Request for Wage Reimbursement

ZURICH®

Claim No.

Worker's name	Weekly rate
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

Employer excess provision period

_____ / _____ / _____ to _____ / _____ / _____   Excess – First weekly rate payment $

Period claimed

_____ / _____ / _____ to _____ / _____ / _____	**Weeks 2 – 26**	**(100%)**	**$**
_____ / _____ / _____ to _____ / _____ / _____	**Weeks 27 – 78**	**(90%)**	**$**
_____ / _____ / _____ to _____ / _____ / _____	**Weeks 79 onwards**	**(80%)**	**$**

Weekly rate	Hourly rate	Hours	Minutes
$	$		**Weekly benefits to be refunded $**

Weekly benefits payable table

(A) 100% of normal weekly earnings payments up to 26 weeks. Note: Excess first weekly rate payment.

(B) 90% of normal weekly earnings weeks 27-78 inclusive.

(C) 80% of normal weekly earnings week 79 onwards.

Important

- Please ensure that medical certificates supporting period of absence are submitted. Payments cannot be processed without certification.

- Weekly payments are not reduced by a percentage specified above in respect of any week in which the worker engages in work, for 50% or more of the worker's normal weekly hours, under an approved Return-to-Work or Injury Management Plan.

Office use only

Employer's signature	Date
✗	_____ / _____ / _____

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