

An employer can apply to WorkCover WA for a review of the following in respect of a premium determined by an insurer for the issue or renewal of a workers compensation policy:

- the premium as determined by the insurer for the policy, where the premium is at least 75% greater than the recommended premium rate set by WorkCover WA, and/or
- the industry classification of which the premium for the policy is determined.

For further information refer to section 255 of the *Workers Compensation and Injury Management Act 2023* and the *Premium Industry Classification Review Guidelines*.

The application must:

- be made within one (1) month after the employer is informed of the premium and/or classification concerned (i.e. date insurer provided full terms)
 - WorkCover WA may allow a longer period in extenuating circumstances.
 - An employer's right to review may be forfeited if the application is not submitted within the approved timeframe.
- provide details of the efforts made to resolve the matter with the insurer, and
- state the grounds of objection and the industry classification or premium the employer seeks.

REQUEST REVIEW

Please indicate which review you are seeking:

Premium

Industry classification

Industry classification and premium

EMPLOYER INFORMATION

Full legal name of employer:

Australian Business Number:

Policy effective date:

PRC (Industry Classification)/Labour hire:

ADDITIONAL INFORMATION

Provide a summary of the below. Please attach information to the back of the form if additional space is required.

1. Efforts made to resolve/negotiate the issue(s) with the insurer (e.g. date email sent to insurer requesting a lesser premium and/or different classification).

2. Reasons for the review and the industry classification and/or premium the employer seeks.

REQUIRED ATTACHMENTS

- A copy of the insurance policy terms, including quotation detailing the industry classification and premium issued by the insurer.
- The employer’s *Declaration of Estimated Remuneration*.

DECLARATION

To be completed by the employer or employer’s authorised representative.

You must complete the statement below to verify the information you have provided in this form.

The below signatory will be the contact person for the review process.

Name:

Position:

Relationship to employer:
(e.g. broker, accountant, etc.)

Organisation name:

Phone:

Email:

- I confirm that I have made efforts to resolve the issue(s) with the insurer prior to this request for review.
- I am authorised as the employer/by the employer to complete and sign this declaration.
(If applicable – please attach letter of appointment).
- I understand under the provisions of the *Workers Compensation and Injury Management Act 2023*, failing to provide required information, or providing false or misleading information is an offence.

Signature:

Date:

SUBMISSION

The completed form and any attachments must be submitted to **WorkCover WA** at records@workcover.wa.gov.au and the **Insurer** within one (1) month after being informed of the premium and/or classification concerned (or approved timeframe provided by WorkCover WA), or your right of review will be forfeited.