Request for wages reimbursement

ZURICH®

Worker's name | Claim number

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

Code (see below)	Period (inclusive dates)		Weeks	Days	Hours	Weekly rate	Amount
	From	To					
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						TOTAL	**$**

Codes
T – Total Incapacity
R – Restricted duties (Return to Work Program)
SD – Step down rate (After 13 weeks rate of pay)
T.L.V.D. – Time Lost Visiting Doctor

Important

1. If compensation relates to time lost visiting doctor and is less than one day, show 'T.L.V.D.' against period and indicate hours lost each visit.
2. Ensure that medical certificates supporting periods of absence are submitted. (Payment cannot be processed without certification).
3. Specify actual dates. Do not use 'week ending' or 'retrospective'.

Office use only

Employer's signature | Date

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