

# **2009 Workers Compensation Adjuster Certification Data Call WCAC-2009 STATISTICAL PLAN**

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## **INTRODUCTION**

This is a statistical plan for the WCAC-2009 Data Call. A statistical plan contains the reporting requirements, due dates and related information needed to complete your company's reporting obligations under California Insurance Code Section 11761 and California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Sections 2592-2592.08.

The statistical plan contains eight sections. These sections are outlined below:

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## A. SCOPE OF THE STUDY

This study is being released to all insurers admitted to transact workers' compensation insurance in California. The WCAC-2009 Data Call specifically applies to companies that **write or maintain** workers' compensation insurance. Workers compensation insurance is defined under California Insurance Code Section 109 (CIC 109).

### **California Department of Insurance Jurisdiction:**

California Insurance Code Section 11761 and California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Sections 2592 – 2592.08 require all companies, admitted to transact workers' compensation insurance in California, to submit information on their claims adjusters, medical-only claims adjusters and medical bill reviewers to the department on a **annual basis**. In cooperation with the California Department of Insurance's Legal Division and Producer Licensing Bureau, the Statistical Analysis Division has developed the WCAC-2009 Data Call. This data call is intended to provide a uniform method of data collection, as well as, to provide companies with a convenient and efficient manner of fulfilling their reporting obligations.

For additional information on CIC 11761, visit the State of California Legislative Information website. The instructions are outlined in the following section:

- For a copy of CIC 11761 visit the State of California Legislative Information website at <http://www.leginfo.ca.gov>.
- Upon entering the website, click on "CALIFORNIA LAW".
- Select the box entitled "Insurance Code" from the list of codes (located in 2<sup>nd</sup> column)
- Scroll down to bottom of page and ENTER "11761" in the Search By Keyword field.
- Click "Search" button (located at the bottom of page)
- Select the appropriate link from the results page.

For additional information on California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Sections 2592 – 2592.08, visit the State of California Office of Administrative Law's website. The instructions are outlined in the following section:

- For a copy of CCR Section 2592-2592.08 visit the State of California Office of Administrative Law website at <http://ccr.oal.ca.gov>.
- Upon entering the website, click on "SEARCH FOR A SPECIFIC REGULATORY SECTION".
- Click on the field entitled "SECTION" and enter "2592" in SECTION field.
- Click "Search" button
- Select the appropriate link from the results page. (Sections 2592 – 2592.08)

## SCOPE OF THE STUDY (continued)

This data call is intended to provide a uniform method of data collection, as well as, to provide companies with a convenient and efficient manner of fulfilling their reporting obligations. What follows are some definitions of items collected under the WCAC Data Workbook.

### **Claims Adjusters:**

For the purposes of this data call, a **claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 ( b )** - "Claims adjuster" means a person who, on behalf of an insurer, including an employee or agent of an entity that is not an insurer, is responsible for determining the validity of a workers' compensation claim. The claims adjuster may also establish a case reserve, approve and process all workers' compensation benefits, may hire investigators, attorneys or other professionals and may negotiate settlements of claims. "Claims adjuster" also means a person who is responsible for the immediate supervision of a claims adjuster but does not mean an attorney representing the insurer or a person whose primary function is clerical. "Claims adjuster" also includes an experienced claims adjuster. "Claims adjuster" does not include the medical director or physicians utilized by an insurer for the utilization review process pursuant to Labor Code section 4610.

### **Experienced Claims Adjusters:**

For the purposes of this data call, an **experienced claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 ( f )** - "Experienced claims adjuster" means a person who has had at least five (5) years within the past eight (8) years of on-the-job experience adjusting California workers' compensation claims or supervising claims adjusters handling California workers' compensation claims and is designated as an experienced claims adjuster by an insurer. A person who has successfully completed the written examination specified by Title 8, Section 15452 of the California Code of Regulations is also considered an experienced claims adjuster, provided that he or she has either (1) worked as a workers' compensation claims adjuster or supervised workers' compensation claims adjusters continuously since passing the examination and is designated as an experienced claims adjuster by an insurer or (2) passed the examination within the previous five (5) years and is designated as an experienced claims adjuster by an insurer. "Experienced claims adjuster" also includes a person who has already been trained and designated a claims adjuster and now meets the requirements of experience or examination completion noted above and is designated an experienced claims adjuster by an insurer.

