



# 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

Weekly Compensation Rate

Change to weekly compensation rate

Date effective from

Period (inclusive dates)		Weekly Compensation Payable for this period	Gross/Actual Earnings (if applicable)	Weekly comp payable less earnings	Less Step Down % (if applicable)	Total Claimed
From	To					
<b>Total</b>						

**Please note step downs that apply;**

- a. 100% of the weekly payment for the first 26 weeks of the period of incapacity;
- b. 90% of the weekly payment for the period of incapacity exceeding 26 weeks but not exceeding 78 weeks from date of initial incapacity;
- c. 80% of the weekly payment for the period of incapacity exceeding 78 weeks.

**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

DD	/	MM	/	YY
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Insurer  
**Insurance Australia Limited**  
ABN 11 000 016 722 AFSL 227681  
trading as CGU Workers Compensation