



Wages Reimbursement Schedule

Please return your form to:

QBE WORKERS COMPENSATION

Perth Office: GPO Box T1750 Perth WA 6845
 Phone: 08 9213 6100 Fax: 08 9213 6199

Date: ____ / ____ / ____

Bunbury Office: PO Box 382, Bunbury WA 6231
 Phone: 08 9721 9200 Fax: 08 9721 2390

To QBE Case Manager: _____

From Employer contact: _____

| Details | | | | | | | | | | | | |
|------------------------|----|-------|------|--------------|----------------------------|--|---------------------|---------------------------------|--|-------|----------|--|
| Insured | | | | | | | | | | State | Postcode | |
| Insured Address | | | | | | | | | | | | |
| Employee | | | | | | | | | | | | |
| Date of Accident | | / / | | Claim Number | | | | | | | | |
| Period of Compensation | | | | | Rate of Pay up to 13 Weeks | | \$ | Rate of Pay 14 Weeks and Beyond | | \$ | | |
| From | To | Weeks | Days | Hours | Weekly Rate | | Total Reimbursement | | | | | |
| | | | | | | | \$ | | | \$ | | |
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| | | | | | | | \$ | | | \$ | | |
| Total | | | | | | | | | | \$ | | |

General Questions

Has the worker returned to full Pre-Injury Duties? Yes No

Date worker resumed full Pre-Injury Duties:

Other comments:
