



Level 10
390 LaTrobe Street
Melbourne Victoria 3000
Tel: 9947 3249
Fax: 1300 568 072

REQUEST FOR CHANGE OF AUTHORISED AGENT

To change from your current WorkCover Agent, please complete this form and return it to Xchanging. You may lodge this form at anytime. The change will take effect on the first of the month following a lodgment period of 10 days.

Employer Number: _____

Employer Name: _____

Address: _____

Tel: _____ Fax: _____

Please transfer management of all premium/debt collection and claims relating to the above employer to Xchanging.

Name of Person Selecting Xchanging: _____

Position in Business/Company: _____

Tel: _____ Date: ____/____/____

Signature: _____

Email Address: _____

Are there any related companies/business to be transferred Yes No
If yes, please ensure a form is completed for each one.

Intermediary: _____

Contact: _____ VOC/Reference Number: _____

Email Address: _____
