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.*