# Wages reimbursement schedule



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Please return your form by email to myWCclaim@qbe.com	
QBE Workers Compensation	
Perth Office: GPO Box T1750 Perth WA 6845, Phone: 08 9213 6100, Fax: 08 9213 61	9



For faster processing, send email attachments in PDF to mywcclaim@qbe.com with both the claim number and worker's full name in the subject line

**Perth Office:** GPO Box T1750 Perth WA 6845 Phone: 08 9213 6100 Fax: 08 9213 6199 **Bunbury Office:** PO Box 382 Bunbury WA 6231 Phone: 08 9721 4344 Fax: 08 9721 2390

QBE Case Manager:			Employer contact					Date					
								1 1					
Details													
Insured													
Address	State Postcode												
Employee	State 1.03teode												
Date of injury	1 1	/ / Claim number											
Period of compensation		01 Total incapacity (Examples provided on page 2)		21 Supernumerary/other (Examples provided on page 2)			Rate of pay up to 13 \$ weeks		\$	Rate of pay 14 weeks and beyond			
From	То	Week Day	Hours	Week	Day	Hours	Weekly rate			Total reimbursement			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$			\$			
1 1	1 1						\$						
During the period claimed, has the worker's Return to Work status changed?  Yes  No													
Did the worker have time-off outside the arrangements of the Return to Work plan? Yes No													
Do you intend to claim wages while the worker is completing suitable duties? Yes No													
Please note: When workers are participating in suitable duties, employers have the option to claim a lesser amount. Please speak to your Case Manager for further information.													
Other comments	3												

QM6211-0614 1

# **Definitions**

# **Insured address**

Please complete this section using the address you would like the cheque to be sent to.

## Period of compensation

These are dates in which you are claiming wage reimbursement for.

#### Codes

## 01 Incapacity for work

Use this code when the worker is either totally unfit for work or they are fit for restricted duties however no duties are available for them to complete.

The dates under this code must only be used for the time the worker is away from the business and not for any time where the worker is at work with the employer in **any capacity**.

# 21 Supernumerary/other

Use this code when the worker is at work for the time claimed and during this time they are completing suitable duties or hours.

## Examples

- The worker is unfit for work (O1)
- · The worker is fit for restricted or suitable duties however no duties are available (01)
- The worker is completing pre-injury hours but only performing suitable duties (21)
- The worker is at work on restricted hours and suitable duties: (01) for the time the worker is not at work and (21) for the time the worker is completing suitable duties at work
- · The worker has been terminated, has resigned or is on a Return to Work plan with another employer completing a work trial (01).