

**REQUEST FOR PROPOSALS FOR  
PAYROLL SERVICES AND/OR WORKERS' COMPENSATION COVERAGE**

**ANSWERS TO EMAILED QUESTIONS  
SUBMITTED PRIOR TO THE 9:00 A.M., OCTOBER 24th DEADLINE**

**Question:**

*Provide the annual projected payrolls by classification code from 01-01-14 to 12-31-14.*

**Answer:**

Classification Code	Annual Payroll
5645	\$156,750.08
9033	\$2,564,573.23

**Question:**

*Provide your five year claims experience showing dates of loss, payments, reserves, and claim description.*

**Answer:**

Please see attached document.

**Question:**

*What is your current experience modification factor?*

**Answer:**

Since LHA has been in a PEO relationship with ADP since June 2008, LHA's experience has been blended with the other companies also in a PEO relationship with ADP. Therefore, LHA's specific experience is unavailable.

**Question:**

*"Can you give some details on the large losses from "Employee X" and "Employee Y?" Some explanation about what happened, what the company has done to make sure it doesn't happen again, and are they still working there?"*

**Answer:**

- When "Employee X" sat in an office chair located in a co-employee's cubicle, the leg of the chair broke. This breakage caused the employee to fall to the floor and to become injured. To address the situation, LHA strongly encouraged all staff to not use and to report any faulty furnishings to management. "Employee X" left LHA employment about one-year later.

- "Employee Y" accidentally tripped on the leg of a swivel chair while the employee was walking through another employee's area. As a result, the employee's shoulder struck a cabinet and, then, the employee fell to the floor. The incident resulted in a torn rotator cuff. To address the situation, LHA strongly encouraged all staff to be more aware of their surroundings. The employee has since returned to work at LHA.

**Question:**

*"Also, I believe we're looking to come off TotalSource as soon as possible – so, if okay with you, we'll use a mid-November effective date."*

**Answer:**

According to the directions provided in the RFP, this topic is to be addressed by the respondent in its submitted response to the RFP. Please see item **3. Submittal Format, Tab 3—Capacity to Provide the Requested Services.**

**Question:**

*"I have your employee payroll at \$2,731,000 and the student payroll at approximately \$156,750. Is that still correct?"*

**Answer:**

The information contained in the question is incorrect.

*Note: Please refer to the answer to the first question listed above.*

### FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: XVC

XVC Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # YLW/C 45577 OCCUR DT 09/03/2008 REPORTED 09/03/2008 STATUS Closed CLOSED DT 11/24/2008

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
██████	██████					
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00	0.00
	On Same Level	PAID	231.59	0.00	18.40	
BODY PART	RESULT	SUBTL	231.59	0.00	18.40	0.00
Knee	Inflammation					
ACCIDENT DESCRIPTION HURT BOTH KNEES TRIPPED OVER CHAIR.I		TOTAL INCURRED				249.99

CLAIM # YLW/C 45910 OCCUR DT 09/11/2008 REPORTED 09/12/2008 STATUS Closed CLOSED DT 02/19/2009

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
██████	██████					
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00	0.00
	Repetitive Motion	PAID	1,039.49	0.00	122.72	
BODY PART	RESULT	SUBTL	1,039.49	0.00	122.72	0.00
Wrist(s) and Hand(s)	Strain					
ACCIDENT DESCRIPTION TINGLE L WRIST/HAND TYPING.EE LT WRIS		TOTAL INCURRED				1,162.21

CLAIM # YLW/C 47202 OCCUR DT 10/23/2008 REPORTED 10/23/2008 STATUS Closed CLOSED DT 12/15/2008

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
██████	██████					
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00	0.00
	Falling or Flying Object	PAID	424.93	0.00	49.21	
BODY PART	RESULT	SUBTL	424.93	0.00	49.21	0.00
Eye(s)	Infection					
ACCIDENT DESCRIPTION WATERY,BLOOD SHOOT L EYE POKED W/F		TOTAL INCURRED				474.14

