

2010 ANNUAL REPORT

WORKERS' COMPENSATION BOARD



**State of New York
Workers' Compensation Board**

Andrew M. Cuomo, Governor

Robert E. Beloten, Chair

2010 ANNUAL REPORT

WORKERS' COMPENSATION BOARD

The Workers' Compensation Board is pleased to submit its 2010 annual report. Pursuant to Workers' Compensation Law § 153, this report sets forth basic data regarding the Board's operations, including assembly and adjudication of workers' compensation claims and issuance of stop work orders against employers that fail to maintain appropriate workers' compensation coverage.

Workers' Compensation Board Operations

The Board maintains 11 district offices and 21 customer service centers throughout the state. (Appendix (A) – 1.)

Stop Work Orders

As part of the 2007 workers' compensation reform law, the Board gained authority to issue a stop work order (SWO) if an employer that is required to have workers' compensation coverage fails to carry it or has failed to pay Board penalties (WCL § 141-a). The new SWO authority has been a very effective means to promote compliance, especially among small employers. More than 50% of employers that received a SWO obtained insurance coverage within 24 hours of the SWO and 88% overall obtained insurance. The Board issued 1,616 SWOs in 2010 and 5,443 SWOs since July 2007. (A – 2.)

Claims

Assembly

Claim assembly occurs when the Board learns of a workplace injury and assigns the claim a WCB claim number.¹ The Board “assembles” a claim in which an injured worker has lost more than one week of work, has a serious injury that may result in a permanent disability, is disputed by the carrier or employer, or receives a claim form from the injured worker (Form C-3). A claim that is not eligible for an indemnity award, and only receives compensation for medical treatment (i.e. “medical-only”), is not always assembled.²

¹ Assembly was introduced in 2008 in connection with the Rocket Docket regulations for controverted claims, part of the 2007 reform. Prior to 2008, new claims were both assembled and “indexed” when the Board received notice of the workplace injury. The count of assembled claims post-reform (September 28, 2008) here excludes claims that were assigned a claim number but for which the Board does not receive sufficient information, despite requests, to take further action. The standard for assembling a claim today is very similar to the indexing standard used for claims before 2008.

² Medical-only claims are assembled if there is a request for treatment that costs more than \$1,000 (Form C-4AUTH), an objection to a medical bill (Form C-8.1 or C-8.4), or a request for a variance from the medical treatment guidelines (Form MG-2).

Consistent with national trends, the number of workers' compensation claims has been declining over the last decade. (A – 3.) The Board assembled 122,062 claims in 2010, which is slightly higher than 2009 (119,122). (A – 3, 4.) This represents approximately 2.2 claims for every 100 workers covered by workers' compensation in the economy. (A-5.) The geographic distribution of assembled claims is represented in the map in A - 6.

Reopened Claims

More than 196,000 claims were reopened during 2010. A reopened claim is reactivated to resolve new issues following a finding that no further action was necessary. In contrast with the trend of declining new claims, the Board has experienced consistent growth in the number of reopened claims over the last decade, with the exception of a small decline in 2010. (A – 3.)

Controverted Claims

Controverted claims are those in which the insurance carrier or self-insured employer challenges the injured worker's eligibility for workers' compensation benefits and in which a pre-hearing conference is held.³ The 2007 reform created the Rocket Docket to address concerns about how long it took to resolve controverted claims. Since 2008, the number of controverted claims has declined dramatically, though there was an 8% increase in 2010 (9,113) relative to 2009 (8,461). (A – 7.) There has been a similar decline in the number of C-7 forms filed. (A – 7.) A breakdown of controverted claims by district is at A – 8. The rate of controversy in 2010, whether measured at 90, 180 or 360 days, remained stable at 7%. (A – 9.)

The Rocket Docket sets a goal of having a pre-hearing conference within 30 days of the date of controversy and of resolving the controverted claim within 90 days. On average, pre-hearing conferences were held after just 26 days. (A – 10.) On average it took 72 days to address the issues in the controverted claims. (A – 11.) Nearly 60% of controverted claims met the goal of being resolved within 90 days, while another 21% were resolved in 91-180 days. (A – 12.)

Accepted Claims

Regulations require the Board to issue a formal decision determining liability in all claims involving more than one week of lost time, even if the carrier has accepted the claim and is making payment. The Board also issues such determinations in claims that are assembled where there is no compensatory lost time. To find liability, the Board must determine that there was 1) an accident or occupational disease, 2) timely notice given to the employer, and 3) a causal relationship between the work injury or illness and the consequential disability. This is known as ANCR⁴ or ODNCR⁵.

³ Carriers file a C-7 form to challenge a claim, but the BOARD's business rules do not treat a claim as controverted unless a qualifying medical form is filed by an authorized health care provider. In many claims, the carrier withdraws the C-7 or the claimant does not pursue the claim.

⁴ Accident, Notice, Causal Relationship

⁵ Occupational Disease, Notice, Causal Relationship

In 2010, the Board established 110,760 claims: 110,096 under the Workers' Compensation Law and the remaining 664 under either the Volunteer Firefighter or Volunteer Ambulance Workers Benefit Laws. (A – 13.) The breakdown of established claims by district is in A – 14. These claims include both controverted and non-controverted claims. Almost half of these claims were established within 120 days from assembly with another 22% established in 120-180 days. (A – 15.)

Claim Resolutions

By statute, the Board resolves issues in workers' compensation claims through both formal and informal means. The Board issued more than 300,000 resolutions in 2010 – nearly two-thirds of which were formal.

Formal resolution refers to the formal hearing process, in which a workers' compensation law judge receives evidence, hears testimony, decides disputed legal and factual questions, and awards benefits. There were 199,284 formal resolutions in 2010, including 10,576 that involved Section 32 waiver agreements. (A – 16.)

Informal resolutions do not involve hearings. Decisions are made based on information collected in the electronic case file of the injured worker. Informal resolutions, which include administrative determinations and conciliation, are used to memorialize certain events in a claim that require a Board decision when there is no dispute between the parties. Informal resolutions are proposed by the Board and are not effective if either party objects within 30 days. In 2010, there were 69,708 administrative determinations and 34,537 conciliation decisions. (A – 16.)

Hearings

The Board is unique in the United States for its use of formal hearings to address issues in workers' compensation claims. In 2010, the Board held 291,737 hearings, more than any other state in the country. (A – 17.) The number of hearings has been increasing over the last several years despite the lower claim counts and the vast reduction in controverted claims. (A – 18.)

Not every hearing results in a resolution of the open issues in the claim. Approximately 65% (188,708) of hearings resulted in a resolution. (A – 19.) On average, 1.5 hearings were required before the first indemnity benefit was awarded, for those claims handled by the hearing process. (A – 20.)

The Board has steadily reduced the number of claims pending at the end of the year. This suggests that claims are getting on the law judge's hearing calendar more quickly and are not remaining in an open status for an extended period. At the end of 2010, 85,286 claims were pending (A – 21.) The ratio of hearings to pending claims has been increasing steadily throughout the decade. (A – 18.)

