

Request for Wage Reimbursement

Claim No.

Worker's name	Weekly rate
Employer's name	Date of injury
Employer's address	Postcode

Direct credit option – For reimbursement via direct credit to employer's bank account complete the following

Bank account name	
BSB number -	Account number
Employer's email address	

Period claimed

/	/	to	/	/	Weeks 2 – 26	(100%)	\$
/	/	to	/	/	Weeks 27 – 78	(90%)	\$
/	/	to	/	/	Weeks 79 onwards	(80%)	\$

Weekly rate	Hourly rate	Hours	Minutes	
\$	\$			Weekly benefits to be refunded \$

Weekly benefits payable table

- (A) 100% of normal weekly earnings payments up to 26 weeks.
(B) 90% of normal weekly earnings weeks 27-78 inclusive.
(C) 80% of normal weekly earnings week 79 onwards.

Important

- Please ensure that medical certificates supporting period of absence are submitted. Payments cannot be processed without certification.
- Weekly payments are not reduced by a percentage specified above in respect of any week in which the worker engages in work, for 50% or more of the worker's normal weekly hours, under an approved Return-to-Work or Injury Management Plan.

Office use only

Employer's signature

Date

x

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