

# Workers Compensation Employer's Report

Please forward to the Insurance Commission at [gi.workerscomp@icwa.wa.gov.au](mailto:gi.workerscomp@icwa.wa.gov.au) immediately after the occurrence along with:

- Workers' Compensation Claim Form
- First Certificate of Capacity (where applicable)

## 1. Agency details

Agency name:	Risk code (if applicable):
Address:	
Contact name:	
Phone:	Email:

## 2. Worker details

Family name:	Given name(s):
Employee number :	

## 3. Conditions of employment at the time of the occurrence

Was the worker employed:	Directly <input type="checkbox"/>	As a Contractor or Sub-Contractor <input type="checkbox"/>	By a Contractor or Sub-Contractor <input type="checkbox"/>
Date first employed:	Number of hours worked each day:	Number of days worked each week:	
Have you commenced paying weekly compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekly compensation rate:	Pre-injury rate:
Employment type:	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/>	Full or part-time	Part-Time <input type="checkbox"/> Full Time <input type="checkbox"/>

## 4. Occurrence

Date of occurrence:	Time of occurrence:	am/pm	After working:	hours
Date ceased work:	Time ceased work:	am/pm	Date returned to work:	
Date of lodgement with employer:	Was the injured worker affected by alcohol or drugs?		Yes <input type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
Date first medical certificate received by:			at	am/pm
The worker must supply a written explanation for any delay in reporting the occurrence or attending for treatment of the injury.				
Provide witness details (if applicable):				
Name:	Address:			
Phone:	Email:			
Do you agree with details of the occurrence as provided on the Workers' Compensation Claim Form?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please give details:				

## 5. Treatment

If first aid attention was provided, by whom?			
Name of Doctor first visited:	Date:	Time:	am/pm
Admitted to	Hospital on		

## 6. Complete for spectacle claims only

Describe how the spectacles were damaged:	
Describe type of spectacles damaged (e.g. bifocal lenses, plastic frame):	
If the repairs or replacement has been paid, by whom?	
Do you agree with the details of the occurrence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, sign this form. If No, attach a signed statement giving reasons.

## 7. Declaration

I declare that the details submitted are true and correct and that I am the person authorised to lodge the claim with the Insurance Commission on behalf of the abovementioned agency.	
Signature:	Date:
Name:	Position Title:
Phone:	Email:



**Income Compensation Calculation Guide**

**Notes**

- Income compensation now relates to Sections 53 – 57.
- For the first 26 weeks, income compensation is calculated exactly the same for award and non-award workers.
- Income compensation is calculated as being the worker’s average weekly rate of earnings in the position that the worker held on the day of the injury.
- This is to be calculated:
  - over the period of one year ending on the day before the day on which the worker’s injury occurred; or
  - if the worker had been employed in that position for less than one year when the injury occurred – the period beginning on the day on which the worker commenced to be employed in that position and ending on the day before the worker’s injury occurred.

**The income compensation rate (Rates 1 and 2) cannot exceed the maximum weekly rate of income compensation and cannot be below the minimum weekly rate of income compensation.**

**Amount payable:**

<b>WEEKS 1 – 26, for each employer as at the date of injury (Rate 1)</b>	
A. Total gross earnings in the period of one year ending on the day before the injury. Or if employed in that position for less than one year, then from the day on which the worker commenced employment.	
B. Number of weeks worked within one year before the date of injury.	
C. Number of weeks the worker has taken leave without pay and or been paid income (workers compensation in the period of one year before the date of injury (if applicable)	
$\frac{A}{\text{Number of weeks } (B - C)} = \text{Rate 1}$	

<b>WEEKS 27 ONWARDS, for each employer as at the date of injury (Rate 2)</b>	
<b>Workers covered by an industrial instrument</b>	
D. 85% x Rate 1	
E. Base award rate component	
F. Regular additional earnings	
Total of E + F	
The higher amount of D or E + F = Rate 2	
<b>Workers not covered by an industrial instrument</b>	
85% x Rate 1	



**Definitions:**

Earnings	<p>Wages or salary, or as a piece rate or commission, or a specified quantity of work for a specified sum, or as a bonus or allowance, or an over award or service payment, or for overtime.</p> <p>This also includes the monetary value of board and lodging provided to the worker by the employer as payment for work and any payment in money or money's worth paid to or for the benefit of the worker that the regulations prescribe as included in the earnings of a worker.</p>
Industrial Instrument	<p>An industrial instrument means: an award or order made by the WA Industrial Relations Commission, an industrial agreement, or a fair work instrument as defined in the Fair Work Act 2009, or an award, order, agreement or other instrument that is of a class prescribed by the regulations.</p>
Maximum rate of income compensation	<p>Twice the average of the amounts the Australian Bureau of Statistics published as the average weekly earnings of all WA employees.</p> <p>Refer to <a href="http://www.workcover.wa.gov.au">www.workcover.wa.gov.au</a> or phone 1300 794 744 for the current rate.</p>
Minimum rate of income compensation	<p>The base award component under the award or agreement at the level of the worker plus regular additional earnings of the worker in the 52 weeks prior to their injury or if employed in that position for less than one year from the day on which the worker commenced employment.</p>
Regular Additional Earnings	<p>Any over award or service payment on a regular basis as part of the worker's earnings, any allowance <b>including overtime</b> paid on a regular basis as part of the worker's earnings and related to the number or pattern of hours worked by the worker and any other allowance prescribed by the regulations.</p>