Average Weekly Wage

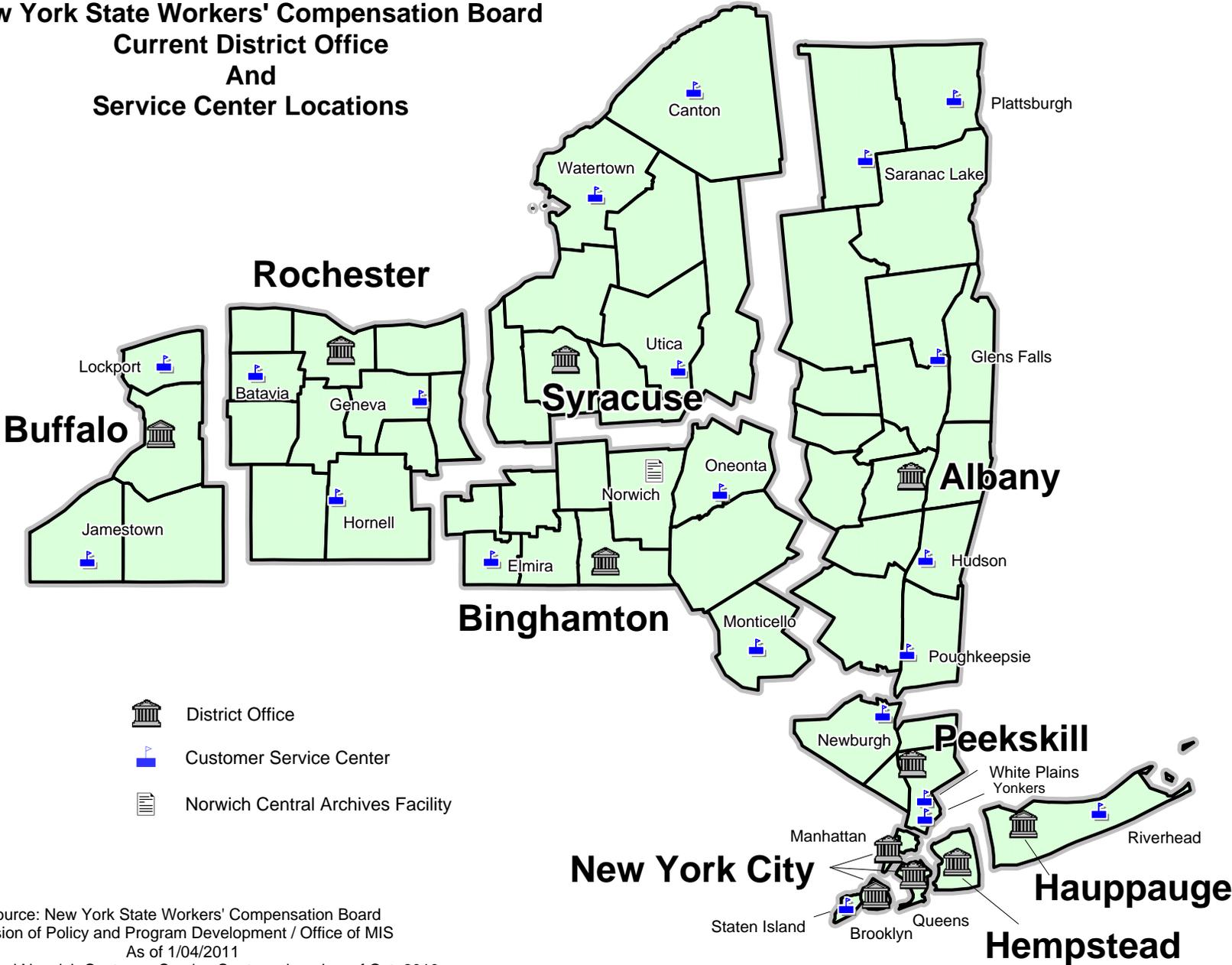
Indemnity benefits are based on the injured worker's average weekly wage (AWW) in the year prior to the accident, subject to statutory maximum benefit rates. The 2007 reform provided for a series of increases in the maximum benefit rate, which hadn't increased in more than a decade. For accidents between July 1, 2010 and June 30, 2011, the maximum rate is \$739.83, which is 2/3 of the prior year's state average weekly wage.

There is a wide distribution of average weekly wages in established claims in 2010. More than 35% of claimants had an AWW of less than \$600, while 22.4% had an AWW at or above the state average weekly wage of \$1,109.75. Another 24.8% had an AWW between \$750 and \$1,109.74. (A – 22.)

Respectfully submitted,

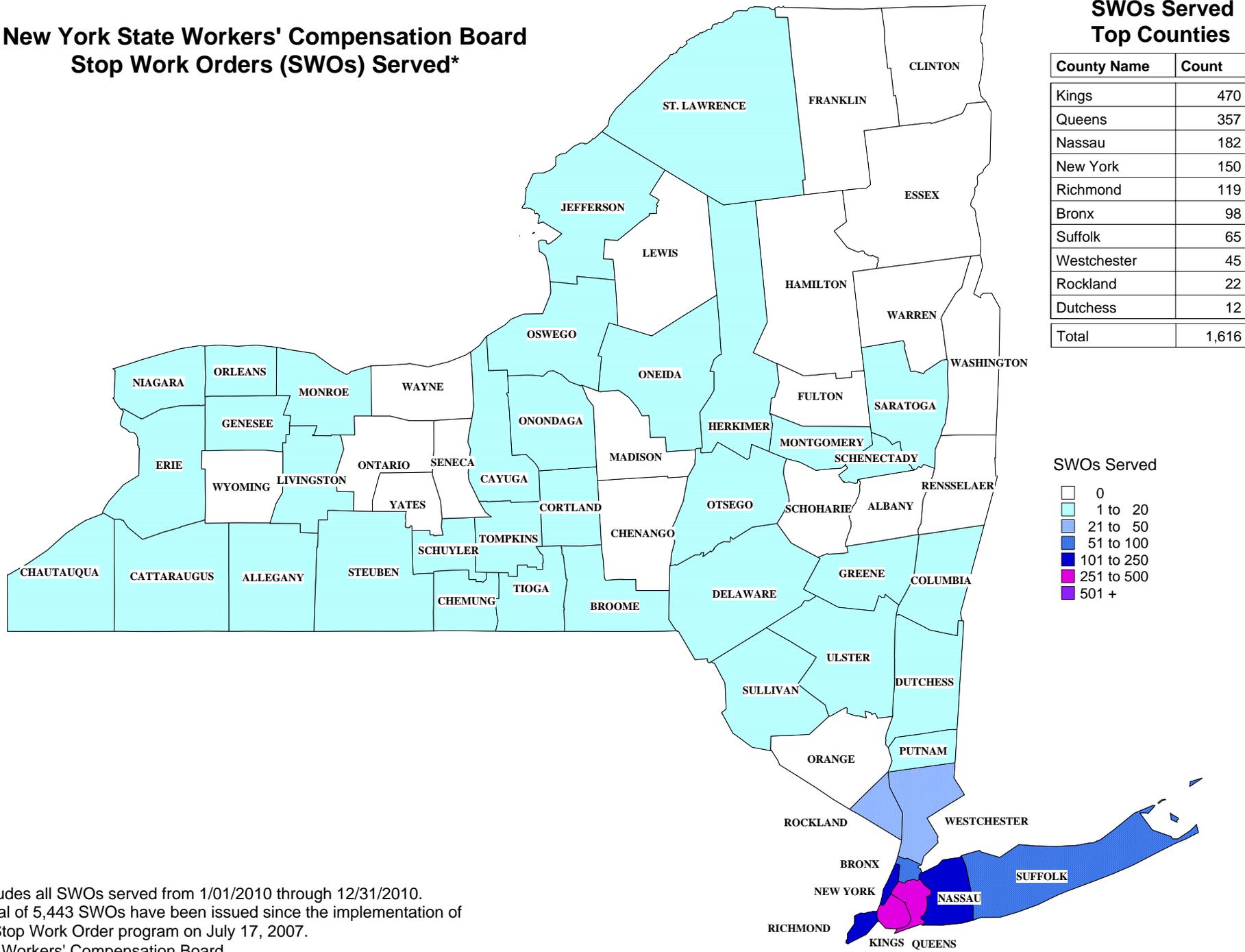
Robert Beloten
Chair

**New York State Workers' Compensation Board
Current District Office
And
Service Center Locations**



Source: New York State Workers' Compensation Board
Division of Policy and Program Development / Office of MIS
As of 1/04/2011
Oswego and Norwich Customer Service Centers closed as of Oct. 2010

New York State Workers' Compensation Board Stop Work Orders (SWOs) Served*



SWOs Served Top Counties

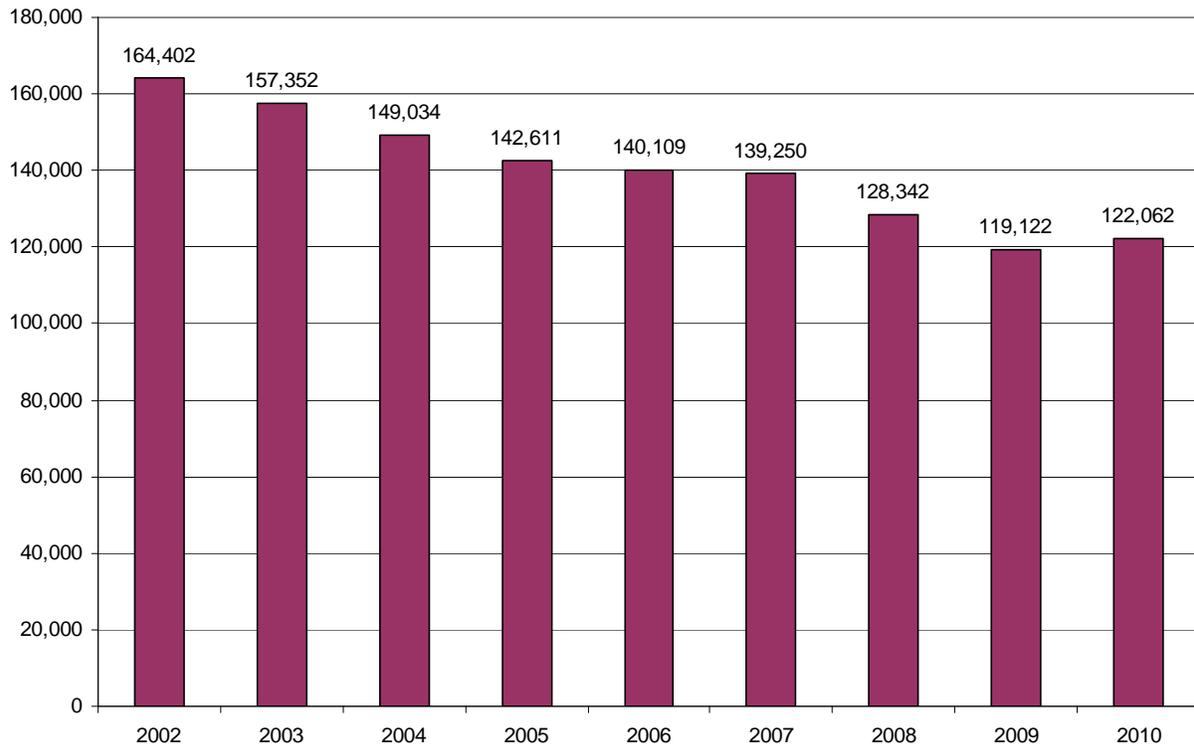
County Name	Count
Kings	470
Queens	357
Nassau	182
New York	150
Richmond	119
Bronx	98
Suffolk	65
Westchester	45
Rockland	22
Dutchess	12
Total	1,616

