**Weekly Payment Reimbursement Request Form**

Please complete this request for reimbursement form and forward it to Xchanging, together with the relevant certificate of capacity **within 3 months of the date you paid the worker.**

In accordance with workers’ compensation legislation, reimbursements cannot be made if you fail to request reimbursement within 3 months, unless WorkSafe Victoria (WorkSafe) is satisfied that your delay in making the application is reasonable.

WorkSafe reserves the right to verify your payroll records to support that you have paid the worker for the period claimed.

CLAIM NUMBER: WORKER’S NAME:

EMPLOYER’S NAME:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TIME PERIOD\*  SATURDAY-FRIDAY | DAYS PAID | COMPENSATION RATE | TOTAL NUMBER OF HOURS WORKED | GROSS CURRENT WEEKLY EARNINGS (IF ANY) | AMOUNT OF REIMBURSEMENT CLAIMED |
| - |  |  |  |  |  |
| - |  |  |  |  |  |
| - |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| - |  |  |  |  |  |

*\* See overleaf* **Note:** please attach certificates for the entire period indicated above

|  |  |
| --- | --- |
| **All requests for reimbursement**  Has payment been made to the worker or do you intend to pay as per company pay schedule? | Yes No |
| **Requests lodged after 3 months of making payment to the worker**  Have you provided documented reasons for the delay in seeking reimbursements outside 3 months? | Yes No |
| **Has the worker returned to work?** | Yes No |
| If '**Yes':** *Suitable employment:*  Full pre-injury duties:  If the worker has returned to work, ensure that worker’s gross current weekly earnings are indicated in the 5th column of the table above. | Date: \_\_\_\_ / \_\_\_\_ /\_\_\_\_  Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |

# Employer’s signature:

**Position: Date:**

**Important notes for employers regarding reimbursement of weekly payments**

|  |
| --- |
| **CONDITIONS OF REIMBURSEMENT** |
| WorkSafe Victoria (WorkSafe) will only reimburse weekly payments which the worker was legally entitled to receive.  By making a request for reimbursement the employer agrees that all the details provided in the request for reimbursement are correct, accurate and complete.  All employers must have records to prove that weekly payments were made to the worker.  WorkSafe reserves the right to verify employer’s payroll records to support that the employer has paid the worker for the period claimed. |
| **TIMEFRAMES FOR REQUESTING REIMBURSEMENT** |
| Under the Act, all requests for reimbursement of weekly payments must be received by your Agent within 3 months of the date you paid the worker. Your failure to do so will result in reimbursements being declined unless the Authority is satisfied that your delay in making the application is reasonable.  If you are making a request more than 3 months after the date you paid the worker, please provide reasons for the delay. |
| **PAYMENT PERIOD FROM SATURDAY TO FRIDAY** |
| The workers’ compensation week starts from Saturday of the week to be claimed, and ends on the following Friday.  Although this may not comply with your own payroll run, please provide all weekly payment claims in the Saturday to Friday format, so that your Case Manager can correctly record all weekly compensation payments, including any current weekly earnings for the week, and to ensure that your reimbursements are made correctly, and on time. |
| **CALCULATING THE AMOUNT TO BE REIMBURSED FOR PARTIAL COMPENSATION PAYMENTS** |
| To calculate partial compensation payments where worker has returned to work on partial hours:   * 0 to 13 weeks: 95% of PIAWE less the gross current weekly earnings equals weekly compensation reimbursement. * Over 13 weeks: 80% of PIAWE less 80% of gross currently weekly earnings equals weekly compensation reimbursement.   **Example:** Prior to injury, a worker earned $500 per week. The worker has received weekly payments for 32 weeks and has returned to work on partial hours. The worker currently earns $130 per week on the return to work plan.As the claim is over 13 weeks and the worker has returned to work, the rate is based on 80% of PIAWE: Comp rate: $500 x 80% = $400  Current Weekly Earnings: $130 x 80% = $104  $400 (wkly comp rate)  less $104 (80% of Current weekly earnings)  equals $296 the weekly compensation reimbursement  The worker is paid $130, (current weekly earnings) plus $296, (weekly compensation), making a total payment to the worker of $426 in addition to any make-up pay from the employer they may be eligible for under an award or EBA.  **If you are unsure about the rate your worker is to be paid, contact your Case Manager to discuss.** |
|  |