### **Medical-Only Claims Adjusters:**

For the purposes of this data call, a **medical-only claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 ( m )** - "Medical-only claims adjuster" means a person who, on behalf of an insurer, including an employee or agent of an entity that is not an insurer, is responsible for determining the validity of workers' compensation claims only involving medical workers' compensation benefits, as defined under Article 2 (commencing with Labor Code section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code. The medical-only claims adjuster may also establish medical treatment reserves, approve and process medical benefits, and negotiate settlement of medical benefit claims. "Medical-only claims adjuster" also means a person who is responsible for the immediate supervision of a medical-only claims adjuster but does not mean an attorney representing the insurer or a person whose primary function is clerical. "Medical-only claims adjuster" also includes an experienced medical-only claims adjuster. "Medical-only claims adjuster" does not include the medical director or physicians utilized by an insurer for the utilization review process pursuant to Labor Code section 4610.

## SCOPE OF THE STUDY (continued)

### **Experienced Medical-Only Claims Adjusters:**

For the purposes of this data call, an **experienced claims adjuster is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 ( g )** - "Experienced medical-only claims adjuster" means a person who has had at least three (3) years within the past five (5) years of on-the-job experience adjusting California workers' compensation medical-only claims and is designated as an experienced medical-only claims adjuster by an insurer.

### **Medical Bill Reviewer:**

For the purposes of this data call, a **medical bill reviewer is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 ( k )** - "Medical bill reviewer" means a person who is not a claims adjuster or medical-only claims adjuster and who only reviews or adjusts workers' compensation medical bills on behalf of an insurer, including employees or agents of the insurer or employees or agents of a medical billing entity. "Medical bill reviewer" also includes an experienced medical bill reviewer.

### **Experienced Medical Bill Reviewer:**

For the purposes of this data call, an **experienced medical bill reviewer is defined under California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01 ( h )** - "Experienced medical bill reviewer" means a person who has had at least three (3) years within the past five (5) years of on-the-job experience reviewing California workers' compensation medical bills and is designated as an experienced medical bill reviewer by a medical billing entity or by an insurer.

### **Workers' Compensation Insurance:**

California Insurance Code Section 109 - Workmen's compensation insurance includes insurance against loss from liability imposed by law upon employers to compensate employees and their dependents for injury sustained by the employees arising out of and in the course of the employment, irrespective of negligence or of the fault of either party.

## B. GENERAL RULES

### ***EXPERIENCE PERIOD:***

For the purpose of the 2009 Data Call, the California Department of Insurance is requiring all companies to report information for the year 2009.

- Data worksheets for year 2009 are provided in the data workbook.
- For the 2009 Reporting Period – Report experience as of **June 30, 2009**.

### ***WHO MUST FILE:***

The WCAC-2009 reporting requirements pertain to companies **that currently write or have existing business in workers' compensation insurance**. Workers' compensation insurance is defined under California Insurance Code Section 109.

- If your company **currently writes or has existing business in workers compensation insurance** your company is subject to the reporting requirements in CIC 11761 and California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Sections 2592-2592.08. It must respond to the WCAC-2009 data call. Companies that have experience to report under CIC 11761 and California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Sections 2592-2592.08 are required to complete the WCAC-2009 Acknowledgement Form confirming their participation in the WCAC-2009 data call.
- If your company is admitted to transact workers' compensation insurance in California **but has not written or has no existing workers' compensation business (as determined by your company's California State Page Exhibit – Line 16)**, please complete the "Admitted Company With No Experience To Report" section in the WCAC-2009 Acknowledgement Form and return this form to the California Department of Insurance.
- If your company is NOT currently admitted to transact Workers Compensation Insurance, please complete the "WE ARE CURRENTLY NOT MARKETING WORKERS COMPENSATION INSURANCE IN CALIFORNIA" section in the WCAC-2009 Acknowledgement of Receipt Form and return this form to the California Department of Insurance.

### ***PENALTIES FOR NON-COMPLIANCE:***

Companies that fail to submit a completed & signed WCAC-2009 ACKNOWLEDGEMENT FORM and DATA WORKBOOK (if applicable) by the due date requested will be identified as being in non-compliance under CIC 11761 and California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Sections 2592-2592.08.

