

Due Date: March 31, 2016

## Annual Call for Direct California Workers' Compensation Aggregate Indemnity and Medical Costs

Calendar Year 2015 (CA-IM-2015)

PART A (Premium)					
1.	Earned Premium (This should equal Column (1) total for Item b of the	Calendar Year Exhibit of CA-QT-4Q1))			
PART	B (Paid Indemnity)				
1.	Payments for Death Benefits				
2.	Payments for Permanent Total Benefits				
3.	Payments for Permanent Partial Benefits				
4.	Payments for Temporary Disability Benefits				
5.	5. Payments for Education Voucher and Vocational Rehabilitation Benefits				
6.	Other Indemnity Payments				
7.	Single Sum Settlement Indemnity Payments				
8.	Total Aggregate Indemnity Payments: Sum of Part B, (This should equal Column (1), Line (e) "YTD Change"				
PART	C (Paid Medical)				
1.	Payments for Medical Treatment				
	a. Payments Made to Physicians				
	b. Payments Made to Hospitals				
	c. Payments for Drugs				
	d. Reimbursements to Medicare				
	e. Other Payments for Medical Treatment				
	f. Total (a) + (b) + (c) + (d) + (e)				
2.					
3.	Medical Payments Made Directly to Injured Workers (except for those related to Medicare Set-asides)				
4.	Medical Payments Related to Medicare Set-aside Accounts				
5.	Payments for Medical Evaluations				
6.	Payments for Medical Cost Containment Programs (only on claims covered by policies incepting prior to July 1, 2010)				
7.	Total Aggregate Medical Payments: $(1f) + (2) + (3) + (7)$ (This should equal Column (3), Line (e) "YTD Change"				
Name		Title			
Email		Date Filed			
Telephone No.  Mailing Address:		Fax No.			
		Group Code			

## **SAMPLE FORM - 2015 Aggregate Indemnity and Medical Costs Call**



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Companies included in the report					
Code	Name	Status			