

Workers' Compensation Employer's Report Form



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Please forward to RiskCover IMMEDIATELY AFTER THE OCCURRENCE along with:

- Workers' Compensation Claim Form 2B
- First Medical Certificate (where applicable)

IMPORTANT: EVERY QUESTION ON THIS FORM SHOULD BE ANSWERED

1. AGENCY DETAILS

| | |
|-------------------|------------------------|
| Agency Name | Type of Business |
| Address | Phone |

2. THE INJURED WORKER

| | |
|-----------------------|---|
| Surname | Other Names |
| Employee Number | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Risk Code (if applicable) |

3. CONDITIONS OF EMPLOYMENT AT THE TIME OF THIS OCCURRENCE

| | | | |
|--|---------------------------------------|--|--|
| Was the worker employed | Directly <input type="checkbox"/> | As a Contractor or Sub-Contractor <input type="checkbox"/> | By a Contractor or Sub-Contractor <input type="checkbox"/> |
| Date first employed | Number of hours worked each day | Number of days worked each week | |
| Have you commenced paying weekly compensation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Weekly Compensation Rate | Pre-injury Rate | | |
| Please tick appropriate boxes | Permanent <input type="checkbox"/> | Temporary <input type="checkbox"/> | Casual <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full Time <input type="checkbox"/> |

4. THE OCCURRENCE

| | | |
|--|----------------------------|-----------------------------|
| Date of Occurrence | Date of Ceasing Work | Date Returned to Work |
| at am/pm After working hours | at am/pm | |
| Date of lodgement with employer | | |
| Was the injured worker affected by Alcohol or Drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | | |
| Date first medical certificate received by employer | | |
| The worker must supply a written explanation accounting for any delay in reporting the occurrence or attending for treatment of the injury (see Form 2B) | | |
| Provide Witness Details (if applicable) | | |
| Witness Name | Private Address | Phone |
| Witness Name | Private Address | Phone |
| Do you agree with details of the occurrence as provided on the Worker's Report Form? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If No, please give details | | |

5. TREATMENT RECEIVED

| | | |
|---|-------------------|----------------|
| If first aid attention was provided, by whom? | | |
| Period of First Aid treatment | From | to |
| Name of Doctor first visited | at | am/pm on |
| Admitted to | Hospital on | |

6. COMPLETE FOR SPECTACLE CLAIMS ONLY

| |
|--|
| Describe how the spectacles were damaged |
| Describe type of spectacles damaged (e.g. Bifocal Lenses, Plastic Frame) |
| If the repairs or replacement has been paid, by whom? |
| Is this claim recommended? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, sign this form. If No, attach a signed statement giving reasons. |
| Name of contact of person completing form |

7. DECLARATION

| | | |
|---|-------------|------------|
| I declare that I am the person authorised to lodge a claim against RiskCover on behalf of the above-mentioned Agency. | | |
| Signature of person having authority | | |
| Name | Title | Date |

Claim No:
(if known)

WORKERS' COMPENSATION
Weekly Payment Calculation

A. INDUSTRIAL AWARD, ENTERPRISE BARGAINING AGREEMENT (EBA) OR ENTERPRISE ORDER

1. Number of ordinary hours which constitute a week's work under the above Industrial Award _____

Name of Award:

2. How many ordinary hours (within those which constitute a week's work under the above Industrial Award) are worked each week by the worker? _____

3A. Award wage for ordinary hours constituting a week's work under the above Industrial Award _____

Calculation: $\frac{\text{Item3A}}{\text{Item1}} \times \text{Item2} =$

3B. Over Award or Service payments paid on a regular basis as part of the worker's earnings _____

3C. Overtime Averaged over 13 weeks (or part worked thereof) prior to date of incapacity. _____
*Refer to "Definitions"

3D. Bonuses or Allowances It is important that you retain evidence of these calculations. _____
*Refer to "Definitions"

Names of bonuses or allowances:
.....
.....
.....

TOTAL: Amount payable for 1st 13 weekly payments "Amount A [Sch1 Clause 11(2)]

Subtract 3C and 3D from TOTAL: Amount payable for 14th weekly payment onwards "Amount Aa [Sch1 Clause 11(2)]

AND IF APPLICABLE, ADD:

Any allowance paid on a regular basis as part of the worker's earnings and related to the number or pattern of hours worked. Averaged over 13 weeks (or part worked thereof) prior to date of incapacity. _____
Name of allowance:

Any other allowance prescribed by the regulations. It is important that you retain evidence of these calculations. _____
Name of allowance:

Maximum = 2xAverage weekly total earnings in WA [currently \$1,904.40 from 1 July 2008].
Minimum = Minimum rate of weekly earnings payable for the appropriate classification under the relevant award.

*Please consult with RiskCover if you require assistance in calculating weekly workers' compensation.

B. NO INDUSTRIAL AWARD

Average of ALL weekly earnings within 1 year prior to date of injury (or period employed, if less than 1 year)
 *Include Overtime, Bonuses & Allowances

| Employer (at date of injury) | Occupation | Hours usually worked per week | Period Employed | A Total earnings within 1 year prior to date of injury (including overtime, and any bonuses or allowances) | B No. of weeks worked within 1 year prior to date of injury | $\frac{A}{B}$ Average Weekly Earnings |
|---------------------------------|------------|-------------------------------|-----------------|---|--|--|
| | | | / / - / / | | | |
| Other Employers | | | | | | |
| 1. | | | / / - / / | | | |
| 2. | | | / / - / / | | | |
| 3. | | | / / - / / | | | |

| | | |
|---------------------------------------|--|---|
| TOTAL AVERAGE WEEKLY EARNINGS | | Amount payable for 1st 13 weekly payments "Amount B [Sch1 Clause 11(2)] |
| 85% OF TOTAL AVERAGE WEEKLY EARNINGS: | | Amount payable for 14th weekly payment onwards. 85% of "Amount B [Sch1 Clause 11(2)] |

Maximum = 2xAverage weekly total earnings in WA [currently \$1,904.40 from 1 July 2008].
 Minimum = Rate of minimum weekly earnings payable under the Minimum Conditions of Employment Act 1993

DEFINITIONS:

- "Bonuses or Allowances" means: any bonuses or incentive, shift allowance, weekend or public holiday penalty allowance, district allowance, industry allowance, meal allowance, living allowance, clothing allowance or other allowance.
- "Overtime" means: any payment for the hours in excess of the number of ordinary hours which constitutes a week's work.
- "Earnings" means: wages, salary and other remuneration.

NOTE: Minimum Rate

- A [Industrial Award] - Calculated by looking at the minimum base rate of pay under appropriate classification in the relevant award.
- B [No Industrial Award] - Minimum weekly earnings to which a worker would have been entitled, at the time of incapacity, under the Minimum Conditions of Employment Act 1993. [Currently \$557.40 gross per week for an employee over 21 years of age]. Differing rates apply for employees under 21 years of age.

Minimum Rates can be obtained from the DOCEP website at www.docep.wa.gov.au Phone no: 1300 655 266.