**Companies in non-compliance with the requirements under the WCAC-2009 Data Call will also be in non-compliance with California Insurance Codes 700 (c), 790.03 and 790.06.**

**ALL non-compliant companies will be referred to the California Department of Insurance's Legal Division for further action.**

## GENERAL RULES (continued)

- Insurers who file a **consolidated annual statement**, as a group of companies **MAY NOT SUBMIT CONSOLIDATED EXPERIENCE**. A separate company acknowledgment and data workbook must be submitted for each company required submitting experience under CIC 11761 and California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Sections 2592-2592.08.
- **RE-SUBMISSIONS:**  
Submissions that do not pass the Department's validating tests will be returned to the company for corrections. No more than **one (1)** re-submission is acceptable. The company will be allowed **10 working days** to resubmit its data to the Department.
- **VALIDATING PROCEDURE:**  
Companies should establish their own validating programs and procedures to detect errors in data pertaining to claims adjusters, experience claims adjusters, medical-only claims adjusters, experience medical-only claims adjusters, medical bill reviewers and experienced medical bill reviewers.

All data will be tested for accuracy and reasonability. **Rejected data will be returned to the company for correction and resubmission.** *If the company believes that the data is correct as submitted, but may be questioned by this Department, the company should provide an explanation in writing.*

## C. **PROPRIETARY POLICY**

As a general rule all data submitted to the California Department of Insurance (CDI) Statistical Analysis Division is deemed to be proprietary in nature and treated as confidential. Data will only be released in the aggregate so no individual company experience is revealed, unless;

- a. Mandated by California Insurance Code or California Code of Regulations.
- b. Requested by other CDI Units for internal use, but continue to maintain confidentiality.
- c. Ordered by the Insurance Commissioner or Legislative Insurance Committee in the public interest, and does not conflict with proprietary protection under current law.

## D. REPORTING DUE DATES

- The **WCAC-2009 Acknowledgement of Receipt Form** is due no later than **MAY 11, 2009**.
- The **WCAC-2009 Data Workbook** is due no later than **July 13, 2009**.
- **Requests for extensions in reporting** must be received no later than **June 12, 2009**.

All extension requests should be in writing and must be sent by e-mail to:  
[hayine@insurance.ca.gov](mailto:hayine@insurance.ca.gov)

Should you have an extension requests, and/or questions related to the Statistical Plan or Data Workbook, please address your inquiries or concerns to the contact person indicated below.

<p><b>Erlinda Hayin</b> WCAC Data Call Team Leader</p> <p>California Department of Insurance Statistical Analysis Division 300 South Spring Street, 14th Floor Los Angeles, California 90013</p> <p>Email: <a href="mailto:HayinE@insurance.ca.gov">HayinE@insurance.ca.gov</a> Phone: 213-346-6311 Fax: 213-897-6571</p>	<p><b>Leo Lara</b> Project Manager Life, Health &amp; Disability Studies</p> <p>California Department of Insurance Statistical Analysis Division 300 South Spring Street, 14th Floor Los Angeles, California 90013</p> <p>Email: <a href="mailto:laral@insurance.ca.gov">laral@insurance.ca.gov</a> Phone: 213-346-6474 Fax: 213-897-6571</p>
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For questions about substantive matters, or legal requirements, please contact:

<p><b>Christopher Citko</b> Senior Staff Counsel, Legal Division</p> <p>California Department of Insurance 300 Capitol Mall Sacramento, California 95814 Email: <a href="mailto:CitkoC@insurance.ca.gov">CitkoC@insurance.ca.gov</a></p>
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## E. RETRIEVING THE WCAC-2009 DATA CALL PACKAGE FROM THE INTERNET

To retrieve the WCAC-2009 Data Call Package (Acknowledgement Form, Statistical Plan, Data Workbook and the Annual Certification Forms), please follow the instructions below:

- Go to the Department of Insurance web site at <http://www.insurance.ca.gov>.
- Select the **INSURERS** page.
- From the **INSURERS** page, select **DATA & REPORTS** link on the left-hand column.
- Select **STATISTICAL PLANS** and then **REPORTING YEAR 2009 STATISTICAL PLANS** link.
- A message will appear requesting the user name and password. Enter the following:  
USER NAME: GOTNUMBERS09 (case sensitive)  
PASSWORD: STAT2009 (case sensitive)
- Select "WCAC-2009" (2009 Workers Compensation Adjuster Certification Data Call)
- From the WCAC-2009 site you can retrieve the following:
  - ***WCAC-2009 Acknowledgement Form – DUE MAY 11, 2009\****
  - ***WCAC-2009 Data Workbook – DUE JULY 13, 2009***
  - ***WCAC-2009 Statistical Plan – Contains Detailed Instructions On How To Complete The WCAC-2009 Data Workbook and Annual Certification Forms.***

***IMPORTANT:*** Please note that in addition to submitting the data workbook, your company must also mail completed & signed copies of the annual certification forms (per CCR, Title 10, Section 2592.07). Instructions on how to complete the annual certification forms and mailing address are found in Section – H of this document.