CLAIM # YLW/C 47557 OCCUR DT 11/03/2008 REPORTED 11/04/2008 STATUS Closed CLOSED DT 12/15/2008

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
██████	██████					
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00	0.00
	On Same Level	PAID	347.34	0.00	27.13	
BODY PART	RESULT	SUBTL	347.34	0.00	27.13	0.00
Knee	Contusion					
ACCIDENT DESCRIPTION BRUISE L KNEE,ELBOW T/F ON SPEED BUM		TOTAL INCURRED				374.47

CLAIM # YLW/C 48174 OCCUR DT 11/21/2008 REPORTED 11/21/2008 STATUS Closed CLOSED DT 05/18/2009

CLAIM TYPE Indemnity						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
██████	██████					
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00	0.00
	On Same Level	PAID	6,487.50	0.00	30.00	
BODY PART	RESULT	SUBTL	6,487.50	0.00	30.00	0.00
Brain	Concussion					
ACCIDENT DESCRIPTION CONCUSSION/HURT HEAD/BACK FELL ON G		TOTAL INCURRED				6,517.50

### FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: XVC

XVC Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM# YLW-C-51011 OCCUR DT 02/26/2009 REPORTED 02/26/2009 STATUS Closed CLOSED DT 03/31/2009

CLAIM TYPE Medical					
FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE	O/S Rs			
	Other-Miscellaneous, NOC	PAID			
BODY PART	RESULT	SUBTL			
Body Systems and Multiple Body Sys	Mental Stress				

ACCIDENT DESCRIPTION OVER STRESSED BODY SYSTEM JOB DUTIE TOTAL INCURRED

CLAIM# YLW-C-52174 OCCUR DT 04/03/2009 REPORTED 04/03/2009 STATUS Closed CLOSED DT 06/19/2009

CLAIM TYPE Indemnity					
FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00
	On Same Level	PAID	5,751.75	0.00	21.94
BODY PART	RESULT	SUBTL	5,751.75	0.00	21.94
Soft Tissue	Laceration				0.00

ACCIDENT DESCRIPTION BLEEDING L CHEEK FALL TO PAVEMENT.EE TOTAL INCURRED 5,773.69

CLAIM# YLW-C-64497 OCCUR DT 05/01/2009 REPORTED 04/07/2010 STATUS Closed CLOSED DT 11/16/2010

CLAIM TYPE Medical					
FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00
	Repetitive Motion	PAID	146.95	0.00	32.46
BODY PART	RESULT	SUBTL	146.95	0.00	32.46
Wrist	Inflammation				0.00

ACCIDENT DESCRIPTION CTS BOTH WRISTS REPETE MOTION.REPETE TOTAL INCURRED 179.41

CLAIM# YLW-C-53710 OCCUR DT 05/21/2009 REPORTED 05/21/2009 STATUS Closed CLOSED DT 10/12/2009

CLAIM TYPE Medical					
FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00
	Struck or Injured, NOC	PAID	208.80	0.00	21.88
BODY PART	RESULT	SUBTL	208.80	0.00	21.88
Wrist	Contusion				0.00

ACCIDENT DESCRIPTION KNOT R WRIST PUNCHED BY STUDENT.EE TOTAL INCURRED 230.68

CLAIM# WC555A29895 OCCUR DT 06/01/2009 REPORTED 08/12/2009 STATUS Closed CLOSED DT 08/12/2009

CLAIM TYPE Indemnity					
FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00
	On Same Level	PAID	6,446.71	820.05	372.60
BODY PART	RESULT	SUBTL	6,446.71	820.05	372.60
Knee	Contusion				0.00

ACCIDENT DESCRIPTION HURT RIGHT KNEE SLIP,FELL OUT OF TRUC TOTAL INCURRED 7,639.36

### FOUR LINE CLAIM DETAIL

CLAIM RANGE: 08/08/2008 - 09/10/2013

PARENT ID: XVC

XVC Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # YLW.C 57479 OCCUR DT 06/01/2009 REPORTED 09/16/2009 STATUS Closed CLOSED DT 04/19/2010

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	1,081.02	0.00	287.66	
	Repetitive Motion					
BODY PART	RESULT	SUBTL	1,081.02	0.00	287.66	0.00
	All Other Specific Injuries, NOC					
ACCIDENT DESCRIPTION PAIN R HAND/WRIST/ELBOW REPETE USE.E		TOTAL INCURRED				1,368.68

