



EMPLOYER WAGE REIMBURSEMENT INVOICE

NT

Return Email: workerscompclaims@iag.com.au

Return postal address:

CGU Workers Compensation Claims
Reply Paid 85245
WELSHPOOL DC WA 6986

Return Fax: 1300 038 395

Claim information

Claim Number	Claimant's name
<input type="text"/>	<input type="text"/>

Date of Injury	Policy number
<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY	<input type="text"/>

Business name	ABN
<input type="text"/>	<input type="text"/>

Employer's Address (postal address for payment)

Employer's email address

Return to Work Information

Has the worker returned to work?

No Please proceed to 'Reimbursement Calculation' in the table below. No 'Gross/Actual Earnings' will apply.

Yes DD / MM / YY Please complete 'Gross/Actual Earnings' and ensure this is deducted from the worker's entitlement and amount to be claimed.

If the worker has returned to their full pre-injury role, please contact your Claims Consultant to discuss entitlements.

If you are claiming Time Lost Visiting Doctor, please provide a comment noting the dates and hours lost at each visit.

Reimbursement Calculation

Period (inclusive dates) Please complete one week per line (excluding date of injury)		Normal Weekly Earnings (NWE)	Gross/Actual Earnings (for work performed - if applicable)	NWE less Earnings (Total Claimed)
From	To			
Total				

