

## WorkSafe Compensation Reimbursement Request Form



- Your request for reimbursement, together with the Medical Certificate, must be sent to GB **within three (3) months of the date you paid the worker.**
- Reimbursements will not be made if you fail to request reimbursement within three (3) months, in accordance with section 114D(4) of the Act, unless the WorkSafe is satisfied that your delay in making the application is reasonable.
- The WorkSafe 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

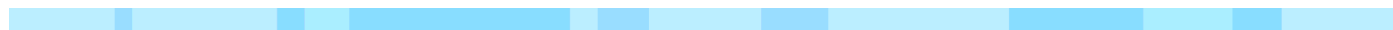
**Note:** please attach certificates for the entire period indicated above

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"/>	(All requests for reimbursement)
Have you provided documented reasons for the delay in seeking reimbursements outside 3 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Requests lodged after 3 months of making payment to the worker)
Has the worker returned to work?	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: .....

**For GB use only:**



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

### Conditions of reimbursement

- The WorkSafe 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 WorkSafe 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 GB within three (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 WorkSafe is satisfied that your delay in making the application is reasonable.
- If you are making a request more than three (3) months after the date you paid the worker, please provide reasons for the delay.

### Payment period from Saturday to Friday

- The WorkSafe 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.**