



CCMST

C80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 2:04:03 PM

Claim Status Report

Claimant/Claimant Report	Claimant Report Date	Claim Entry Date	Date of Loss	Legal	Financial Data
13C80CS31765 JANICH, JAMES	4/29/2013	4/29/2013	4/22/2013	Y	
COLLEGE OF DUPAGE #502 DU PAGE County					

Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$2,902.49	\$2,120.00	\$0.00	\$5,022.49	\$0.00	\$5,022.49
IND.PPD	\$0.00	\$9,175.00	\$0.00	\$9,175.00	\$0.00	\$9,175.00
IND.TTD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LEGAL	\$5,497.94	\$4,136.00	\$0.00	\$9,633.94	\$0.00	\$9,633.94
MEDICAL	\$4,956.25	\$5,000.00	\$0.00	\$9,956.25	\$0.00	\$9,956.25
Totals:	\$13,356.68	\$20,431.00	\$0.00	\$33,787.68	\$0.00	\$33,787.68

Summary: JURISDICTION/ADJUSTER: IL/SD

COMPENSABILITY DETERMINATION: [REDACTED]

CLAIMANT INFO: The employee's date of birth is [REDACTED]. His hire date is 09/16/1994. He is a full-time professor in heating & AC department.

ACCIDENT DESCRIPTION: [REDACTED]

WORK STATUS: [REDACTED]

MEDICAL STATUS: [REDACTED]

SUBROGATION/RECOVERY: [REDACTED]

LEGAL: PA Anita Decarlo D/A: Power and Cronin

PERM. DISABILITY/IMPAIRMENT: [REDACTED]

ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions



C80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:45:08 PM

Claim Status Report

Claimant/Claimant Report Date 3/18/2014 Claim Entry Date 3/18/2014 Date of Loss 11/8/2013 Legal Y

13C80E143118 RIVERA, GILBERTO COLLEGE OF
 DUPAGE #502 DU PAGE County

Class	Total Paid	Outstanding Reserves	Financial Data		Total Incurred	Reimbursed	Net Incurred
			Third Party Recovery	Total			
EXPENSE	\$67.44	\$2,157.70	\$0.00	\$2,225.14	\$0.00	\$2,225.14	
IND.PPD	\$0.00	\$11,526.75	\$0.00	\$11,526.75	\$0.00	\$11,526.75	
LEGAL	\$0.00	\$3,500.00	\$0.00	\$3,500.00	\$0.00	\$3,500.00	
MEDICAL	\$0.00	\$6,500.00	\$0.00	\$6,500.00	\$0.00	\$6,500.00	
Totals:	\$67.44	\$23,684.45	\$0.00	\$23,751.89	\$0.00	\$23,751.89	

Summary: JURISDICTION/ADJUSTER: LSD

COMPENSABILITY DETERMINATION:

CLAIMANT INFO: Date of birth is [REDACTED] Hire date is 01/01/2010. Employee has retired.

ACCIDENT DESCRIPTION:

WORK STATUS:

MEDICAL STATUS:

SUBROGATION/RECOVERY

LEGAL P/A Mariel Collison. D/a office of Power and Cronin.

PERM. DISABILITY/IMPAIRMENT:

ACTION PLAN:

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions
(800) 252-5059



CCMST

C80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:46:15 PM

Claim Status Report

Claimant/Claimant Report Date: 3/26/2014
 Claim Entry Date: 3/26/2014
 Date of Loss: 1/10/2014
 Legal: N

Financial Data

Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$3,501.81	\$0.00	\$0.00	\$3,501.81	\$0.00	\$3,501.81
IND.PPD	\$30,670.55	\$0.00	\$0.00	\$30,670.55	\$0.00	\$30,670.55
IND.TTD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LEGAL	\$1,134.00	\$0.00	\$0.00	\$1,134.00	\$0.00	\$1,134.00
MEDICAL	\$41,941.91	\$0.00	\$0.00	\$41,941.91	\$0.00	\$41,941.91
Totals:	\$77,248.27	\$0.00	\$0.00	\$77,248.27	\$0.00	\$77,248.27

