

Term	Definition and Notes
12M	Previous 365 days. For example, if the current date is October 15, 2018, the previous 365 days would be October 15, 2017 to October 14, 2018.
Age Group	Categorization of claims into seven age groups based on the age of the worker at the time the WCB was notified of the workplace injury or illness. Claims where the age is missing are grouped as "(Not Coded)".
All Claims	Total accepted claims for injuries and illnesses arising from work related activity or exposure; includes both time loss and no time loss injuries and illnesses that are accepted by the WCB.
All Injury Rate	<p>Number of accepted claims per 100 full-time equivalent (FTE) workers for a calendar year. It is calculated by dividing the total accepted claims by a calculation of FTE workers and multiplying by 100. The FTE workers is calculated in one of two ways:</p> <ol style="list-style-type: none"> 1. <u>For a single employer</u>: by dividing the sum of reported hours worked by 2,000 (50 weeks * 40 hours/week). It is highly recommended that employers report hours worked to the WCB; otherwise, an employer level injury rate will not be calculated. 2. <u>For an industry</u>: by dividing the sum of all employer gross payroll by an average annual industry salary using Statistics Canada information on average weekly wages.
Average Cost per Claim	Claim costs paid in a time period divided by the number of claims with costs paid within the same time period.
Average Days Lost per Claim	Number of days of wage loss benefits paid in a time period divided by the number of wage loss claims paid within the same time period.
Base Classification Rate	The premium rate assigned to new employers with limited claim cost experience. It is calculated by multiplying the Manitoba average rate by the applicable industry classification risk category percentage. For example,

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	if the Manitoba average rate is \$1.00 and the risk category is 200%, the base classification rate is 200% of \$1.00 or \$2.00.
Board Notified Year	Year when the WCB is notified of a claim.
Claims by Duration	Categorization of claims by total days lost over the reporting period into eight days lost groups spanning zero or less days to greater than 60 days. Note: The categorization of claim does not dynamically update if the reporting period is filtered for a narrower timeframe.
Classification Code/Industry	Five digit industry classification code that represents a group of employers that are engaged in the same or similar type of business activities. All employers are classified into an industry classification based on the nature of the industry in which the employer operates. The terms 'classification code' and 'industry' are used interchangeably throughout the reports.
Cumulative Claims	Claims involving repeated trauma to a particular part of a body where the injury involves long periods of activity before the condition develops.
Current Injury Year Cost	Amount paid for benefits and services by the WCB for claims where the board notified year of the claim is the same as the payment year. For example, in 2017, the Current Injury Year Cost includes benefits and services paid by the WCB in 2017 for claims with board notified year 2017.
Current Injury Year Days Lost	Number of days of wage loss benefits paid by the WCB for claims where the board notified year of the claim is the same as the payment year. For example, in 2017, the Current Injury Year Days Lost includes the number of days of wage loss benefits paid by the WCB in 2017 for claims with board notified year 2017.
Current Year	Board notified year of the claim is the same as the year in which the benefits were paid.

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Daily Living Support Cost	Benefits paid when an injured worker requires assistance in daily activities or to reduce/remove the effect of a handicap resulting from an injury. Forms of assistance include Personal/Dependents Care, various allowances, and/or modifications needed to the worker's home/vehicle.
Days Lost	Number of days of wage loss benefits paid by the WCB. Only accepted claims are included.
Disallowed Claims	<p>Claim that is not accepted by the WCB is counted as disallowed. Common reasons that lead to a disallowed claim are:</p> <ul style="list-style-type: none"> • injury or illness was not the result of an accident (as defined under <i>The Workers Compensation Act</i>) arising out of and in the course of the worker's employment; • worker had no WCB coverage; • worker elected to file a claim under another insurance carrier (when the right of election was applicable); • insufficient information available to adjudicate the claim; • worker decided not to pursue the claim.
Expense Group	Categorization of claim costs into eight expense types.
Fatality	Death resulting from a work-related incident that has been accepted for compensation by WCB; includes both acute traumatic and occupational disease fatalities. Fatalities are counted in the year of acceptance by the WCB and also counted as a time loss claim.
Fatality Cost	Benefits paid for a surviving spouse (or common-law partner) and dependent(s) of fatally injured workers.
Healthcare Cost	Benefits for healthcare-related services and products used to aid an injured worker's recovery.

