



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

Bunbury Office: PO Box 382, Bunbury WA 6231

Phone: 08 9721 9200 Fax: 08 9721 2390

Date: ____ / ____ / ____

To QBE Case Manager: _____

From Employer contact: _____

Details										
Insured										
Insured Address								State		Postcode
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:
