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Approved By:

Employer Claim Report

Notes for employers

- · All boxes on both inside pages must be completed.
- Please print and use a ball point pen.
- You must sign the declaration in the presence of a witness unrelated to you and who is not your business partner.
- If:
 - you accept liability and expect the worker to be off work for more than ten days; and/or;
 - you expect the medical and like costs to be more than \$389; or
 - you do not accept liability for the claim;

then, you must forward:

- the original (green) copy of this form;
- the original (blue) copy of the Worker Claim for Compensation form; and
- if time off work is involved, the worker's Certificate of Capacity, signed by a doctor;

to your WorkCover insurer, within ten days of receiving the claim form (and certificate, if applicable).

- Your WorkCover insurer has 28 days from the date it receives the claim form and Certificate of Capacity, to accept or reject the claim and advise the claimant in writing.
 - If the insurer does not make a decision and advise the worker in writing within 28 days, the claim is automatically accepted. The sooner you give the form and certificate, to the insurer, the easier it is for your insurer to make a decision within the necessary time frames.
- If you believe there are any reasons why you are not liable to pay compensation as claimed, please supply evidence e.g. worker was not at work on the date the injury was claimed to have occurred.
- If the claimant is self-employed, a partner, principal of the business or employed by a family company, proof
 of income is required. A certificate of the claimant's income drawn from the business, signed by your
 accountant, would be appropriate evidence. It must be accompanied by a signed and witnessed declaration
 from you.