CLAIM # YLW.C 57792 OCCUR DT 09/24/2009 REPORTED 09/24/2009 STATUS Closed CLOSED DT 11/12/2009

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	223.92	0.00	28.32	
	From Different Level (Elevation)					
BODY PART	RESULT	SUBTL	223.92	0.00	28.32	0.00
	Inflammation					
ACCIDENT DESCRIPTION SORE R UPPER ARM/SHLDR/KNEES T/F.EE'		TOTAL INCURRED				252.24

CLAIM # YLW.C 59564 OCCUR DT 11/13/2009 REPORTED 11/13/2009 STATUS Closed CLOSED DT 07/31/2013

CLAIM TYPE Indemnity						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	3,661.64	0.00	10.00	
	On Same Level					
BODY PART	RESULT	SUBTL	3,661.64	0.00	10.00	0.00
	All Other Specific Injuries, NOC					
ACCIDENT DESCRIPTION UNK INJ HEAD,BOTTOM FALL.EE WAS PASS		TOTAL INCURRED				3,671.64

CLAIM # YLW.C 61960 OCCUR DT 01/28/2010 REPORTED 01/28/2010 STATUS Closed CLOSED DT 02/01/2010

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs				
OCCURRENCE	CAUSE	PAID				
	Struck or Injured, NOC					
BODY PART	RESULT	SUBTL				
	Inflammation					
ACCIDENT DESCRIPTION REDNESS EYE STRUCK BY NAIL.EE WAS ST		TOTAL INCURRED				

CLAIM # YLW.C 68085 OCCUR DT 07/13/2010 REPORTED 07/13/2010 STATUS Closed CLOSED DT 09/14/2010

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	225.92	0.00	35.08	
	From Different Level (Elevation)					
BODY PART	RESULT	SUBTL	225.92	0.00	35.08	0.00
	Laceration					
ACCIDENT DESCRIPTION SCRATCH LEFT KNEE S/F UP THE STAIRS.E		TOTAL INCURRED				261.00



## FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: **XVC**

**XVC** Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # **YLWC 73971** OCCUR DT **12/07/2010** REPORTED **12/08/2010** STATUS **Closed** CLOSED DT **12/17/2010**

CLAIM TYPE <b>Medical</b>					
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES
OCCURRENCE	CAUSE On Same Level	O/S Rs			
BODY PART Multiple Body Parts (Including Body &	RESULT Laceration	PAID			
		SUBTL			

ACCIDENT DESCRIPTION **SCRAPES/SORE MULTI BODY PART FALL.EI** TOTAL INCURRED

CLAIM # **WC555A29894** OCCUR DT **12/15/2010** REPORTED **12/15/2010** STATUS **Closed** CLOSED DT **02/01/2013**

CLAIM TYPE <b>Indemnity</b>					
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES
OCCURRENCE	CAUSE On Same Level	O/S Rs	-47.50	0.00	0.00
BODY PART Ankle	RESULT Contusion	PAID	12,055.59	6,080.00	1,467.24
		SUBTL	12,008.09	6,080.00	1,467.24

ACCIDENT DESCRIPTION **SWOLLEN,BRUISED LEFT ANKLE SLIP & FAL** TOTAL INCURRED **19,602.83**

CLAIM # **WC555A29893** OCCUR DT **12/30/2010** REPORTED **12/30/2010** STATUS **Closed** CLOSED DT **07/30/2013**

CLAIM TYPE <b>Indemnity</b>					
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES
OCCURRENCE	CAUSE On Same Level	O/S Rs	0.00	0.00	0.00
BODY PART Multiple Body Parts (Including Body &	RESULT All Other Specific Injuries, NOC	PAID	14,656.42	6,950.00	7,441.70
		SUBTL	14,656.42	6,950.00	7,441.70

ACCIDENT DESCRIPTION **NO INJ NO BODY PART FALL CHAIR BROKE.** TOTAL INCURRED **29,048.12**

CLAIM # **WC655A29892** OCCUR DT **03/30/2011** REPORTED **03/30/2011** STATUS **Closed** CLOSED DT **09/30/2011**

CLAIM TYPE <b>Medical</b>					
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES
OCCURRENCE	CAUSE Strain or Injury By, NOC	O/S Rs	0.00	0.00	0.00
BODY PART Ankle	RESULT Strain	PAID	3,879.47	0.00	251.63
		SUBTL	3,879.47	0.00	251.63

