

## WorkCover Reconciliation Request form



- This form is to be used only if you have already submitted a request for reimbursement for the period claimed and the amount has not been reimbursed by your agent.
- The Victorian WorkCover Authority (VWA) 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: .....

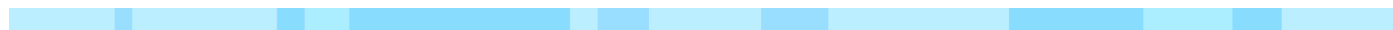
Time period *	Days paid	Compensation rate	Total number of hours worked	Gross current weekly earnings (if any)	Amount of reimbursement claimed
Saturday - Friday					
-					
-					
-					
-					

\* See overleaf

Have you provided documented evidence to demonstrate that a request for reimbursement was submitted to the agent within three (3) months after making payments to the worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the HR/Payroll department confirmed that the worker was paid for the periods claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are records available to verify payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the worker return to work during the period claimed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes': Suitable employment:	<input type="checkbox"/>	Date: ____ / ____ / ____
Full pre-injury duties:	<input type="checkbox"/>	Date: ____ / ____ / ____
If the worker has returned to work, ensure that worker's gross current weekly earnings are indicated in the 5 <sup>th</sup> column of the table above.		

Employer's signature: .....

Position: ..... Date: .....



<b>For GB use only:</b>
Reimbursement request form received on (date): ____/____/____
Medical Certificate attached?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Medical Certificate cover the whole period claimed: Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', what period is missing: _____

## Important notes for employers regarding reimbursement of weekly payments

### WorkCover Reconciliation Request Form

- This form is to be used only for seeking reimbursement of weekly payments where the employer has already submitted a request for reimbursement for the period claimed and has not been reimbursed by the agent.
- When using this Form, in all cases, the onus is on the employer to demonstrate to the agent that the payment has been made to the worker and a valid request for reimbursement was sent to the agent within three (3) months of paying the worker by submitting all necessary documentation to the agent to support the payment made to the worker.
- If you are unable to provide documented evidence that an earlier request for reimbursement was made to the agent, you must seek reimbursement using the WorkCover Reimbursement Request Form and provide reasons for the delay in seeking reimbursement.

### Conditions of reimbursement

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

### 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

- Note: 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: 80% of PIAWE less 80% 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 80% of PIAWE:

Comp Rate:  $\$500 \times 80\% = \$400$   
 Current Weekly Earnings:  $\$130 \times 80\% = \$104$   
                                   \$400.00 (wkly comp rate)  
 less     \$104.00 (80% of Current weekly earnings)  
 equals   \$296.00 the weekly compensation reimbursement

The worker is paid \$130 in actual weekly earnings plus \$296 in weekly compensation, making a total payment to the worker of \$426 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.**