SWOs Served

- 0
- 1 to 20
- 21 to 50
- 51 to 100
- 101 to 250
- 251 to 500
- 501 +

*Includes all SWOs served from 1/01/2010 through 12/31/2010.
 A total of 5,443 SWOs have been issued since the implementation of the Stop Work Order program on July 17, 2007.
 NYS Workers' Compensation Board
 Division of Policy and Program Development / Office of MIS

Claims Assembled Nine Year Trend



Claims Assembled and Claims Reopened Nine Year Trend

Calendar Year	Total Assembled Claims	Total Reopened Claims
2002	164,402	156,847
2003	157,352 *	166,721
2004	149,034	172,812
2005	142,611	177,480
2006	140,109	182,028
2007	139,250	181,943
2008	128,342	191,805
2009	119,122	201,134
2010	122,062	196,160

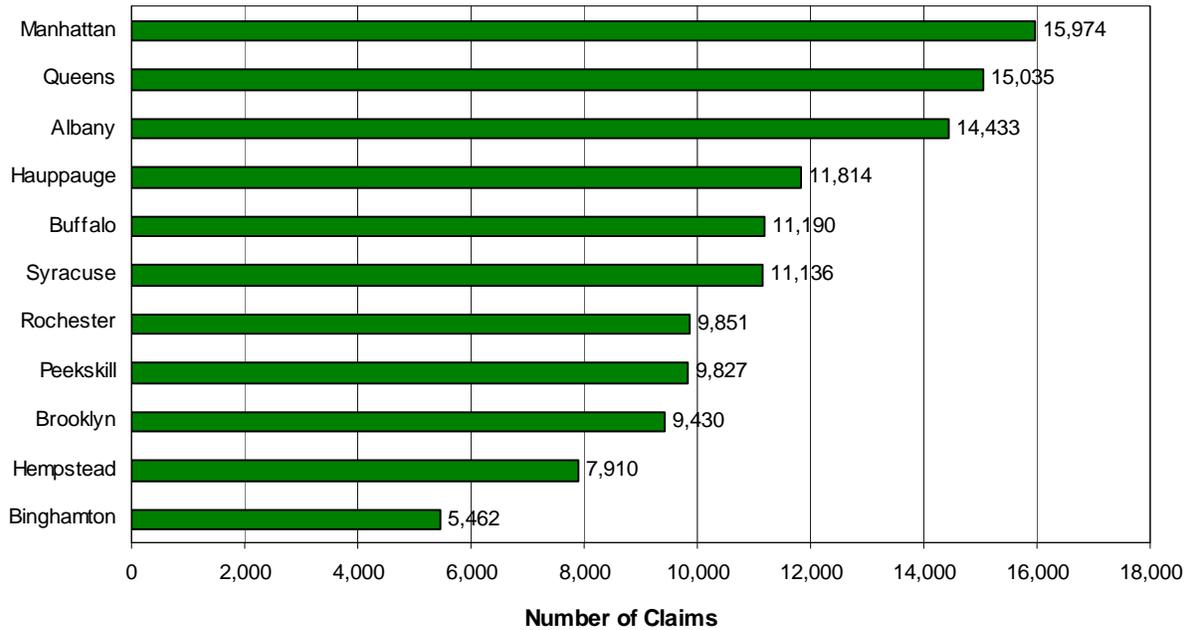
* The number of claims was reduced by 459 volunteer claims.

The count of claims assembled post WCB reform (after September 28, 2008) excludes claims that were assigned a WCB claim number but for which the Board did not receive sufficient information, despite requests, to take further action.

A reopened claim is one which has been reactivated to resolve new issues following a finding that no further action was necessary.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Claims Assembled in 2010 By District Office



Assembled and Reopened Claims in 2010 By District Office

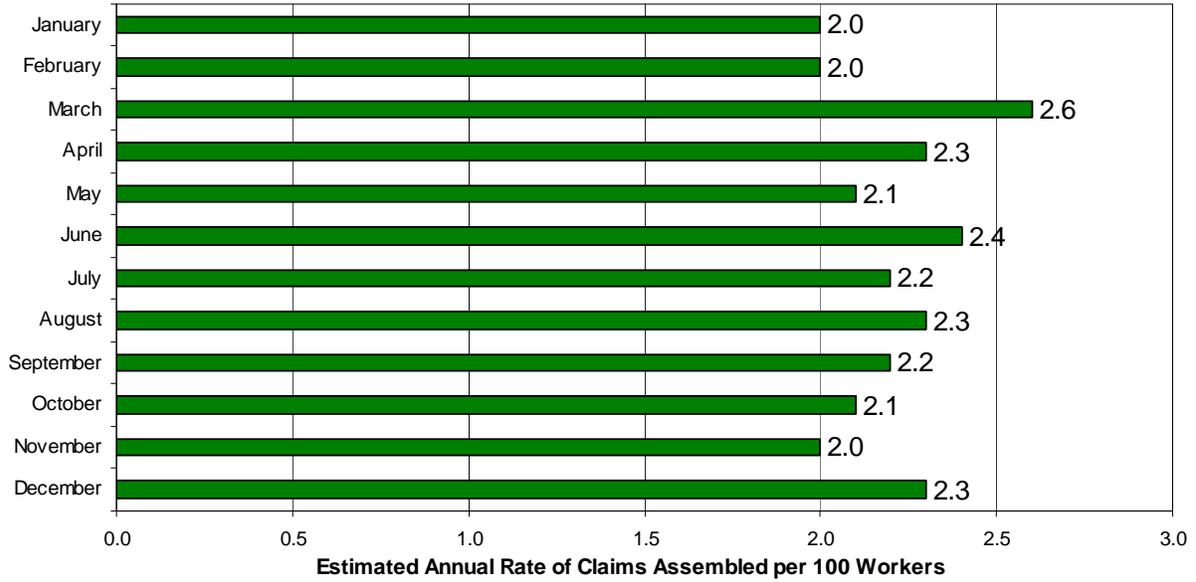
District Office	Claims Assembled	Claims Reopened
Manhattan	15,974	22,631
Queens	15,035	21,270
Albany	14,433	18,385
Hauppauge	11,814	18,268
Buffalo	11,190	22,412
Syracuse	11,136	19,777
Rochester	9,851	16,072
Peekskill	9,827	19,301
Brooklyn	9,430	13,936
Hempstead	7,910	14,852
Binghamton	5,462	9,256
Total	122,062	196,160

The count of claims assembled post WCB reform (after September 28, 2008) excludes claims that were assigned a WCB claim number but for which the Board did not receive sufficient information, despite requests, to take further action.

A reopened claim is one which has been reactivated to resolve new issues following a finding that no further action was necessary.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Estimated Annual Rate of Claims Assembled per 100 Workers in 2010

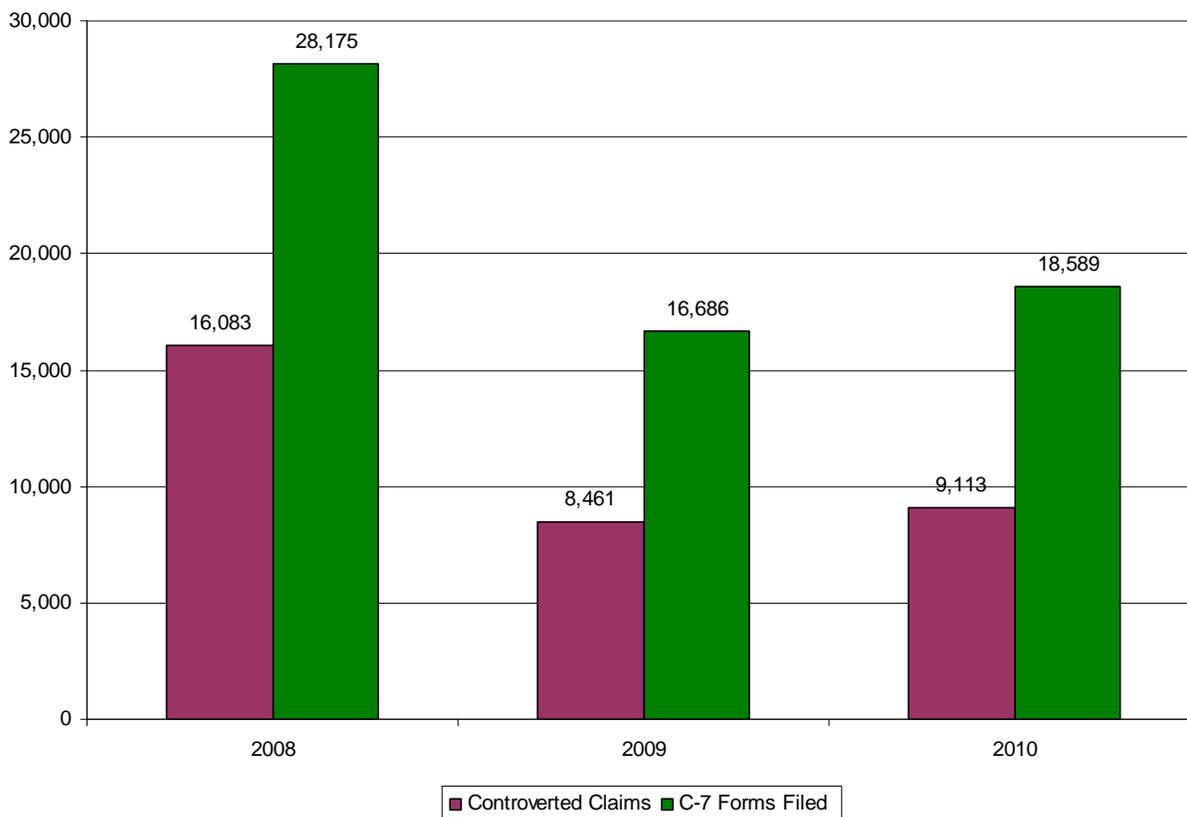


Month	Estimated Annual Rate of Claims Assembled per 100 Workers
January	2.0
February	2.0
March	2.6
April	2.3
May	2.1
June	2.4
July	2.2
August	2.3
September	2.2
October	2.1
November	2.0
December	2.3
Average	2.2

The total employment from American Community Survey less estimated non-coverage workers and claims assembled by WCB during report period are used for calculation. Number is converted to yearly rate for easy comparison.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Controverted Claims and C-7 Forms Filed In 2008 - 2010



Controverted Claims and C-7 Forms Filed In 2008 - 2010

Year	Controverted Claims*	Percent Change	C-7 Forms Filed	Percent Change
2008	16,083	N/A	28,175	N/A
2009	8,461	-47%	16,686	-41%
2010	9,113**	8%	18,589	11%

* Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.

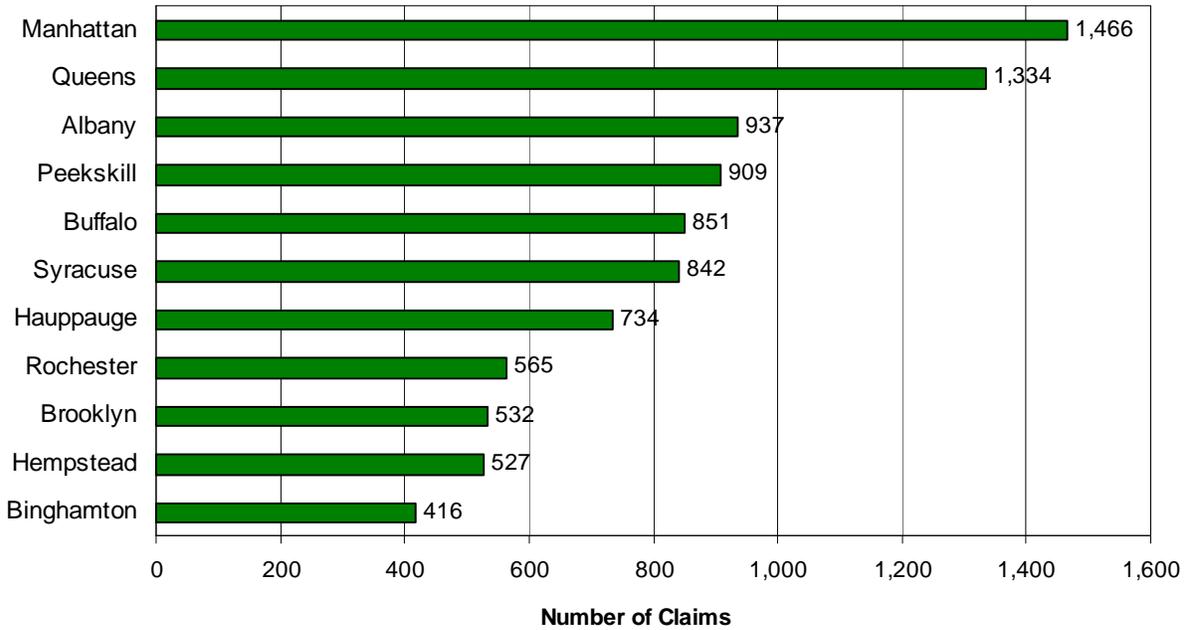
** 101 claims removed from this population due to data anomalies.

A controverted claim is one for which the Board has received: 1) "Notice That Right To Compensation Is Controverted" (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

"C-7 Forms Filed" is a count of the "Notice That Right To Compensation Is Controverted" forms filed with the Board.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Claims Controverted in 2010 By District Office



District Office	Number of Claims Controverted*
Manhattan	1,466
Queens	1,334
Albany	937
Peekskill	909
Buffalo	851
Syracuse	842
Hauppauge	734
Rochester	565
Brooklyn	532
Hempstead	527
Binghamton	416
Total	9,113**

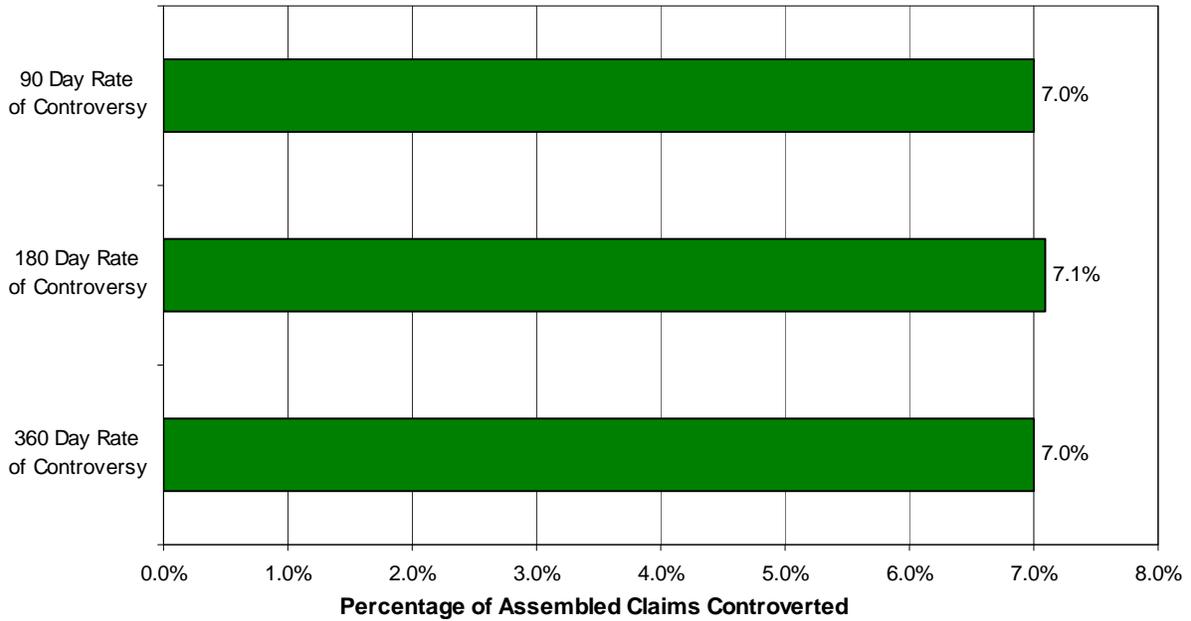
* Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.

** 101 claims removed from this population due to data anomalies.

A controverted claim is one for which the Board has received: 1) "Notice That Right To Compensation Is Controverted" (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Percentage of Assembled Claims Controverted 2010 Report



Rate of Controversy	Totals
90 Day Rate of Controversy	7.0%
Claims Assembled (Oct. 2009 to Sept. 2010)	119,402
Claims Controverted	8,318

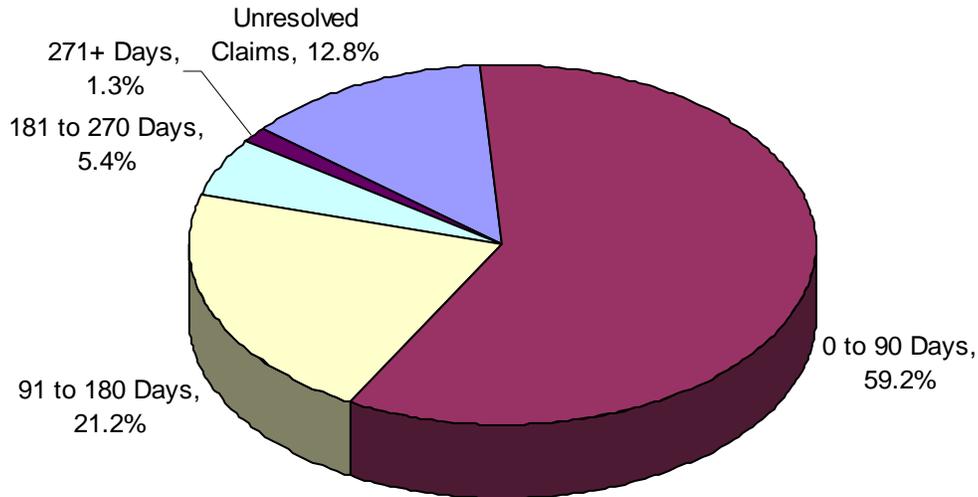
180 Day Rate of Controversy	7.1%
Claims Assembled (July 2009 to June 2010)	119,414
Claims Controverted	8,487

360 Day Rate of Controversy	7.0%
Claims Assembled (Jan. 2009 to Dec. 2009)	115,811
Claims Controverted	8,082

This report is run with a '90 day', '180 day' and '360 day' lag. It presents the rates of controversy for claims assembled during the 12 month periods ending 90 days ago, 180 days ago and 360 days ago as of January 1, 2011.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Claims Controverted in the First Nine Months of 2010 By Number of Days to Resolve the Issues



Days	Controverted Claims*	Percentage of Claims
Unresolved Claims	878	12.8%
0 to 90 Days	4,048	59.2%
91 to 180 Days	1,453	21.2%
181 to 270 Days	369	5.4%
271+ Days	90	1.3%
Total	6838**	100.0%

* Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.

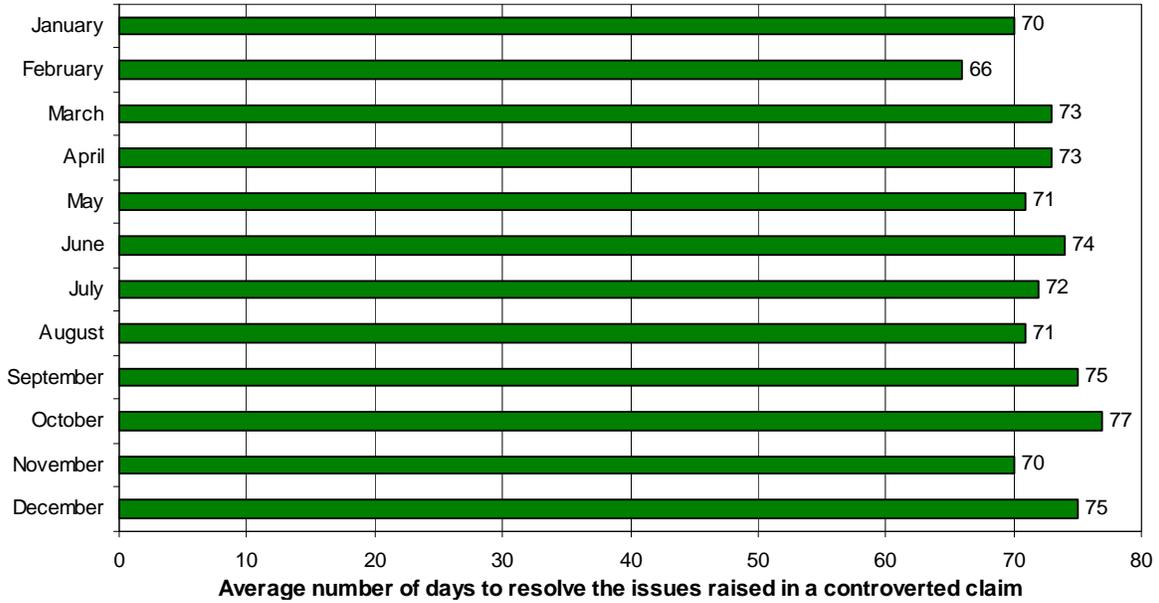
** 82 claims removed from this population due to data anomalies.

A controverted claim is one for which the Board has received: 1) "Notice That Right To Compensation Is Controverted" (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

Controversy is resolved when the Board accepts the claim, closes it administratively, decides that no further action is necessary, or files a typist form letter "Notice to Carrier Regarding Action Taken on Form C-7" indicating the controversy is resolved.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

**Average Number of Days to Resolve the Issues
Raised in a Controverted Claim in 2010
By Month**



Month	Average Number of Days
January	70
February	66
March	73
April	73
May	71
June	74
July	72
August	71
September	75
October	77
November	70
December	75
Average	72

A claim is considered eligible for hearing as a controverted claim only if a C-7 form and a qualifying medical form have been filed.

Controversy is resolved when the Board accepts the claim, closes it administratively, decides that no further action is necessary, or files a typist form letter "Notice to Carrier Regarding Action Taken on Form C-7" indicating the controversy is resolved.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

**Pre-Hearing Conferences (PHC) Held in 2010
Median Days from Controversy to PHC
By Month**

Month	Total PHC	Eligible PHC*	Median Days from Controversy to PHC	Unknown Controversy Date
January	527	511	27	16
February	573	557	26	16
March	679	645	26	34
April	691	645	26	46
May	635	607	28	28
June	766	730	25	36
July	637	610	25	27
August	806	766	25	40
September	660	628	26	32
October	655	618	25	37
November	799	766	26	33
December	609	588	25	21
Year	8,037**	7,671	26	366***

Approximately five percent of the Controverted Claims reported may have data issues that cannot be resolved without manual intervention.

* An 'Eligible PHC' is the first pre-hearing conference for a controverted claim.

** The total number of PHCs held in calendar year 2010 is 8,493; out of these claims, 456 had a PHC in the previous year.

*** The 'Unknown Controversy Date' number reflects re-opened controverted claims, data anomalies, and claims with unknown controversy dates.

A controverted claim is one for which the Board has received: 1) "Notice That Right To Compensation Is Controverted" (C-7) indicating that the Carrier disputes the claim, and 2) qualifying medical documentation.

**Claims Accepted in 2010
By Claim Type and Month**

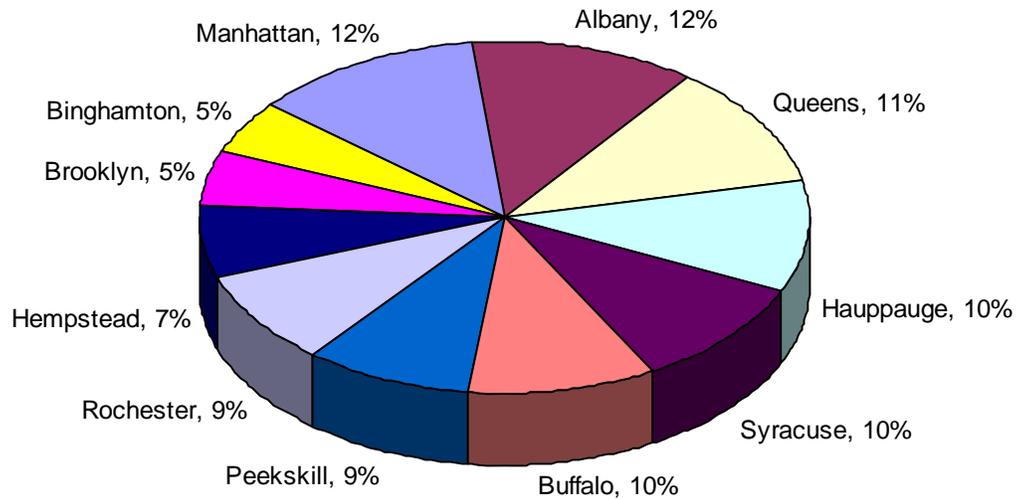
Month Accepted	Total Claims Accepted	WCL Claims (a)	VFBL Claims (b)	VAWBL Claims (c)
January	9,082	9,036	40	6
February	8,397	8,345	50	2
March	9,714	9,668	43	3
April	9,602	9,538	59	5
May	9,727	9,670	50	7
June	10,509	10,438	66	5
July	9,467	9,426	37	4
August	9,305	9,251	45	9
September	8,625	8,574	45	6
October	9,112	9,051	55	6
November	8,035	7,970	64	1
December	9,185	9,129	51	5
Total	110,760	110,096	605	59

- (a) Claims under the Workers' Compensation Law
- (b) Claims under the Volunteer Firefighters' Benefit Law
- (c) Claims under the Volunteer Ambulance Workers' Benefit Law

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim's status; it is estimated that these affirmations account for less than 5% of the total.)