ACCIDENT DESCRIPTION **TWISTED R ANKLE STEPPING OFF STEP.EE** TOTAL INCURRED **4,131.10**

CLAIM # **WC555A29891** OCCUR DT **04/11/2011** REPORTED **04/12/2011** STATUS **Closed** CLOSED DT **04/11/2011**

CLAIM TYPE <b>Medical</b>					
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES
OCCURRENCE	CAUSE Striking Against or Stepping On, NOC	O/S Rs	0.00	0.00	0.00
BODY PART Foot	RESULT Puncture	PAID	270.15	0.00	11.24
		SUBTL	270.15	0.00	11.24

ACCIDENT DESCRIPTION **PUNCTURE R FOOT STEPPED ON NAIL.EE V** TOTAL INCURRED **281.39**

### FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: XVC

XVC Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # WC555A29890 OCCUR DT 04/21/2011 REPORTED 04/21/2011 STATUS Closed CLOSED DT 04/21/2011

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	480.08	0.00	22.45	
	Striking Against or Stepping On, NOC					
BODY PART	RESULT	SUBTL	480.08	0.00	22.45	0.00
Foot	Puncture					
ACCIDENT DESCRIPTION PUNCTURE RIGHT FOOT NAIL.EE WAS TEA		TOTAL INCURRED 502.53				

CLAIM # WC555A29889 OCCUR DT 04/25/2011 REPORTED 04/26/2011 STATUS Closed CLOSED DT 09/30/2011

CLAIM TYPE Medical						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	4,024.28	0.00	293.48	
	Fall, Slip, Trip, NOC					
BODY PART	RESULT	SUBTL	4,024.28	0.00	293.48	0.00
Knee	Strain					
ACCIDENT DESCRIPTION TWISTED L KNEE TRIP ON CHAIR MAT.EE W		TOTAL INCURRED 4,317.76				

CLAIM # WC555A29888 OCCUR DT 04/27/2011 REPORTED 04/27/2011 STATUS Closed CLOSED DT 04/27/2011

CLAIM TYPE Record Only						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs				
OCCURRENCE	CAUSE	PAID				
	On Same Level					
BODY PART	RESULT	SUBTL				
Knee	Inflammation					
ACCIDENT DESCRIPTION PAIN/SWELL L KNEE S/F WET FLOOR.EE W/		TOTAL INCURRED				

CLAIM # WC555A29159 OCCUR DT 06/17/2011 REPORTED 06/17/2011 STATUS Closed CLOSED DT 06/17/2011

CLAIM TYPE Record Only						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs				
OCCURRENCE	CAUSE	PAID				
	Fall, Slip, Trip, NOC					
BODY PART	RESULT	SUBTL				
Lower Leg	Contusion					
ACCIDENT DESCRIPTION BRUISE/PAIN R LWR LEG/R SHLDR FALLEE		TOTAL INCURRED				

CLAIM # WC555A21384 OCCUR DT 07/14/2011 REPORTED 07/15/2011 STATUS Closed CLOSED DT 07/19/2011

CLAIM TYPE Record Only						
FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs				
OCCURRENCE	CAUSE	PAID				
	Fall, Slip, Trip, NOC					
BODY PART	RESULT	SUBTL				
Elbow	Laceration					
ACCIDENT DESCRIPTION EMP TRYING TO STOP CHILD'S BALL FROM		TOTAL INCURRED				



# FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: XVC

**XVC** Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # WC555A22790 OCCUR DT 07/27/2011 REPORTED 07/27/2011 STATUS Closed CLOSED DT 08/02/2011

CLAIM TYPE Record Only

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE Fellow Worker	O/S Rs			
BODY PART	RESULT	PAID			
Lower Back Area (Lumbar Area & Lu	Strain	SUBTL			

