATE-PYMT (Occurrence 2)	If present, value cannot be beyond the end of the reporting quarter: *Other Years: F114-REQUEST-QTR = 1: value must be <= 0401 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0701 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0930 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR *Leap Year: F114-REQUEST-QTR = 1: value must be <= 0331 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be <= 0630 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be <= 0929 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be <= 1231 of F114-REQUEST-YR
114	0923	045	F114-THRU-DATE-PYMT (Occurrence 2)	Value must be greater than F114-FROM-DATE-PYMT (Occurrence 2)
114	0924	044	F114-SEC-INJURY-AMT (occurrence 2)	Value not allowed unless CARRIER ID is a FUND
114	0925	001	F114-COMP-SUP-AMT (occurrence 2)	Required if F114-FROM-DATE (Occurrence 2) is present
114	0927	001	F114-FROM-DATE-PYMT (occurrence 3)	Required if F114-THRU-DATE-PYMT (Occurrence 3) is present
114	0927	044	F114-FROM-DATE-PYMT (Occurrence 3)	If present, value cannot be beyond the end of the reporting quarter: *Other Years: F114-REQUEST-QTR = 1: value must be > 0101 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be > 0402 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be > 0701 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be > 1001 of F114-REQUEST-YR *Leap Year: F114-REQUEST-QTR = 1: value must be > 0101 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be > 0401 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be > 0630 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be > 0930 of F114-REQUEST-YR
114	0927	045	F114-FROM-DATE-PYMT (Occurrence 3)	If present, value must be greater than F114-THRU-DATE-PYMT (Occurrence 2)
114	0928	001	F114-THRU-DATE-PYMT (occurrence 3)	Required if F114-FROM-DATE-PYMT (Occurrence 3) is present

**State of Michigan
Compensation Supplement Fund
Content Restrictions**

Rec	Item	Error #	Data Name	Content Restrictions
114	0928	044	F114-THRU-DATE-PYMT (Occurrence 3)	If present, value cannot be beyond the end of the reporting quarter: *Other Years: F114-REQUEST-QTR = 1: value must be > 0101 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be > 0402 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be > 0701 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be > 1001 of F114-REQUEST-YR *Leap Year: F114-REQUEST-QTR = 1: value must be > 0101 of F114-REQUEST-YR F114-REQUEST-QTR = 2: value must be > 0401 of F114-REQUEST-YR F114-REQUEST-QTR = 3: value must be > 0630 of F114-REQUEST-YR F114-REQUEST-QTR = 4: value must be > 0930 of F114-REQUEST-YR
114	0928	045	F114-THRU-DATE-PYMT (Occurrence 3)	Value must be greater than F114-FROM-DATE-PYMT (Occurrence 3)
114	0929	044	F114-SEC-INJURY-AMT (occurrence 3)	Value not allowed unless CARRIER ID is a FUND
114	0930	001	F114-COMP-SUP-AMT (occurrence 3)	Required if F114-FROM-DATE (Occurrence 3) is present
114	0932	044	F114-TOTAL-REQUEST-REIMB	Using DAYS-IN-WORK-WEEK, sum the amount of Supplement due for each FROM/THRU occurrence. If transaction amount is greater than calculated amount, the transaction is rejected with <i>Element Error Text</i> "Amount requested is not correct"
114	0932	045	F114-TOTAL-REQUEST-REIMB	Using DAYS-IN-WORK-WEEK, sum the amount of Supplement due for each FROM/THRU occurrence. If transaction amount is less than calculated amount, the transaction is rejected with <i>Element Error Text</i> "Amount requested is not correct"
114	0933	001	F114-TYPE-OF-TERMINATION	Required if the last occurrence of F114-THRU-DATE is less than the end of the quarter. Presence of this element triggers "MR" (manual review) AKC
114	0933	058	F114-TYPE-OF-TERMINATION	If present, value must be "D" = Death, "R" = Redemption "W" = return to work "O" = other
114	0934	001	F114-REASON-DATE	Required if F114-TYPE-OF-TERMINATION or F114 OTHER-REASON is present
114	0934	029	F114-REASON-DATE	If present, must be valid date
114	0935	001	F114-OTHER-REASON	Required if F114-REASON-DATE is present and F114-TYPE-OF-TERMINATION = "O"

**APPLICATION FOR REIMBURSEMENT FROM THE
COMPENSATION SUPPLEMENT FUND**

Michigan Department of Labor & Economic Growth
Workers' Compensation Agency
P O Box 30016, Lansing, MI 48909

		QUARTER	YEAR
		F114- REQUEST- QTR	F114- REQUEST-YR
Employee Name (Last, First, MI) F114-EMPLOYEE-NAME		Social Security Number F114-SSN	
Employee Street Address F114-EMPLOYEE-ADDR		City F114-EMPLOYEE-CITY	
Carrier ID F114-CARRIER-ID		Carrier File Number F114-CARRIER-FILE-NUM	
Days in Work Week F114-DAYS-IN-WORK-WEEK		Weekly Comp. Rate on 1/1/82 F114-WEEKLY-COMP-RATE	
Carrier ID CAR-ENT-NAME-GRP			
FROM Month/Day/Year	THROUGH Month/Day/Year	Weekly Second Injury Fund Differential Benefits Paid	Weekly Comp. Supplement
F114-FROM-DATE-PYMT-1	F114-THRU-DATE-PYMT-1	F114-SEC-INJURY-AMT-1	F114-COMP-SUP-AMT-1
F114-FROM-DATE-PYMT-2	F114-THRU-DATE-PYMT-2	F114-SEC-INJURY-AMT-2	F114-COMP-SUP-AMT-2
F114-FROM-DATE-PYMT-3	F114-THRU-DATE-PYMT-3	F114-SEC-INJURY-AMT-3	F114-COMP-SUP-AMT-3
Total Reimbursement Requested			F114-TOTAL-SUPP-FUND-1
Total Reimbursement Requested			F114-TOTAL-SUPP-FUND-2
Total Reimbursement Requested			F114-TOTAL-SUPP-FUND-3
Total Reimbursement Requested			F114-TOTAL-REQUEST-REIMB
Termination Reason: F114-TYPE-OF-TERMINATION "D" = DEATH , "R" = REDEMPTION , "W" = RETURN TO WORK, "O" = OTHER F114-DATE-REASON IF F114-TYPE-OF-TERMINATION = "O" THEN INCLUDE F114-OTHER-REASON			
Name of person to whom correspondence should be sent: F114-CONTACT-NAME		Telephone Number F114-CONTACT-PHONE	Date F114-DATE-OF-REPORT