**Percentage of All Claims Accepted in 2010
By District Office**



**Claims Accepted in 2010
By District Office**

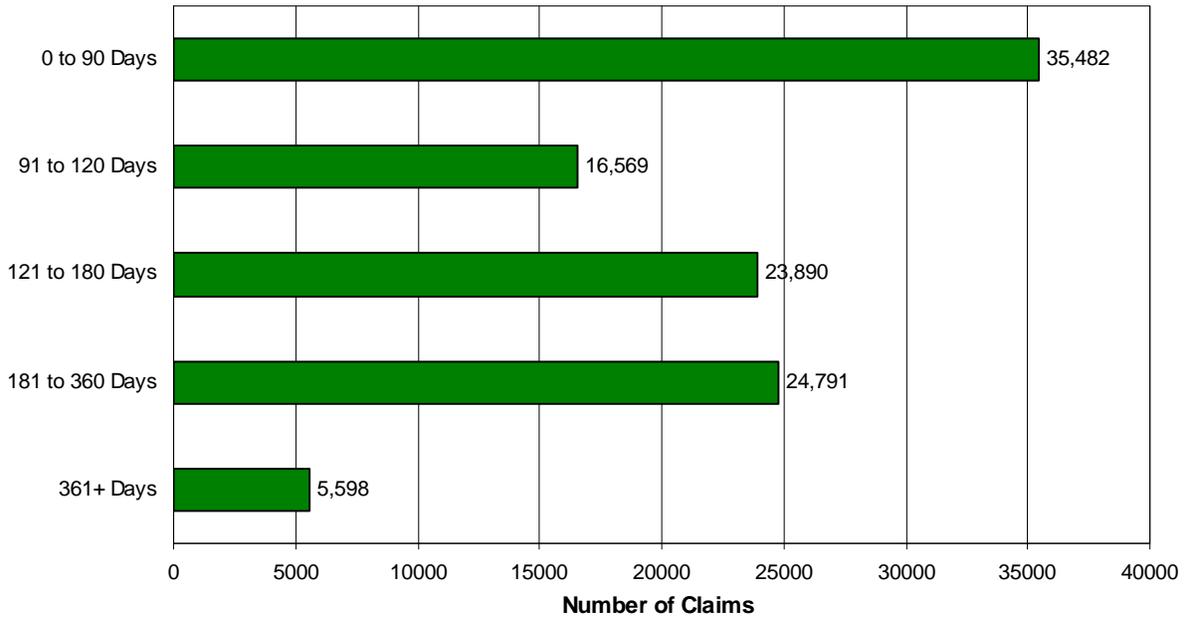
District Office	Claims Accepted
Manhattan	13,474
Albany	13,374
Queens	12,509
Hauppauge	11,304
Syracuse	11,102
Buffalo	11,018
Peekskill	10,121
Rochester	9,442
Hempstead	7,252
Brooklyn	5,665
Binghamton	5,499
Total	110,760

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim's status; it is estimated that these affirmations account for less than 5% of the total.)

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

**Accepted Claims in 2010
By Number of Days from Assembly to Acceptance**



**Accepted Claims in 2010
By Number of Days from Assembly to Acceptance**

Days	Accepted Claims	Percentage Accepted
0 to 90 Days	35,482	33.4%
91 to 120 Days	16,569	15.6%
121 to 180 Days	23,890	22.5%
181 to 360 Days	24,791	23.3%
361+ Days	5,598	5.3%
Total Claims	106,330	100.0%

* 4,430 claims were excluded from this analysis due to data anomalies.

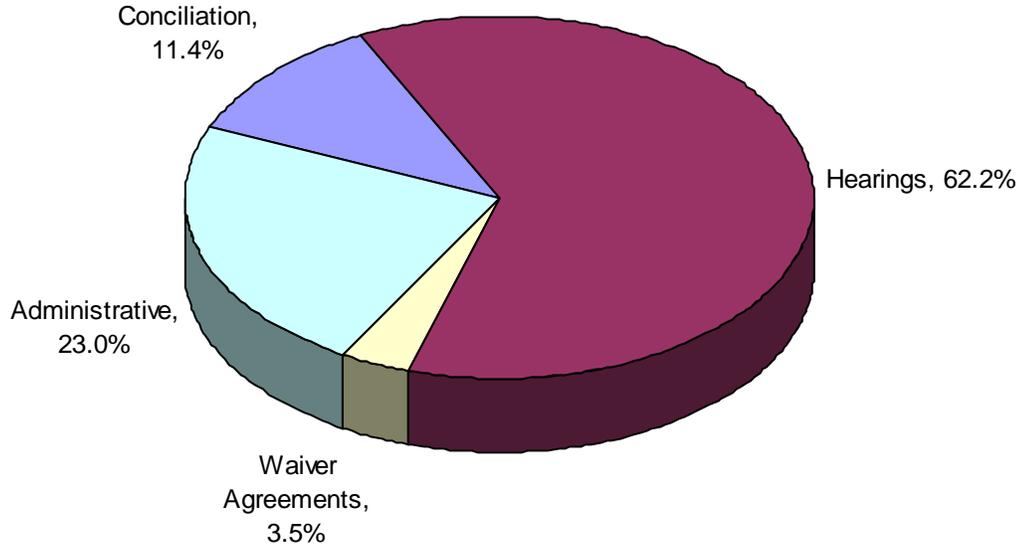
Claims are assembled when the Board has received sufficient documentation that a work related accident or disease may have occurred.

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim's status; it is estimated that these affirmations account for less than 5% of the total.)

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Resolutions by Board Processes in 2010



Claim Resolution	Number of Resolutions	Percentage of Resolutions
Informal	104,245	34.3%
Administrative	69,708	23.0%
Conciliation	34,537	11.4%
Formal	199,284	65.7%
Hearings	188,708	62.2%
Waiver Agreements	10,576	3.5%
Total	303,529	100.0%

“Administrative” includes Administrative Determinations, Administrative Closures and Cancellations (A claim is cancelled if it is determined to be a duplicate).

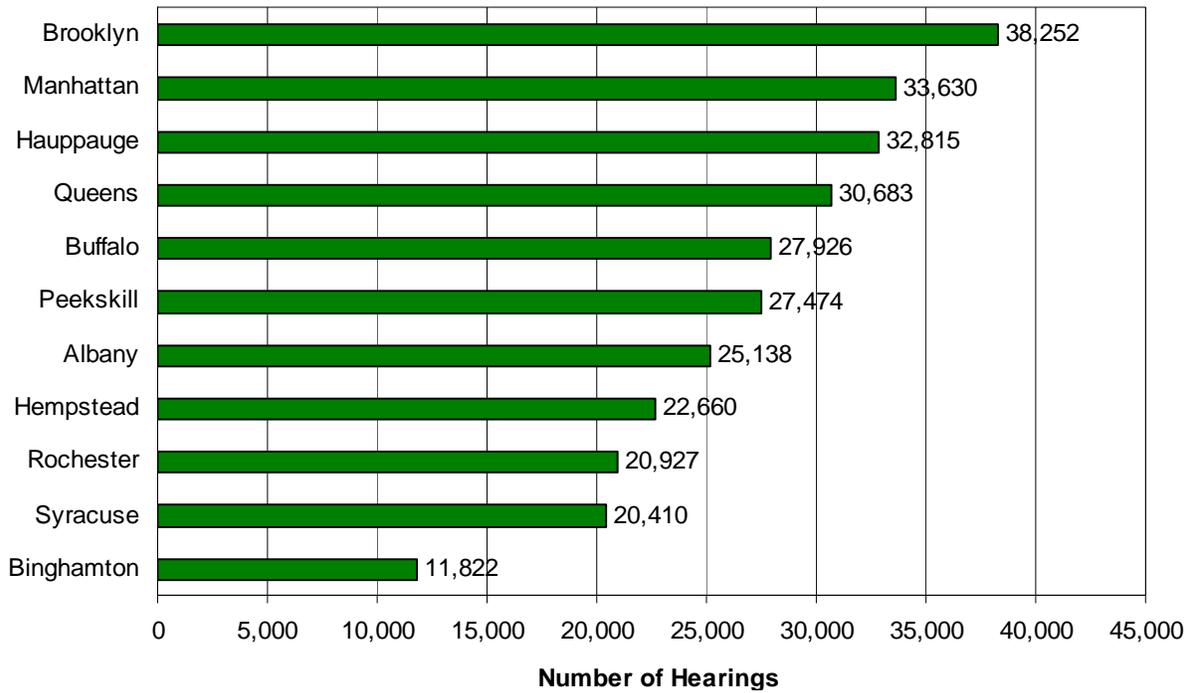
“Conciliation” provides an informal and prompt resolution of the claim based upon the cooperation of both parties: the injured worker and the insurance carrier/self-insured employer.