ACCIDENT DESCRIPTION EMPLOYEE WAS WATCHING CHILDREN WH TOTAL INCURRED

CLAIM # WC555A24927 OCCUR DT 08/15/2011 REPORTED 08/15/2011 STATUS Closed CLOSED DT 08/29/2011

CLAIM TYPE Medical

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE On Same Level	O/S Rs	0.00	0.00	0.00
BODY PART	RESULT	PAID	406.45	0.00	34.14
Lower Leg	Contusion	SUBTL	406.45	0.00	34.14

ACCIDENT DESCRIPTION EMPLOYEE MOVING A REFRIDGERATOR OF TOTAL INCURRED 440.59

CLAIM # WC555A25862 OCCUR DT 08/23/2011 REPORTED 08/23/2011 STATUS Closed CLOSED DT 08/24/2011

CLAIM TYPE Record Only

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE Electrical Current	O/S Rs			
BODY PART	RESULT	PAID			
Upper Arm	Strain	SUBTL			

ACCIDENT DESCRIPTION EMP WAS WALKING TO HER VAN WHEN SHI TOTAL INCURRED

CLAIM # WC555A31581 OCCUR DT 09/28/2011 REPORTED 09/28/2011 STATUS Closed CLOSED DT 10/13/2011

CLAIM TYPE Record Only

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE Object Handled by Others	O/S Rs			
BODY PART	RESULT	PAID			
Mouth	Laceration	SUBTL			

ACCIDENT DESCRIPTION EMPLOYEE WAS OUTSIDE WITH THE KIDS TOTAL INCURRED

CLAIM # WC555A38888 OCCUR DT 12/07/2011 REPORTED 12/08/2011 STATUS Closed CLOSED DT 12/12/2011

CLAIM TYPE Record Only

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE Object Handled	O/S Rs			
BODY PART	RESULT	PAID			
Thumb	Contusion	SUBTL			

ACCIDENT DESCRIPTION EMPLOYEE WAS CLOSING TRAILER GATES TOTAL INCURRED



### FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: **XVC**

**XVC** Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # **WC555A39239** OCCUR DT **12/13/2011** REPORTED **12/13/2011** STATUS **Closed** CLOSED DT **12/19/2011**

CLAIM TYPE <b>Medical</b>						
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES	OTHER
OCCURRENCE Cut/Scraped/Puncture By	CAUSE Hand Tool, Utensil; Not Powered	O/S Rs	0.00	0.00	0.00	0.00
BODY PART Knee	RESULT Laceration	PAID	553.32	0.00	22.51	
		SUBTL	553.32	0.00	22.51	0.00
ACCIDENT DESCRIPTION <b>EMP WAS TAKING OFF MOLDING OFF THE V</b>		TOTAL INCURRED				<b>575.83</b>

CLAIM # **WC555A48959** OCCUR DT **03/13/2012** REPORTED **03/14/2012** STATUS **Closed** CLOSED DT **03/30/2012**

CLAIM TYPE <b>Medical</b>						
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES	OTHER
OCCURRENCE Multiple Head Injury	CAUSE Stationary Object	O/S Rs	0.00	0.00	0.00	0.00
BODY PART Multiple Head Injury	RESULT Contusion	PAID	247.65	0.00	22.16	
		SUBTL	247.65	0.00	22.16	0.00
ACCIDENT DESCRIPTION <b>EMP HIT HEAD ON TOP OF TRACK OF CLOS</b>		TOTAL INCURRED				<b>269.81</b>

CLAIM # **WC555A51310** OCCUR DT **04/03/2012** REPORTED **04/04/2012** STATUS **Closed** CLOSED DT **06/01/2012**

CLAIM TYPE <b>Record Only</b>						
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES	OTHER
OCCURRENCE Lungs	CAUSE Absorption, Ingestion or Inhalation, NC	O/S Rs	0.00	0.00	0.00	0.00
BODY PART Lungs	RESULT Respiratory Disorders	PAID	0.00	0.00	0.00	
		SUBTL	0.00	0.00	0.00	0.00
ACCIDENT DESCRIPTION <b>EMPLOYEE WAS RESPONDING TO AN APAF</b>		TOTAL INCURRED				<b>0.00</b>

