



US SPECIALTY UNDERWRITERS

Supplemental Status Due Every 90 days
Email: ussuclaim@usspecialtyuw.com

DATE	
TPA	
EMPLOYER	
EMPLOYEE	
DATE OF INJURY	
USSU FILE #	
TPA FILE #	
ADJUSTER NAME & CONTACT INFO	
SUPERVISOR NAME & CONTACT INFO	
USSU EXCESS POLICY #	
POLICY PERIOD	
SIR	
BENEFIT STATE	

RESERVES:

	Indemnity	Medical	Legal	Other	Totals
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Paid to Date:					
Outstanding:					
Total Incurred:					

Total Indemnity Paid past 52 weeks	
Total Medical Paid past 52 weeks	

EMPLOYEE INFORMATION:

Occupation:	Date of Birth:
Date of Hire:	Average Weekly Wage
Marital Status:	Comp Rate:
Number of Dependents:	Benefit Type (TT, TP etc)
Any Offset Amounts (Y/N):	Modified Work Available (Y/N)

Body Part	Description of Injury	Medicare Eligible?
Loss Facts		
Compensability Issues		
Updated Injury Damages		
Updated Subrogation & Second Injury Fund Information		
Updated Litigation Status & Defense Position		
Updated Medical Information		
Updated Medical Case Management or Attendant Care Service Information		

Updated Action Plan or Request for Settlement Rationale