A claim resolved by the “Hearing” process is one for which a judge had determined that no further action by the Board was necessary at the conclusion of the hearing, this includes Pre-Hearing Conferences. A Pre-Hearing Conference provides a mechanism for the identification of issues and relevant evidence and to permit parties [in interest] an opportunity to assess their case and to resolve outstanding issues prior to [trial] scheduling a hearing regarding those issues.

“Waiver Agreements” settle any or all issues in a claim for workers’ compensation benefits, subject to the Board’s approval.

Source: NYS Workers’ Compensation Board
Division of Policy and Program Development / Office of MIS

Hearings Held in 2010 By District Office

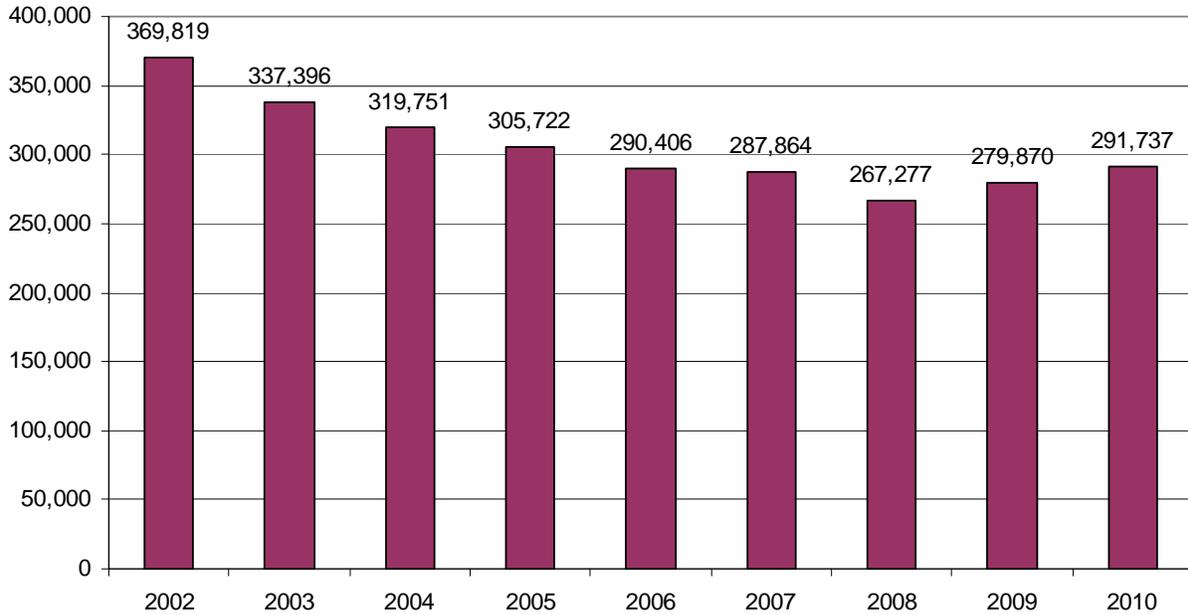


District Office	Number of Hearings
Brooklyn	38,252
Manhattan	33,630
Hauppauge	32,815
Queens	30,683
Buffalo	27,926
Peekskill	27,474
Albany	25,138
Hempstead	22,660
Rochester	20,927
Syracuse	20,410
Binghamton	11,822
Total	291,737

The number of hearings excludes commissioner hearings, board panel reviews and waiver agreements.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Number of Hearings Held Nine Year Trend



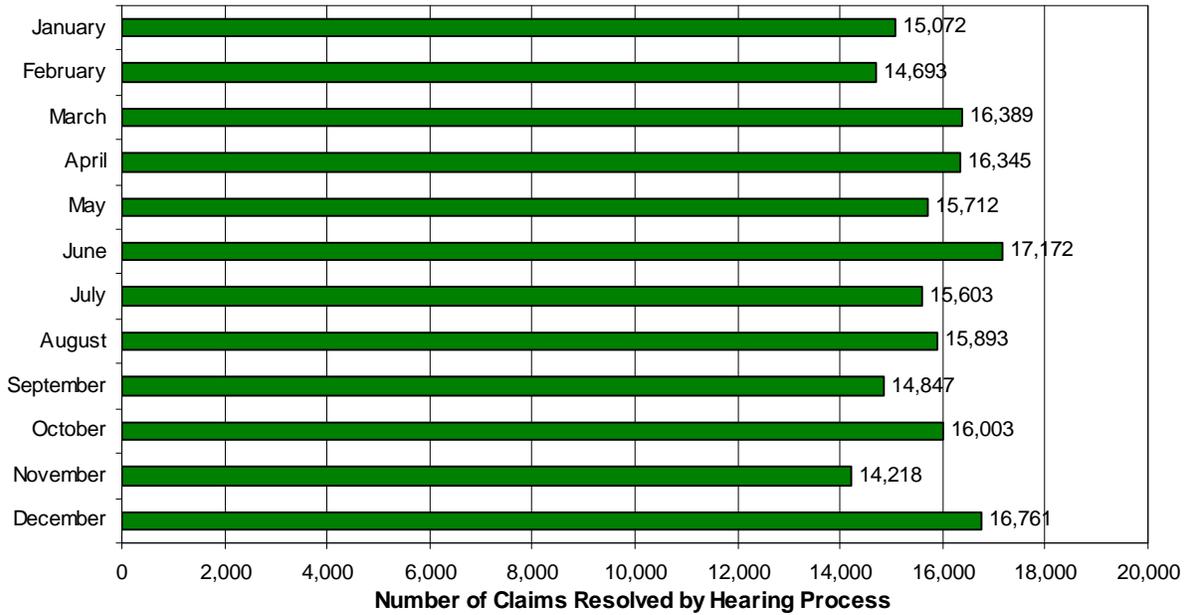
Number of Hearings Held Nine Year Trend

Year	Total Hearings Held	Claims Pending at End of Year	Ratio of Hearings Held to Claims Pending
2002	369,819	160,176	2.3
2003	337,396	149,588	2.3
2004	319,751	137,735	2.3
2005	305,722	126,054	2.4
2006	290,406	122,860	2.4
2007	287,864	116,392	2.5
2008	267,277	96,058	2.8
2009	279,870	90,315	3.1
2010	291,737	85,286	3.4

The number of hearings excludes commissioner hearings, board panel reviews and waiver agreements.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

