



WorkCover Compensation Reimbursement Request Form

From 1st July 2006

- Please complete this request for reimbursement form and forward it to Cambridge, together with the relevant Medical Certificate **within 3 months of the date you paid the worker.**
- Reimbursements cannot be made if you fail to request reimbursement within 3 months, in accordance with section 114D (4) of the Act, unless the Authority is satisfied that your delay in making the application is reasonable.
- The Authority reserves the right to verify your payroll records to support that you have paid the worker for the period claimed.

Claim number: _____

Worker's name: _____

Employer's name: _____

<i>Time period * Saturday - Friday</i>	<i>Days paid</i>	<i>Compensation rate</i>	<i>Total number of hours worked</i>	<i>Gross current weekly earnings (if any)</i>	<i>Amount of reimbursement claimed</i>
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-					
-					
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* See overleaf

Note: please attach certificates for the entire period indicated above

All requests for reimbursement Has payment been made to the worker or do you intend to pay as per company pay schedule?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Requests lodged after 3 months of making payment to the worker Have you provided documented reasons for the delay in seeking reimbursements outside 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the worker returned to work? If 'Yes': Suitable employment: <input type="checkbox"/> Full pre-injury duties: <input type="checkbox"/> If the worker has returned to work, ensure that worker's gross current weekly earnings are indicated in the 5 th column of the table above.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Date: ____/____/____ <input type="checkbox"/> Date: ____/____/____

Employer's signature: _____

Position: _____ **Date:** _____

For Cambridge's use only:

Reimbursement request form received on (date): ____/____/____

Medical Certificate attached?: Yes No

Does the Medical Certificate cover the whole period claimed: Yes No

If 'No', what period is missing: _____

Important notes for employers regarding reimbursement of weekly payments

Conditions of reimbursement

The Authority will only reimburse weekly payments which the worker was legally entitled to receive. By making a request for reimbursement the employer agrees that all the details provided in the request for reimbursement are correct, accurate and complete.

All employers must have records to prove that weekly payments were made to the worker.

The Authority reserves the right to verify employer's payroll records to support that the employer has paid the worker for the period claimed.

Timeframes for Requesting Reimbursement

All requests for reimbursement of weekly payments must be received by your Agent within 3 months of the date you paid the worker. Your failure to do so will result in reimbursements being declined pursuant to Section 114D(4) of the Act unless the Authority is satisfied that your delay in making the application is reasonable.

If you are making a request more than 3 months after the date you paid the worker, please provide reasons for the delay.

Payment period from Saturday to Friday

The WorkCover week starts from Saturday of the week to be claimed, and ends on the following Friday.

Although this may not comply with your own payroll run, please provide all weekly payment claims in the Saturday to Friday format, so that your Case Manager can correctly record all weekly compensation payments, including any current weekly earnings for the week, and to ensure that your reimbursements are made correctly, and on time.

How to calculate the amount to be reimbursed for partial compensation payments

To calculate partial compensation payments where worker has returned to work on partial hours:
0 to 13 weeks: 95% of PIAWE less the gross current weekly earnings equals weekly compensation reimbursement.

Over 13 weeks: 75% of PIAWE (up to \$1,190) less 75% of gross currently weekly earnings equals weekly compensation reimbursement.

Example:

Prior to injury, a worker earned \$500 per week. The worker has received weekly payments for 32 weeks and has returned to work on partial hours. The worker currently earns \$130 per week on the return to work plan.

As the claim is over 13 weeks and the worker has returned to work, the rate is based on 60% of PIAWE:

Comp rate: $\$500 \times 75\% = \375

Current Weekly Earnings: $\$130 \times 75\% = \98

\$375 (wkly comp rate)

less \$ 98 (75% of Current weekly earnings)

equals \$277 the weekly compensation reimbursement

The worker is paid \$130, (current weekly earnings) plus \$277, (weekly compensation), making a total payment to the worker of \$407 in addition to any make-up pay from the employer they may be eligible for under an award or EBA.

If you are unsure about the rate your worker is to be paid, contact your Case Manager to discuss.