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Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Notice to WorkCover WA – Uninsured Employer

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a notice given to WorkCover WA under section 31(2) of the *Workers Compensation and Injury Management Act 2023* from an uninsured employer is **Notice to WorkCover WA – Uninsured Employer** in Appendix 1.

The **Notice to WorkCover WA – Uninsured Employer** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CN9 – v1 [D2024/129537].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

5 June 2024

Workers Compensation and Injury Management Act 2023
NOTICE TO WORKCOVER WA – UNINSURED EMPLOYER

Employer

Name: _____
Address: _____
ABN: _____
Legal representation (if any): _____

Worker

Name: _____
Address: _____
Date of birth: _____
Phone number: _____
Email address: _____
Legal representation (if any): _____

Claim

Date of injury: _____
Date employer received claim: _____

UNINSURED EMPLOYER

The employer named in this notice has received a claim for compensation from a worker and confirms the employer is uninsured in relation to the liability to pay compensation.

Notice Details

Notice issued by: _____
Email address: _____
Phone number: _____
Date of Notice: _____

IMPORTANT INFORMATION: This notice must be submitted to WorkCover WA within 7 days after receiving a claim for compensation. A fine of \$5,000 may apply for non-compliance.