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Highest Classification Rate	Highest possible premium rate within a classification code based on an employer's industry classification code, risk category and size (determined by payroll).
Hours Reported	Total hours for all workers submitted by employers on the annual payroll form.
Impairment Award Cost	Lump-sum benefit to compensate for some degree of permanent loss of function on injuries after 1991.
Injury Body Part	Body part identifies the part(s) of the body directly affected by the identified nature of injury or illness. Body part group places similar body parts into groups.
Injury Date	Date when the injury occurred.
Injury Event	Event or exposure that directly resulted in the injury/disease. Event or Exposure describes the manner in which the injury or illness was produced or inflicted by the identified source of injury or illness. For example, Falls are events in which the injury was produced by impact between the injured person and the source of injury when the motion producing contact was generated by gravity. Injury event group places similar events into groups.
Injury Nature	Principal physical characteristic(s) of the injury or disease. Injury Nature group places similar injury natures into groups.
Injury Source	Objects, substances, equipment, exposure, bodily motion or other factors that were responsible for the injury or illness or that precipitated the event or exposure. Injury Source group places similar injury sources into groups.

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Lowest Classification Rate	Lowest possible premium rate within a classification code based on an employer's industry classification code, risk category and size (determined by payroll).
MSI Claims	Musculoskeletal injury (MSI) is an accepted claim related to soft tissue damage or aggravation in the musculoskeletal system caused when demands exceed the tolerance of connective or related soft tissues such as muscles, tendons, ligaments, nerves, discs and joints. Injury can result from a single event or develop over time. Forceful effort, repetitive motions, awkward or sustained postures, vibration, contact stresses and inadequate recovery times are common factors that can result in an MSI.
MSI Days Lost	Number of days of wage loss benefits paid by the WCB for MSI claims.
n.e.c	Acronym for 'not elsewhere classified' that is used in the injury event, body part and source charts at the lowest level.
No Time Loss Claims	Accepted claim without wage loss payments or where the wage loss payments were only for time missed from work due to medical appointments. Note: Prior to March 2018 claims with only medical appointment related wage loss payments are counted as time loss claims.
Not Coded	Information that is missing from a claim or is part of a new claim yet to be coded by the WCB. Note: injury details from no time loss claims were not coded by the WCB prior to the year 2017.
Notified Date	Date when a claim is reported to the WCB.
Number of Accepted Claims	<i>See All Claims</i>

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Occupation	Job or profession of the worker at the time of the injury or illness. Occupations are coded using the National Occupational Classification (NOC) codes.
Occupational Disease Claims	<p>Claims related to diseases that are proven to have a known link to a worker's job. Occupational Disease is defined as an industrial disease that may occur to a worker in a workplace as a result of hazardous exposures in the workplace and is caused by aggravation by any of the following:</p> <ul style="list-style-type: none"> • Toxic chemicals • High noise levels • Working in cold and hot environments • Radiation • Biological agents (bacteria, viruses etc.) <p>For more information please visit our Occupational Disease information page.</p>
Other Cost	Various expenses for general adjudication-related services.
Payroll	<p>The amount of assessable workers' earnings reported by an employer. Payroll includes personal coverage purchased by individuals such as sole proprietors, partners or directors.</p> <p>Current year payroll is an estimated value; last year's payroll is an estimated value until actual values have been received and processed. An "(EST)" indicator will be displayed for the year when the value is an estimate.</p>
Peer Count	Count of the total number of ranked employers within the same classification code in the comparison ranking charts.

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Pension Cost	Long-term benefit to compensate for some degree of permanent loss of function on injuries before 1992 and typically paid monthly.
Premium	<p>The annual amount paid to the WCB based on an employer's premium rate and payroll. It is calculated by multiplying the premium rate by every \$100 of payroll. It includes any applicable safety levy if the employer is in a classification code that funds an industry based safety program.</p> <p>Current year premium is an estimated value; last year's premium is an estimated value until actual payroll values have been received and processed. An "(EST)" indicator will be displayed for the year when the value is an estimate.</p>
Premium Rate	The rate that an employer pays based on the WCB's rate setting model. Rates are expressed per \$100 of payroll for each classification code assigned to an employer. It includes any applicable safety levy if the employer is in a classification code that funds an industry based safety program.
Previous Injury Years Cost	Amount paid for benefits and services by the WCB for active claims where the board notified year of the claim is prior to the payment year. For example, in 2017, the Previous Injury Years Cost includes benefits and services paid by the WCB in 2017 for claims with board notified year of 2016 or earlier.
Previous Injury Years Days Lost	Number of days of wage loss benefits paid by the WCB for active claims where the board notified year of the claim is prior to the payment year. For example, in 2017, the Previous Injury Years Days Lost includes the number of days of wage loss benefits paid by the WCB in 2017 for claims with board notified year of 2016 or earlier.
Previous Years	Claims with board notified date prior to the payment year.

