## **Workers compensation: Letter of Authority**

Date					
Employer's name					
Employer's address					
This is to certify that from	I				
Effective date		Organisation's	name (the <b>Employer</b> )		
Authorises					
Broker's name (th	ie Insuranc	e Broker)			
	hehalf of th	ne Employer wor		ma information and	. th
to request and receive on	i bellali bi li	ic Lilibioyel wol	kers compensation clai	ms imormation and	other information
to request and receive on (Information) specifically			•		
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(Information) specifically	relevant to	the policies set	•		d conditions set
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## **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 withing 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  including any subsequent re-enacted or repealed legislation that apply to the Employer;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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