\* Regardless of your reporting experience, the **Acknowledgement Form MUST BE RETURNED NO LATER THAN MAY 11, 2009** to the e-mail address listed in the WCAC-2009 Statistical Plan.

## F. METHOD OF REPORTING

The WCAC Data Workbook is available on the Internet (see Section E for retrieval instructions).

The transmittal data may be submitted two ways (*CHOOSE ONLY ONE*):

1. Via **e-mail attachment** to e-mail address: [submissions@insurance.ca.gov](mailto:submissions@insurance.ca.gov)
2. Via **mail on a 3 ½" IBM compatible diskette**. If the company is unable to e-mail the data workbook, as preferred in option 1, you may save the data on diskette and mail it to the Statistical Analysis Division of the California Department of Insurance at the address provided below.

**NOTE: A printed "hard copy" (without accompanying diskette) will not be accepted by the Department.** The Department will only accept an electronic submission from either of the two methods mentioned in Section F. We will print a hard copy of your data upon receiving the electronic submission. If you are unable to process an Excel file, please contact this office for further instructions.

**\*\* MAILING ADDRESS \*\***

**CALIFORNIA DEPARTMENT OF INSURANCE**  
**Statistical Analysis Division**  
300 South Spring St., S. Tower, 14th Floor  
Los Angeles, CA 90013  
Attn: WCAC-2009

**ANNUAL CERTIFICATION FORMS – Pursuant to CIC 11761 and CCR, Title 10, Section 2592.07, Annual Certification Forms must be completed and signed by a person or company officer responsible for your company's claims operations. Submit this form via mail to:**

**CALIFORNIA DEPARTMENT OF INSURANCE**  
**Statistical Analysis Division**  
300 South Spring St., S. Tower, 14th Floor  
Los Angeles, CA 90013  
Attn: CIC 11761 – Certification Forms Unit

## G. CDI CONTACT INFORMATION

Should you have an **extension request**, and/or **questions related to the Statistical Plan or the WCAC Workbook**, please address your inquiries or concerns to the contact person indicated below. Requests for an extension should be in writing and must be sent to: [hayine@insurance.ca.gov](mailto:hayine@insurance.ca.gov)

Erlinda D. Hayin  
CALIFORNIA DEPARTMENT OF INSURANCE  
Statistical Analysis Division  
Telephone: (213) 346-6311  
Facsimile: (213) 897-6571  
E-mail: [hayine@insurance.ca.gov](mailto:hayine@insurance.ca.gov)

## H. INSTRUCTIONS FOR COMPLETING THE WCAC-2009 DATA WORKBOOK

The purpose of this section is to provide you with the reporting instructions necessary for completing the WCAC-2009 Data Workbook. The WCAC-2009 Workbook was developed using Microsoft Excel. Within the workbook, you will find three (3) worksheets.

- **Company Contact Worksheet** – Requests company contact information.
- **2009 Reporting Period** - The purpose of this worksheet is to collect your company's 2009 annual experience pertaining to its claims adjusters, medical-only claims adjusters and medical bill reviewers. This worksheet has four (4) tables:

- **TABLE A - Total Number of Persons Adjusting Claims (as of June 2009)**

The purpose of Table A is to collect the total number of persons adjusting workers' compensation claims on your company's behalf. ***Please note that the data reported in this table must include claims adjusters (experienced & non-experienced) and medical-only claims adjusters (experienced & non-experienced).***

Enter whole numbers only.

**Provide totals as of June 30, 2009**

Definitions for claims adjuster, experience claims adjuster, medical-only claims adjuster and experienced medical-only claims adjuster are provided in "SECTION-A, SCOPE OF STUDY" of this statistical plan. Definitions are also provided in California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01.