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Projected Rate Setting Costs	Rate setting costs are projected for incomplete payment years using a rolling 12 month cost projection. Projected years are indicated with a "(P)".
Rank	Position of an employer relative to their classification code peers based on the metric being considered in the comparison ranking charts. Multiple employers can have the same rank if they have the same value of the metric within the classification code. The ranking starts at one (which is the "best" position) and ascends to the highest rank.
Rate Setting Costs	<p>The employer's claim costs experience (which includes claim costs, proxy costs and transferred costs) that occurred during the rate setting year experience period. The WCB's rate model experience period is based on three previous calendar years of costs on three years of claims. For example, the 2021 rate setting year includes claim costs experience during calendar years 2017 to 2019 on claims with injury year from 2017 to 2019.</p> <p>Note: The rate setting costs in the Employer Insight report may not match the final costs used in the WCB's rate model. It does not account for the impact of processes such as experience transfers, retro cost relief, associated employers, reclassifications and fatalities.</p>
Rate Setting Year	The upcoming calendar year for which the WCB is currently setting premium rates. The experience period used for setting premium rates is based on three previous calendar years of payroll and claim costs on three years of claims. For example, in 2020 the WCB sets 2021 premium rates. The rate setting year is 2021. The experience period includes payroll and claim costs experience during calendar years 2017 to 2019 on claims with injury year from 2017 to 2019.
Risk Category	All employers are assigned to an industry classification based on their business activities. Each industry classification is assigned to a risk category based on how much each classified employer group is expected

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	<p>to cost the WCB system in future years. Each classification risk category is assigned a base rate that is the starting point to establish a rate range for the classification.</p> <p>Note: Large employers may be assigned to a risk category outside of the risk category assigned to their industry classification based on their individual claim costs experience.</p>
Severe Claims	<p>Accepted claim with any of the following characteristics is considered severe:</p> <ul style="list-style-type: none"> • worker is off work for 60 or more days; • injury or illness is identified as a serious incident under Workplace Safety and Health Bulletin # 119 and the worker missed 10 or more days of work; • workplace fatality occurred.
Severe Days Lost	<p>Number of days of wage loss benefits paid by the WCB for severe claims.</p>
Time Loss Claims	<p>Accepted claim where wage loss payments have been made due to time missed from work beyond the day of the workplace injury or illness. Fatalities are classified as time loss claims. Note: Starting in March of 2018 claims with only medical appointment related wage loss payments are counted as no time loss claims.</p>

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Time Loss Injury Rate	<p>Number of accepted time loss claims per 100 full-time equivalent (FTE) workers for a calendar year. It is calculated by dividing the total accepted time loss claims by a calculation of FTE workers and multiplying by 100. The FTE workers is calculated in one of two ways:</p> <ol style="list-style-type: none"> 1. <u>For one employer</u>: by dividing the sum of reported hours worked by 2,000 (50 weeks * 40 hours/week). It is highly recommended that employers report hours worked to the WCB; otherwise, an employer level injury rate will not be calculated. 2. <u>For an industry</u>: by dividing the sum of all employer gross payroll by an average annual industry salary using Statistics Canada information on average weekly wages.
Total Cost	Total amount the WCB pays for the benefits and services injured workers are entitled to receive under <i>The Workers Compensation Act</i> . Only accepted claims are included.
Traumatic Claims	Claims resulting from a single workplace incident.
uns.	Abbreviation for 'unspecified' that is used in the injury event, body part and source charts at the lowest level.
Vocational Rehabilitation Cost	Benefits for a variety of services and products intended to assist an injured worker to find alternative work at his/her previous employer or at different employment.
Wage Loss Cost	Calculated worker-specific benefits to replace an injured worker's lost wages while unable to resume work at his/her full ability.
Year	Calendar year, i.e. January 1 to December 31.

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Year Month	Month of the calendar year.
YTD	First day of the current calendar year (January 1) to the current date.