

WAGE REIMBURSEMENT REQUEST FORM

Employer Name:				Date of Injury:							
Worker Name:				Pre-Injury Hours:							
Claim Number:				Authorised Weekly Rate:				\$			
Period of Cover Being Claimed From	Period of Cover Being Claimed To	Workers Compensation Medical Certificate Provided for Period (or part of) (Y / N)	Fitness For Work as Stated on Medical Certificate	Medical Certificate Coverage Date From	Medical Certificate Coverage Date To	Actual Hours Worked	Wages Paid For Actual Hours Worked (\$)	Actual Hours Lost	Legislative Step Down (%)	Actual Amount Claimed From Allianz (\$)	

**You should complete this form as often as your pay cycle, but preferably no longer than 2 months since you last claim*

Employer Representative Signature:	Employer Representative Position:	Date:

HOW TO USE THIS FORM

Definitions

Fitness for Work:	The level of capacity your employee has been certified to perform as certified by a medical practitioner. The medical certificate provided by your employee will confirm (ie. Totally Unfit, Suitable Duties/Hours, or Pre Injury Hours).
Pre-Injury Hours:	The average number of hours per week that the employee performed pre-injury (e.g. most full time cases, it will be approx. 38 hours)
Authorised Weekly Rate	Approved workers compensation rate as advised by Allianz in the claim liability letter
Actual hours worked	Hours worked by your employee during the period specified.
Legislative Step Sown	Depending on the Date of Injury, this will be 80% - 100% of their Pre Injury Weekly Earnings. This would have been previously communicated to you by Allianz. If you unsure please contact your Allianz Case Manager.
Actual Amount Claimed	This is the amount of weekly compensation paid to the worker for hours not worked due to their incapacity. Bu this rate can vary depending on the workers rate of pay, hours worked/lost and the workers legislative step down.

Calculating the amount you wish to claim

You have 2 scenarios to calculate the actual rate of reimbursement being claimed:

1) If the worker is not working at all:

1. Multiply the authorised weekly compensation rate (\$) by the number of week/s () in the period being claimed:

Total = \$

2. Multiply the total amount (above) by the stepdown rate (if a step rate is applicable) %
=\$

OR

2) The worker is performing hours but at a reduced rate

1. Multiply the authorised weekly rate of compensation (\$) by the number of weeks () in the period being claimed = \$ (B)
2. From the authorised weekly rate (B) subtract the wages (A) paid for modified duties performed = \$ (B-A)
3. Multiply this amount by the step down rate (if applicable) % = \$ (actual amount claimed)