



EMPLOYER WAGE REIMBURSEMENT INVOICE

Return Email: workerscompclaims@iag.com.au

Return postal address:

CGU Workers Compensation Claims
Reply Paid 91571
MELBOURNE VIC 8060

Return Fax: 1300 038 395

Claim Information

Claim Number:

Claimant's name:

Date of Injury:

Policy number:

Business name:

ABN:

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 / / 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.

Reimbursement Calculation

First 26 weeks total incapacity / partial incapacity

Period (inclusive dates)		Gross Average Pre-incapacity Earnings	Average Pre-incapacity Hours	Hours Worked (if applicable)	Gross/Actual Earnings (if applicable)	Rate less Earnings (Total Claimed)
From	To					
Total						

After 26 weeks total/partial incapacity, see applicable step down rates

Period (inclusive dates)		Gross Average Pre-incapacity Earnings	Average Pre-incapacity Hours	Less Step Down % (if applicable)	Hours Worked (if applicable)	Gross/Actual Earnings	Rate less Earnings (Total Claimed)
From	To						
Total							

Gross average pre-incapacity weekly earnings include overtime where overtime worked was regular and as part of an established pattern. Step down rates which apply from 26 weeks onwards for total/partial incapacity, the relevant percentage is:

- a.** if the worker's is not working, or works 25% of the workers average pre-incapacity weekly hours or less, entitlement is 65%.
- b.** if the worker's is working more than 25% of average pre-incapacity weekly hours but not more than 50%, entitlement is 75%.
- c.** if the worker's is working more than 50% of average pre-incapacity weekly hours but not more than 75%, entitlement is 85%.
- d.** if the worker's is working more than 75% of average pre-incapacity weekly hours but not more than 85%, entitlement is 95%.
- e.** if the worker's is working more than 85% of the worker's pre-incapacity hours - entitlement is 100%.

* Please note the worker cannot earn less than the Statutory Floor which is the federal minimum wage decided by the Australian Industrial Relations Commission under the Workplace Relations Act 1996 (Cth).

To assist with prompt processing of the payment

Please provide payslip to support wage reimbursement.

A workers compensation medical certificate must be provided confirming the incapacity period. If there are any restrictions this should be detailed in the return to work plan.

Employer Comments

Employer Declaration

I confirm, to the best of my knowledge that the information provided and attached is true and accurate.

Name

Signature

Date

D
D
/
M
M
/
Y
Y



Insurer
Insurance Australia Limited
 ABN 11 000 016 722 AFSL 227681
 trading as CGU Workers Compensation