Authority:	Workers' Disability Compensation Act, 418.352; R408.32(2)(3)
Completion:	Mandatory
Penalty:	Workers' Disability Compensation Act, 418.631; 418.801

BWC-114 (Electronic Submission)

**COMPENSATION SUPPLEMENT FUND
REIMBURSEMENT PERIODS**

Year	Quarter	Date From	Date Through	Weeks	Days
2007	1	1/1/2007	4/1/2007	13	0
	2	4/2/2007	7/1/2007	13	0
	3	7/2/2007	9/30/2007	13	0
	4	10/1/2007	12/31/2007	13	1
2008	1	1/1/2008	3/31/2008	13	0
	2	4/1/2008	6/30/2008	13	0
	3	7/1/2008	9/29/2008	13	0
	4	9/30/2008	12/31/2008	13	2
2009	1	1/1/2009	4/1/2009	13	0
	2	4/2/2009	7/1/2009	13	0
	3	7/2/2009	9/30/2009	13	0
	4	10/1/2009	12/31/2009	13	1
2010	1	1/1/2010	4/1/2010	13	0
	2	4/2/2010	7/1/2010	13	0
	3	7/2/2010	9/30/2010	13	0
	4	10/1/2010	12/31/2010	13	1
2011	1	1/1/2011	4/1/2011	13	0
	2	4/2/2011	7/1/2011	13	0
	3	7/2/2011	9/30/2011	13	0
	4	10/1/2011	12/31/2011	13	0 / 1 *

* If benefits are paid based on a 5 day work week, the 4th quarter of 2011 is 13 weeks and 0 days. If benefits are based on a 6 day work week, the quarter is 13 weeks and 1 day.

**COMPENSATION SUPPLEMENT FUND
REIMBURSEMENT PERIODS**

Year	Quarter	Date From	Date Through	Weeks	Days
2012	1	1/1/2012	3/31/2012	13	0
	2	4/1/2012	6/30/2012	13	0
	3	7/1/2012	9/29/2012	13	0
	4	9/30/2012	12/31/2012	13	1
2013	1	1/1/2013	4/1/2013	13	0
	2	4/2/2013	7/1/2013	13	0
	3	7/2/2013	9/30/2013	13	0
	4	10/1/2013	12/31/2013	13	1
2014	1	1/1/2014	4/1/2014	13	0
	2	4/2/2014	7/1/2014	13	0
	3	7/2/2014	9/30/2014	13	0
	4	10/1/2014	12/31/2014	13	1
2015	1	1/1/2015	4/1/2015	13	0
	2	4/2/2015	7/1/2015	13	0
	3	7/2/2015	9/30/2015	13	0
	4	10/1/2015	12/31/2015	13	1
2016	1	1/1/2016	3/31/2016	13	0
	2	4/1/2016	6/30/2016	13	0
	3	7/1/2016	9/29/2016	13	0
	4	9/30/2016	12/31/2016	13	1 / 2 *

* If benefits are paid based on a 5 day work week, the 4th quarter of 2016 is 13 weeks and 1 day. If benefits are based on a 6 day work week, the quarter is 13 weeks and 2 days.

**COMPENSATION SUPPLEMENT FUND
REIMBURSEMENT PERIODS**

Year	Quarter	Date From	Date Through	Weeks	Days
2017	1	1/1/2017	4/1/2017	13	0
	2	4/2/2017	7/1/2017	13	0
	3	7/2/2017	9/30/2017	13	0
	4	10/1/2017	12/31/2017	13	0
2018	1	1/1/2018	4/1/2018	13	0
	2	4/2/2018	7/1/2018	13	0
	3	7/2/2018	9/30/2018	13	0
	4	10/1/2018	12/31/2018	13	1
2019	1	1/1/2019	4/1/2019	13	0
	2	4/2/2019	7/1/2019	13	0
	3	7/2/2019	9/30/2019	13	0
	4	10/1/2019	12/31/2019	13	1
2020	1	1/1/2020	3/31/2020	13	0
	2	4/1/2020	6/30/2020	13	0
	3	7/1/2020	9/29/2020	13	0
	4	9/30/2020	12/31/2020	13	2
2021	1	1/1/2021	4/1/2021	13	0
	2	4/2/2021	7/1/2021	13	0
	3	7/2/2021	9/30/2021	13	0
	4	10/1/2021	12/31/2021	13	1
2022	1	1/1/2022	4/1/2022	13	0
	2	4/2/2022	7/1/2022	13	0
	3	7/2/2022	9/30/2022	13	0
	4	10/1/2022	12/31/2022	13	0 / 1 *

* If benefits are paid based on a 5 day work week, the 4th quarter of 2022 is 13 weeks and 0 days. If benefits are based on a 6 day work week, the quarter is 13 weeks and 1 day.