

Application for approval of a pre-injury average weekly earnings (PIAWE) agreement

Use this form if the injury happened on or after 21 October 2019 and both the worker and employer are seeking insurer approval to apply an agreed amount as the worker's PIAWE. The completed form must be received by the insurer within five calendar days of injury notification to be considered. This form does not apply to exempt workers. If you need help completing this form, call the insurer in the first instance. Alternatively, workers may contact their union, lawyer or the Independent Review Office (IRO) on 13 94 76 and employers the State Insurance Regulatory Authority (SIRA) on 13 10 50 for assistance.

1. Injured person details

Given name	Surname	Claim number if known
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Email
<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY)	Date of injury (DD/MM/YYYY)	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date commenced in employment where the injury happened	Normal hours worked per week
<input type="text"/>	<input type="text"/>

Have you had time off work because of the injury?

Yes No

2. Employer details

Name of contact	Name of employer
<input type="text"/>	<input type="text"/>

Telephone	Email
<input type="text"/>	<input type="text"/>

3. Agreed amount

The agreed amount to be applied as PIAWE

\$

The agreed amount has been calculated based on the following:

The usual pre-tax weekly earnings in the employment the injury happened

\$

The usual pre-tax weekly earnings from any other employment (if applicable)

\$

Cash value of non-monetary benefits that have been withdrawn after injury (if applicable)

\$

Non-monetary benefit type (if applicable) e.g. car, accommodation, education expenses, health insurance, salary sacrifice items	Agreed cash value per week	Date withdrawn following injury
	\$	
	\$	
	\$	

4. Other employment

Did the worker have more than one employer at the time of injury?

Yes No

If yes, please provide the following

Employer name	Date commenced	Earnings per week	Normal hours per week	Address	Contact name	Telephone

5. Supporting documents

Please attach at least one wage document to support the agreed amount in the employment the injury happened and any other employment (if applicable).

Wage details (e.g. payroll records, payslips, contract of employment, industrial award if applicable)

Other types of documents (e.g. certificate of capacity, documents identifying non-monetary benefits)

6. Worker and employer acknowledgment details

It is acknowledged that:

- the agreed amount reasonably reflects the worker's PIAWE during the relevant earning period
- the insurer may refuse to apply the agreed amount
- the agreement may be withdrawn at any time by giving notice to the insurer in writing
- it is an offence to knowingly make a false or misleading claim or false and misleading statement in support of a claim

Injured person's signature

Date (DD/MM/YYYY)

Employer's signature

Date (DD/MM/YYYY)