- **TABLE B - Total Number of Experienced or Trained Persons Adjusting Claims (as of JUNE 2009)**

The purpose of Table B is to collect the total number of experienced claims adjusters and medical-only claims adjusters. ***Please note that the data reported in this table must include experienced and/or trained claims adjusters and experienced and/or trained medical-only claims adjusters ONLY.***

Enter whole numbers only.

**Provide totals as of June 30, 2009**

Experienced claims adjusters are defined under CCR 2592.01(f). Definition is also provided in "SECTION-A, SCOPE OF STUDY" of this statistical plan. Experienced medical-only claims adjusters are defined under CCR 2592.01(g). Definition is also provided in "SECTION-A, SCOPE OF STUDY" of this statistical plan.

## INSTRUCTIONS FOR COMPLETING THE WCAC-2009 DATA WORKBOOK (continued)

- **TABLE C - Total Number of Medical Bill Reviewers (as of JUNE 2009)**

The purpose of Table C is to collect the total number of persons who are identified as "medical bill reviewers" by your company. ***Please note that the data reported in this table must include BOTH experienced and non-experienced medical bill reviewers.***

Enter whole numbers only.

**Provide totals as of June 30, 2009**

Definitions for medical bill reviewer and experienced medical bill reviewer are provided in "SECTION-A, SCOPE OF STUDY" of this statistical plan. Definitions are also provided in California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01.

- **TABLE D Total Number of Experienced or Trained Medical Bill Reviewers (as of JUNE 2009)**

The purpose of Table D is to collect the total number of "experienced and/or trained medical bill reviewers" by your company. ***Please note that the data reported in this table must include experienced medical bill reviewers ONLY.***

Enter whole numbers only.

**Provide totals as of June 30, 2009**

Definitions for experienced medical bill reviewer are provided in "SECTION – A, SCOPE OF STUDY" of this statistical plan. Definitions are also provided in California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.01.

- **2009 Adjuster Certification Form** - Pursuant to California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.07 (a), the purpose of this worksheet is to provide you with the required claims adjuster and medical only claims adjuster certification form. In order to complete your company's 2009 filing, you will need to MAIL the completed certification form to the Department. Instructions are as follows:

**STEP #1: PRINT and SIGN the certification form.** The information entered in the previous worksheets will be used to complete this form. Please ensure that the person or company officer responsible for the claims operation of your company signs the following form.

## INSTRUCTIONS FOR COMPLETING THE WCAC-2009 DATA WORKBOOK (continued)

**STEP #2: *Mail the completed & signed certification form.*** In order to complete your company's reporting obligations under CIC 11761 and CCR Title 10, Chapter 5, Subchapter 3, Section 2592.07, you must mail the completed and signed certification form to the following address:

California Department of Insurance  
Statistical Analysis Division  
300 South Spring Street, 14th Floor  
Los Angeles, CA 90013  
Attention: CIC 11761 Certification Forms Unit

- **2009 Medical Bill Reviewer Certification Form** - Pursuant to California Code of Regulations, Title 10, Chapter 5, Subchapter 3, Section 2592.07 (b), the purpose of this worksheet is to provide you with the required medical bill reviewer certification form. In order to complete your company's 2009 filing, you will need to MAIL the completed certification form to the Department. Instructions are as follows:

**STEP #1: *PRINT and SIGN the certification form.*** The information entered in the previous worksheets will be used to complete this form. Please ensure that the person or company officer responsible for the claims operation of your company signs the following form.

**STEP #2: *Mail the completed & signed certification form.*** In order to complete your company's reporting obligations under CIC 11761 and CCR Title 10, Chapter 5, Subchapter 3, Section 2592.07, you must mail the completed and signed certification form to the following address:

California Department of Insurance  
Statistical Analysis Division  
300 South Spring Street, 14th Floor  
Los Angeles, CA 90013  
Attention: CIC 11761 Certification Forms Unit

## INSTRUCTIONS FOR COMPLETING THE WCAC-2009 DATA WORKBOOK (continued)

### SYSTEMS REQUIREMENTS

In order to complete this filing:

1. You will first need to retrieve the data workbook (*2009\_WCAC\_DataWorkbook.xls*), from the Internet, requiring:
  - **Internet Explorer Version 5** or
  - **Netscape Navigator**See the section below entitled, **Opening File From Department Web Site**, which outlines some of the varying messages and/or procedures you may encounter when using **Internet Explorer** as opposed to **Netscape Navigator**. It is possible to retrieve the Transmittal Form using either version.
2. Secondly, you will also need to complete this form in:
  - **Microsoft Excel 2002 or higher** – The transmittal forms will only run on Microsoft Excel 2002 or higher. If you are experiencing difficulty in opening the transmittal files, please contact Erlinda D. Hayin at (213) 346-6311.