Number of Claims Resolved by Hearing Process in 2010 By Month



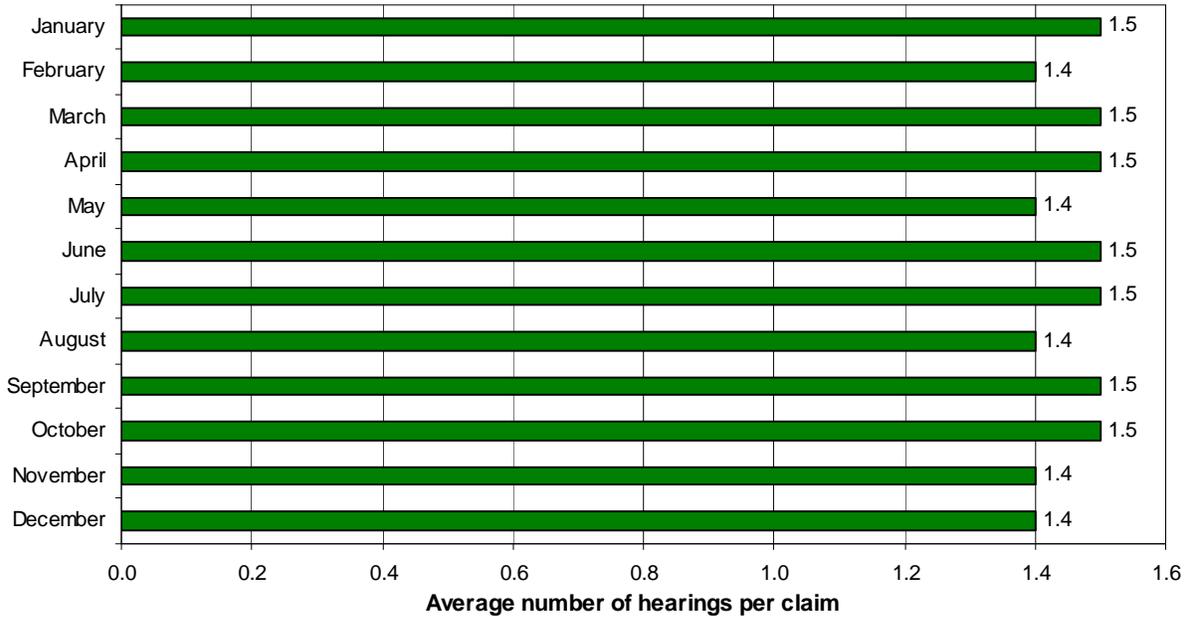
Month	Resolved by Hearing Process
January	15,072
February	14,693
March	16,389
April	16,345
May	15,712
June	17,172
July	15,603
August	15,893
September	14,847
October	16,003
November	14,218
December*	16,761
Total	188,708

* As of 1/31/2011.

A claim resolved by the Hearing process is one for which a judge had determined that no further action by the Board was necessary at the conclusion of the hearing, this includes Pre-Hearing Conferences. A Pre-Hearing Conference provides a mechanism for the identification of issues and relevant evidence and to permit parties [in interest] an opportunity to assess their case and to resolve outstanding issues prior to [trial] scheduling a hearing regarding those issues.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

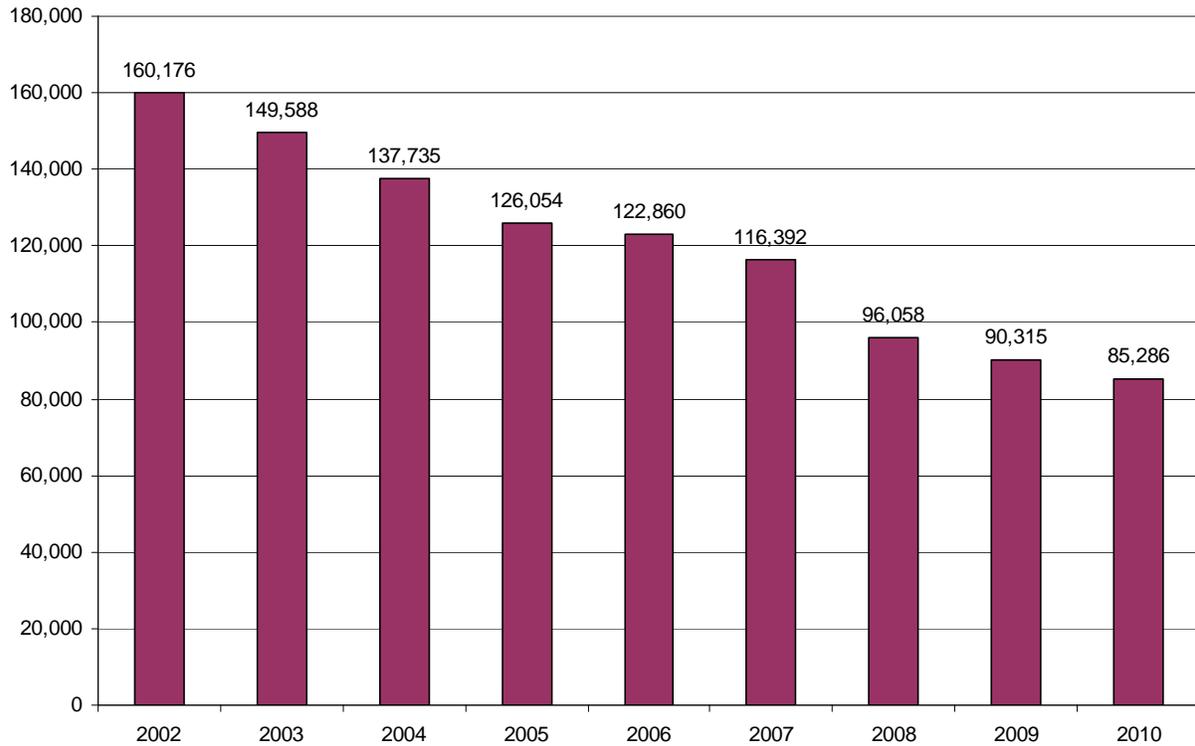
**Average Number of Hearings to First Indemnity Award
for Claims that Required Hearings in 2010
By Month**



Month	Average Hearings per Claim
January	1.5
February	1.4
March	1.5
April	1.5
May	1.4
June	1.5
July	1.5
August	1.4
September	1.5
October	1.5
November	1.4
December	1.4
Average	1.5

Accepted Claims with indemnity award: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; (3) there is a causal relationship between the work injury or illness and a consequent disability; and (4) the claimant received a monetary award.

Number of Claims Pending Nine Year Trend



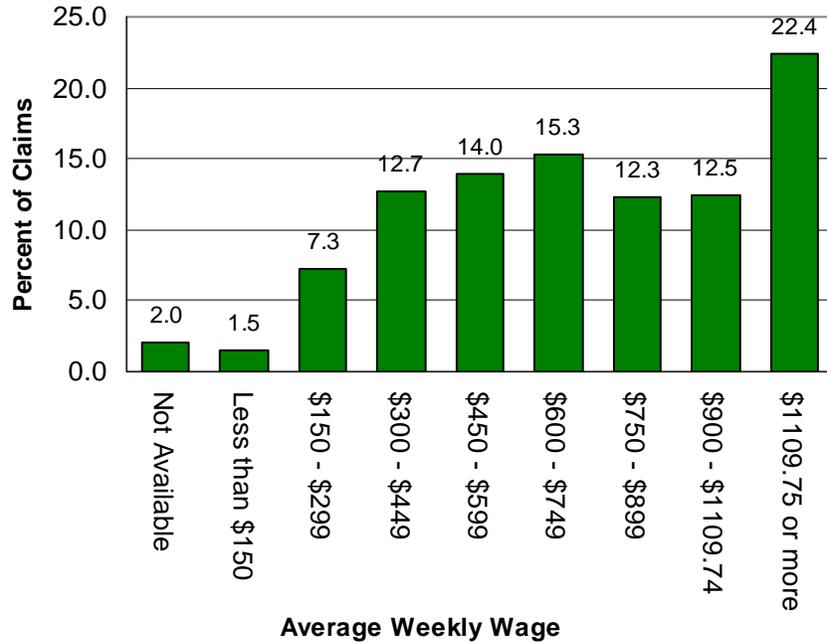
Number of Claims Pending Nine Year Trend

Calendar Year	Claims Pending at End of Year	Annual Percent Change in Claims Pending
2002	160,176	N/A
2003	149,588	-7%
2004	137,735	-8%
2005	126,054	-8%
2006	122,860	-3%
2007	116,392	-5%
2008	96,058	-17%
2009	90,315	-6%
2010	85,286	-6%

A pending claim is one with unresolved issues.

Source: NYS Workers' Compensation Board
Division of Policy and Program Development / Office of MIS

**Average Weekly Wage
For Accepted Claims with First Indemnity Award in 2010**



Average Weekly Wage	Number of Claims	Percentage of Claims
Not Available	1,583	2.0%
Less than \$150	1,207	1.5%
\$150 - \$299	5,686	7.3%
\$300 - \$449	9,937	12.7%
\$450 - \$599	10,927	14.0%
\$600 - \$749	11,945	15.3%
\$750 - \$899	9,624	12.3%
\$900 - \$1109.74	9,752	12.5%
\$1109.75 or more	17,499	22.4%
Totals	78,160	100.0%

The maximum benefit rate effective 7/1/2010 is based upon the Statewide Average Weekly Wage of \$1109.75.

Claims Accepted: Claims for which there was a finding made by the Board that (1) the claimant sustained an injury or illness arising out of and in the course of employment; (2) timely notice thereof was given to the employer; and (3) there is a causal relationship between the work injury or illness and a consequent disability.

(The claims accepted data for 2010 includes some previously established claims for which a Board finding during calendar year 2010 amended or reaffirmed the claim's status; it is estimated that these affirmations account for less than 5% of the total.)