CLAIM # **WC555A58973** OCCUR DT **05/12/2012** REPORTED **05/17/2012** STATUS **Closed** CLOSED DT **06/01/2012**

CLAIM TYPE <b>Record Only</b>						
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES	OTHER
OCCURRENCE Finger(s)	CAUSE Object Handled	O/S Rs	0.00	0.00	0.00	0.00
BODY PART Finger(s)	RESULT Contusion	PAID	0.00	0.00	0.00	
		SUBTL	0.00	0.00	0.00	0.00
ACCIDENT DESCRIPTION <b>EMP HELPING CO-WORKER INSTALL REFRIG</b>		TOTAL INCURRED				<b>0.00</b>

CLAIM # **WC555A59998** OCCUR DT **05/25/2012** REPORTED **05/25/2012** STATUS **Closed** CLOSED DT **08/15/2012**

CLAIM TYPE <b>Record Only</b>						
FIRST NAME [REDACTED]	LAST NAME [REDACTED]		MEDICAL	INDEMNITY	EXPENSES	OTHER
OCCURRENCE Thumb	CAUSE Hand Tool, Utensil; Not Powered	O/S Rs	0.00	0.00	0.00	0.00
BODY PART Thumb	RESULT Laceration	PAID	0.00	0.00	0.00	
		SUBTL	0.00	0.00	0.00	0.00
ACCIDENT DESCRIPTION <b>WHILE CUTTING THE STRING SUPPORTING</b>		TOTAL INCURRED				<b>0.00</b>

### FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: XVC

**XVC** Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # WC555A61215 OCCUR DT 06/06/2012 REPORTED 07/03/2012 STATUS Closed CLOSED DT 06/08/2012

CLAIM TYPE Record Only

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE Object Handled	O/S Rs			
BODY PART	RESULT	PAID			
Thumb	Contusion	SUBTL			

ACCIDENT DESCRIPTION EE WAS SLIDING THE VAN DOOR SHUT ANC

TOTAL INCURRED

CLAIM # WC555A70864 OCCUR DT 09/04/2012 REPORTED 09/04/2012 STATUS Closed CLOSED DT 10/09/2012

CLAIM TYPE Medical

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE Object Being Lifted or Handled	O/S Rs	0.00	0.00	0.00
BODY PART	RESULT	PAID	1,266.00	0.00	10.95
Thumb	Contusion	SUBTL	1,266.00	0.00	10.95

ACCIDENT DESCRIPTION EMPLOYEE WAS TAKING A WALL DOWN US

TOTAL INCURRED

1,276.95

CLAIM # WC555A71560 OCCUR DT 09/07/2012 REPORTED 09/11/2012 STATUS Closed CLOSED DT 09/12/2012

CLAIM TYPE Medical

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE	O/S Rs	0.00	0.00	0.00
BODY PART	RESULT	PAID	171.19	0.00	16.54
Multiple Head Injury	Laceration	SUBTL	171.19	0.00	16.54

ACCIDENT DESCRIPTION EMP WAS TAKING EQUIPMENT OFF OF TRUI

TOTAL INCURRED

187.73

CLAIM # WC555A73024 OCCUR DT 09/17/2012 REPORTED 09/17/2012 STATUS Closed CLOSED DT 02/13/2013

CLAIM TYPE Medical

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE From Different Level (Elevation)	O/S Rs	0.00	0.00	0.00
BODY PART	RESULT	PAID	4,052.55	0.00	46.52
Multiple Head Injury	All Other Specific Injuries, NOC	SUBTL	4,052.55	0.00	46.52

ACCIDENT DESCRIPTION EMP WENT TO WORK SITE ARRIVED OK, TH

TOTAL INCURRED

4,099.07

CLAIM # WC555A76838 OCCUR DT 10/22/2012 REPORTED 10/22/2012 STATUS Closed CLOSED DT 10/30/2012

CLAIM TYPE Record Only

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]				
OCCURRENCE	CAUSE Absorption, Ingestion or Inhalation, NC	O/S Rs			
BODY PART	RESULT	PAID			
Eye(s)	Strain	SUBTL			

ACCIDENT DESCRIPTION EMP WAS TOUCHING CAT AND AFTERWARI

TOTAL INCURRED

### FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: XVC

XVC Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # WC555A79357 OCCUR DT 11/14/2012 REPORTED 11/15/2012 STATUS Closed CLOSED DT 12/27/2012