Summary: JURISDICTION/ADJUSTER: IL/SD

COMPENSABILITY DETERMINATION: [REDACTED]

CLAIMANT INFO: The employee's date of birth is [REDACTED]. Her hire date was 09/21/1989. She was a full-time Information Center Specialist II. [REDACTED]

ACCIDENT DESCRIPTION: [REDACTED]

WORK STATUS: [REDACTED]

MEDICAL STATUS: [REDACTED]

[REDACTED]

SUBROGATION/RECOVERY: [REDACTED]

LEGAL: Dia office of Power and Cronin [REDACTED]

PERM. DISABILITY/IMPAIRMENT: [REDACTED]

ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions

(800) 252-5059



C80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Claim Status Report

Claimant/Claimant Report Date 4/28/2014 Claim Entry Date 4/28/2014 Date of Loss 4/24/2014 Legal Y

Financial Data

Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$125.62	\$1,110.00	\$0.00	\$1,235.62	\$0.00	\$1,235.62
IND.PPD	\$0.00	\$10,560.73	\$0.00	\$10,560.73	\$0.00	\$10,560.73
IND.TTD	\$0.00	\$1,855.20	\$0.00	\$1,855.20	\$0.00	\$1,855.20
LEGAL	\$0.00	\$2,500.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00
MEDICAL	\$0.00	\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$10,000.00
Totals:	\$125.62	\$26,025.93	\$0.00	\$26,151.55	\$0.00	\$26,151.55

Summary: JURISDICTION/ADJUSTER: LSD

COMPENSABILITY DETERMINATION:

CLAIMANT INFO: Date of birth [REDACTED] Date of hire 11/01/2003. Full-time custodian.

ACCIDENT DESCRIPTION:

WORK STATUS:

MEDICAL STATUS:

SUBROGATION/RECOVERY:

LEGAL: P/a Phillip Blomberg

PERM. DISABILITY/IMPAIRMENT:

ACTION PLAN:

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions



CB80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:58:22 PM

Claim Status Report

Claimant/Claimant Report Date: 6/25/2014
 Claim Entry Date: 6/26/2014
 Date of Loss: 6/25/2014
 Legal: Y

14C80E294800 Altaro, Eliseo
 COLLEGE OF DUPAGE #502 DU
 PAGE County

Class	Total Paid	Outstanding Reserves	Financial Data			
			Thrd Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$15,103.11	\$4,773.03	\$0.00	\$19,876.14	\$0.00	\$19,876.14
IND.PPD	\$0.00	\$61,201.71	\$0.00	\$61,201.71	\$0.00	\$61,201.71
IND.TTD	\$54,427.95	\$11,423.15	\$0.00	\$65,851.10	\$0.00	\$65,851.10
LEGAL	\$238.00	\$4,262.00	\$0.00	\$4,500.00	\$0.00	\$4,500.00
MEDICAL	\$61,887.27	\$2,163.84	\$0.00	\$64,051.11	\$0.00	\$64,051.11
VOC.REHAB	\$0.00	\$2,500.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00
Totals:	\$131,656.33	\$86,323.73	\$0.00	\$217,980.06	\$0.00	\$217,980.06

Summary: JURISDICTION/ADJUSTER: IL/SD

COMPENSABILITY DETERMINATION: [REDACTED]

CLAIMANT INFO: Date of birth [REDACTED] Hire date 06/08/1995. Full-time supervisor in housekeeping. [REDACTED]

ACCIDENT DESCRIPTION: [REDACTED]

WORK STATUS: [REDACTED]

MEDICAL STATUS: [REDACTED]

SUBROGATION/RECOVERY: [REDACTED]

LEGAL: Pla Adeena Weiss-Ortiz. D/A: Power and Cronin

PERM. DISABILITY/IMPAIRMENT: [REDACTED]

ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions
(800) 252-5059



CCMSI

CB80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:47:49 PM

Claim Status Report

Claimant/Claimant Report Date: 4/14/2015
 Claim Entry Date: 4/13/2015
 Date of Loss: 4/22/2014
 Legal: Y
 Financial Data

Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$24.60	\$1,607.70	\$0.00	\$1,632.30	\$0.00	\$1,632.30
IND.PPD	\$0.00	\$2,798.96	\$0.00	\$2,798.96	\$0.00	\$2,798.96
LEGAL	\$640.00	\$1,860.00	\$0.00	\$2,500.00	\$0.00	\$2,500.00
MEDICAL	\$0.00	\$500.00	\$0.00	\$500.00	\$0.00	\$500.00
Totals:	\$664.60	\$6,766.66	\$0.00	\$7,431.26	\$0.00	\$7,431.26

Summary: JURISDICTION/ADJUSTER: ILSD
 COMPENSABILITY DETERMINATION: [REDACTED]
 CLAIMANT INFO: Date of birth [REDACTED] Hire date 03/04/2014 [REDACTED]
 ACCIDENT DESCRIPTION: [REDACTED]
 WORK STATUS: [REDACTED]
 MEDICAL STATUS: [REDACTED]
 SUBROGATION/RECOVERY: [REDACTED]
 LEGAL: Pia Ursula Babicz, D/a Nigel Smith with Power and Cronin
 PERM. DISABILITY/IMPAIRMENT: [REDACTED]
 ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions

(800) 252-5059



CCMSI

CB80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:50:39 PM

Claim Status Report

Claimant/Claimant Report Date: 2/12/2015 Claim Entry Date: 2/12/2015 Date of Loss: 2/7/2015 Legal: Y

15C80E705804 ZALEJSKI, Maria
 COLLEGE OF DUPAGE #502 DU
 PAGE County

Class	Total Paid	Financial Data			Total Incurred	Reimbursed	Net Incurred
		Outstanding Reserves	Third Party Recovery	Total			
EXPENSE	\$82.56	\$0.00	\$0.00	\$82.56	\$0.00	\$82.56	
IND.PPD	\$2,901.30	\$0.00	\$0.00	\$2,901.30	\$0.00	\$2,901.30	
IND.TTD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MEDICAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Totals:	\$2,983.86	\$0.00	\$0.00	\$2,983.86	\$0.00	\$2,983.86	

Summary: JURISDICTION/ADJUSTER: LSD

COMPENSABILITY DETERMINATION: [REDACTED]

CLAIMANT INFO: Date of birth [REDACTED] Current hire date 10/01/2010. Part-time ELS instructor. [REDACTED]

ACCIDENT DESCRIPTION: [REDACTED]

WORK STATUS: [REDACTED]

MEDICAL STATUS: [REDACTED]

SUBROGATION/RECOVERY: [REDACTED]

LEGAL: P/a Lawrence Firm

PERM. DISABILITY/IMPAIRMENT: [REDACTED]

ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions

(800) 252-5059



CCMST

C80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:51:13 PM

Claim Status Report

Claim/Claimant: **15C80E849195 TREJO, Gabriela**
 COLLEGE OF DUPAGE #502 DU
 PAGE County

Claimant Report Date	Claim Entry Date	Date of Loss	Legal	Financial Data
7/15/2015	7/15/2015	7/10/2015	Y	

Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$3,276.35	\$10,180.28	\$0.00	\$13,456.63	\$0.00	\$13,456.63
IND.PPD	\$0.00	\$24,160.31	\$0.00	\$24,160.31	\$0.00	\$24,160.31
IND.TTD	\$22,872.12	\$1,928.97	\$0.00	\$24,801.09	\$0.00	\$24,801.09
MEDICAL	\$15,283.03	\$31,469.43	\$0.00	\$46,752.46	\$0.00	\$46,752.46
Totals:	\$41,431.50	\$67,738.99	\$0.00	\$109,170.49	\$0.00	\$109,170.49

Summary: JURISDICTION/ADJUSTER: IL/SD

COMPENSABILITY DETERMINATION: [REDACTED]

CLAIMANT INFO: Date of birth [REDACTED] Hire date 09/09/2013. Full-time waitress.