### OPENING FILE FROM DEPARTMENT WEB SITE

Upon entering the Workers Compensation Adjuster Certification Data Call web site (see Section E above for accessing this page), click on the Transmittal Forms box to bring up the Excel workbook file, "*2009\_WCAC\_DataWorkbook.xls*".

You may see different messages appear when using **Internet Explorer** or **Netscape Navigator** to access the Transmittal Forms. **Please refer to the appropriate sections below to SAVE the transmittal data to diskette before starting your data entry.**

1. **If You Are Using Internet Explorer Version 5** –
  - A message will be displayed...**Microsoft Excel...The Workbook you are opening contains Macros...**
  - Select **Yes**. *Enables the macros that are needed to run the workbook. Calculations have been programmed and are automatic once data are provided.*

To **save** the file to a diskette after retrieving file from the Department web site, as indicated in Section E.

- At the **TOP LEFT-HAND** corner of the WCAC-2009 data workbook, **CLICK** on the button labeled "DOWNLOAD WORKBOOK".
- Select the **path** where you wish to save file. If you are planning to save this file to a DISKETTE, choose the "**a:\**" drive, otherwise, choose "**c:\**" for your hard-drive.
- Under **FILE NAME** type **2009\_WCAC\_Data.xls**
- Select **SAVE**.
- Go to STEP 3 below and begin entering data.

## INSTRUCTIONS FOR COMPLETING THE WCAC-2009 DATA WORKBOOK (continued)

2. **If You Are Using Netscape Navigator –**
  - A message will be displayed...
  - Select **SAVE TO DISK** and choose the path where you would like to save your file.
  - Under **FILE NAME** type **2009\_WCAC\_Data.xls**.
  - Select **SAVE**.
  - **EXIT** Internet
  - Proceed to STEP 3 below.
  
3. **AFTER YOU HAVE DOWNLOADED FILE - Retrieve file by Using Microsoft Excel (97 or higher versions) and Proceed with Data Entry**
  - **OPEN** MS Excel (version 2002 or higher).
  - From Excel, **RETRIEVE** and **OPEN** the file (2009\_WCAC\_Data.xls) from where you have saved it. When opening the file, a dialog box will appear on the screen asking if you wish to **enable macros**.
  - Select **Enable Macros**.
  - Complete the form using Microsoft Excel.
  - Submit as an Excel attachment to the e-mail address listed in Section F, Method of Reporting.

**ENTERING DATA:** As stated in the beginning of Section H, the Excel workbook has two (2) worksheets. The macro will automatically bring you to the Company Contact Worksheet. If not, simply click on the worksheet entitled, "COMPANY CONTACT WORKSHEET". **IMPORTANT: Be sure that your company's Contact Information is filled out completely.** Continue entering the appropriate data, as requested by each worksheet. To move from worksheet to worksheet, click the worksheet tabs at the bottom of your screen.

**VALIDATE** and confirm your entries.

**SAVE:** Save the entire workbook on diskette or on your hard drive. If unable to submit data to this Department via the desired e-mail method, you may save data onto 3.5" Diskette and remit the completed diskette to the address provided in Section F above.

**PRINT:** You may print the entire workbook by clicking the "Print All" button. PLEASE NOTE-The Department will ONLY ACCEPT "electronic copies" or data files of the WCAC Data Workbook.

**SUBMISSION OF DATA:** Submit your completed WCAC-2009 filing to the California Department of Insurance as explained under Method of Reporting in Section F of this statistical plan. A completed WCAC filing consists of a completed WCAC Data Workbook and signed Annual Certification Forms (mailed to the Department).

**IMPORTANT: As discussed in Section F of this Statistical Plan, completed and signed Annual Certification Forms must be mailed in conjunction with your electronic submission of the data workbook. The data workbook can be submitted either via e-mail or via mail on a 3.5" IBM compatible diskette. For diskette submissions, the mailing address is provided in Section – F.**