CLAIM TYPE Record Only

FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	0.00	0.00	0.00	
	Fall, Slip, Trip, NOC					
BODY PART	RESULT	SUBTL	0.00	0.00	0.00	0.00
Shoulder(s)	Strain					
ACCIDENT DESCRIPTION EMPLOYEE TRIPPED OVER HER OWN FEET					TOTAL INCURRED	0.00

CLAIM # WC555A83305 OCCUR DT 01/03/2013 REPORTED 01/04/2013 STATUS Closed CLOSED DT 02/25/2013

CLAIM TYPE Medical

FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	151.50	0.00	83.75	
	Strain or Injury By, NOC					
BODY PART	RESULT	SUBTL	151.50	0.00	83.75	0.00
Wrist(s) and Hand(s)	Contusion					
ACCIDENT DESCRIPTION EMP WAS MOVING A LARGE DUMPSTER, DI					TOTAL INCURRED	235.25

CLAIM # WC555A88936 OCCUR DT 02/07/2013 REPORTED 02/08/2013 STATUS Closed CLOSED DT 02/13/2013

CLAIM TYPE Medical

FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	0.00	0.00	0.00	0.00
OCCURRENCE	CAUSE	PAID	240.00	0.00	64.10	
BODY PART	RESULT	SUBTL	240.00	0.00	64.10	0.00
Ankle	Strain					
ACCIDENT DESCRIPTION EMP WAS MOVING FURNITURE, STEPPED C					TOTAL INCURRED	304.10

CLAIM # WC555A96732 OCCUR DT 04/22/2013 REPORTED 04/22/2013 STATUS Open CLOSED DT

CLAIM TYPE Indemnity

FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs	311.53	3,798.46	2,115.69	0.00
OCCURRENCE	CAUSE	PAID	32,858.47	2,356.54	4,384.31	
	Fall, Slip, Trip, NOC					
BODY PART	RESULT	SUBTL	33,170.00	6,155.00	6,500.00	0.00
Shoulder(s)	Fracture					
ACCIDENT DESCRIPTION EMP WAS GETTING SOMETHING FROM CLE					TOTAL INCURRED	45,825.00

CLAIM # WC555C07736 OCCUR DT 07/31/2013 REPORTED 08/01/2013 STATUS Closed CLOSED DT 08/30/2013

CLAIM TYPE Record Only

FIRST NAME	LAST NAME		MEDICAL	INDEMNITY	EXPENSES	OTHER
[REDACTED]	[REDACTED]	O/S Rs				
OCCURRENCE	CAUSE	PAID				
	Fall, Slip, Trip, NOC					
BODY PART	RESULT	SUBTL				
Foot	Strain					
ACCIDENT DESCRIPTION EMP WAS WALKING WHEN SHE FELL TO TH					TOTAL INCURRED	



## FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: **XVC**

**XVC** Housing Authority of Lakeland 430 South Hartsell Ave Lakeland FL 33815

CLAIM # **WG555C08458** OCCUR DT **08/07/2013** REPORTED **08/07/2013** STATUS **Open** CLOSED DT **08/08/2013**

CLAIM TYPE Medical

FIRST NAME	LAST NAME	MEDICAL	INDEMNITY	EXPENSES	OTHER
██████	██████				
OCCURRENCE	CAUSE	O/S Rs			
BODY PART	RESULT	PAID			
Foot		SUBTL			

ACCIDENT DESCRIPTION

TOTAL INCURRED

PaygroupTotal Inc:		<b>139,253.07</b>										
MEDICAL	INDEMNITY	EXPENSES	OTHER	WC	MED	IND	REP	TOTAL	OPN	CLS	REO	
101,854.71	20,005.05	17,345.81	0.00	0	25	7	0	46	2	44	0	



## FOUR LINE CLAIM DETAIL

CLAIM RANGE: 06/08/2008 - 09/10/2013

PARENT ID: XVC

<u>XVC</u>	Housing Authority of Lakeland	430 South Hartsell Ave	Lakeland	FL	33815
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139,253.07