ACCIDENT DESCRIPTION: [REDACTED]

WORK STATUS: [REDACTED]

MEDICAL STATUS: [REDACTED]

[REDACTED]

SUBROGATION/RECOVERY: [REDACTED]

LEGAL: P/a Miguel Perretta

PERM. DISABILITY/IMPAIRMENT: [REDACTED]

ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions
(800) 252-5059



CCM 31

C80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:51:48 PM

Claim Status Report

Claimant/Claimant Report	Claimant Report Date	Claim Entry Date	Date of Loss	Legal	Financial Data
15C80E863966 AMADOR, Francisco	8/5/2015	8/6/2015	8/4/2015	N	
COLLEGE OF DU PAGE #502 DU PAGE County					

Class	Total Paid	Outstanding Reserves	Thirrd Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$125.60	\$421.51	\$0.00	\$547.11	\$0.00	\$547.11
IND.PPD	\$0.00	\$5,056.16	\$0.00	\$5,056.16	\$0.00	\$5,056.16
IND.TTD	\$10,514.50	\$138.34	\$0.00	\$10,652.84	\$0.00	\$10,652.84
MEDICAL	\$1,277.75	\$3,550.73	\$0.00	\$4,828.48	\$0.00	\$4,828.48
Totals:	\$11,917.85	\$9,166.74	\$0.00	\$21,084.59	\$0.00	\$21,084.59

Summary: JURISDICTION/ADJUSTER: ILSD

COMPENSABILITY DETERMINATION: [REDACTED]

CLAIMANT INFO: Date of birth [REDACTED] Date of hire 10/15/2009. Full-time mechanic II [REDACTED]

MEDICARE ELIGIBILITY: [REDACTED]

ACCIDENT DESCRIPTION: [REDACTED]

WORK STATUS: [REDACTED]

MEDICAL STATUS: [REDACTED]

SUBROGATION/RECOVERY: [REDACTED]

LEGAL: N/a

PERM. DISABILITY/IMPAIRMENT: [REDACTED]

ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions



CCM&I

C80 - IL COMMUNITY COLLEGE RISK MANAGEMENT CONSORTIUM

Printed: 3/23/2016 1:52:19 PM

Claim Status Report

Claim/Claimant

15C80G211907 BAUTISTA, Margarita

COLLEGE OF DUPAGE #502 DU PAGE County

Claimant Report Date	Claim Entry Date	Date of Loss	Legal
8/12/2015	8/12/2015	8/11/2015	Y

Financial Data

Class	Total Paid	Outstanding Reserves	Third Party Recovery	Total Incurred	Reimbursed	Net Incurred
EXPENSE	\$8,987.29	\$858.07	\$0.00	\$9,845.36	\$0.00	\$9,845.36
IND.PPD	\$0.00	\$15,044.00	\$0.00	\$15,044.00	\$0.00	\$15,044.00
IND.TTD	\$8,644.31	\$382.06	\$0.00	\$9,026.37	\$0.00	\$9,026.37
MEDICAL	\$10,430.49	\$85.19	\$0.00	\$10,515.68	\$0.00	\$10,515.68
Totals:	\$28,062.09	\$16,369.32	\$0.00	\$44,431.41	\$0.00	\$44,431.41

Summary: JURISDICTION/ADJUSTER: IL/SD

COMPENSABILITY DETERMINATION: [REDACTED]

CLAIMANT INFO: Date of birth [REDACTED] Hire date 07/29/2013. Full-time custodian. [REDACTED]

ACCIDENT DESCRIPTION: [REDACTED]

WORK STATUS: [REDACTED]

MEDICAL STATUS: [REDACTED]

SUBROGATION/RECOVERY: [REDACTED]

LEGAL: P/a Craig Mielke

PERM. DISABILITY/IMPAIRMENT: [REDACTED]

ACTION PLAN: [REDACTED]

delivering what matters most.

Proactive Risk Management and Claims Administration Solutions

(800) 252-5059