

Workers compensation: Letter of Authority

Date _____

Employer's name _____

Employer's address _____

This is to certify that from

Effective date

Organisation's name (the **Employer**)

Authorises

Broker's name (the **Insurance Broker**)

to request and receive on behalf of the Employer workers compensation claims information and other information (**Information**) specifically relevant to the policies set out in Table 1 and subject to the terms and conditions set out below.

Policy number	Policy name	Group number
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**Please go to page 3 to add more policies if required*

It is acknowledged that information will only be disclosed by icare/Nominal Insurer in accordance with the applicable law including but not limited to the relevant NSW workers compensation legislation (including the *Workplace Injury Management and Workers Compensation Act 1998 (NSW)* (**WIMWC Act**) and the *Workers Compensation Act 1987 (NSW)* (**WC Act**)) and the relevant NSW privacy legislation (including the *Privacy & Personal Information Protection Act 1998 (PPIPA)* and the *Health Records & Information Privacy Act 2002 (HRIPA)*).

Authorisation

Authorisation on behalf of Employer

Employer representative signature

Employer representative name

Date

Authorisation on behalf of Agent (Insurance Broker)

Insurance Broker representative signature

Insurance Broker representative name

Date

Terms and Conditions

It is acknowledged that the scope of the Insurance Broker's authority to request and receive information on behalf of the Employer is subject to the terms and conditions set out below.

- The information covered by this Authority is limited to workers compensation claims information (which in the case of Cost of Claims reports will be de-identified) and other open claims information specifically relevant to the policies set out in Table 1. OR
- The information covered by this Authority is limited to de-identified workers compensation claims information and information specifically relevant to the policies set out in Table 1 as required by the Insurance Broker.
- The Insurance Broker acknowledges that requests for information pertaining to this Authority are limited to one request.
- This Authority enables the Insurance Broker to request and receive the information covered by this Authority only and it in no way constitutes an authority to act as the Employer's insurance broker. The Insurance Broker may only act on the Employer's behalf as their insurance broker pursuant to a separate Letter of Appointment.
- The Employer must notify icare within 5 business days of the cessation of an Insurance Broker's Appointment on their policy.

Insurance Broker Declaration

In respect of the information received the Insurance Broker agrees to comply with:

- any obligations under the NSW workers compensation legislation (including the WIMWC Act and the WC Act) including any subsequent re-enacted or repealed legislation that apply to the Employer;
- all obligations under NSW privacy legislation (including the PPIPA and the HRIPA) that would apply to the Employer if the Employer were to directly perform the actual activities being performed on its behalf by the Insurance Broker that are within the scope of its functions applicable to the relevant policies; and
- all other privacy obligations imposed on it by law including but not limited to the Privacy Act 1988 (Cth), and the Australian Privacy Principles set out in that Act.

Organisation name

Title

Policy number	Policy name	Group number
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