

It is recommended the worker (or their representative):

- 1 Complete this form, then forward one copy (with supporting documentation) to the scheme agent within 3 days of request (or sooner if possible).**
- 2 Provide another completed copy of this form to their employer for the provision of additional information and supporting documentation, who can then forward to the scheme agent as soon as possible.**

If a worker has more than one employer (at the time of injury), separate form/s should be completed by the worker, with their other employer/s, and forwarded to the scheme agent by the worker.

This form has been developed to ensure all relevant earnings information is provided to the scheme agent where a worker has sustained incapacity as a result of their employment and has an entitlement to weekly payments. The information will assist the scheme agent to calculate the correct benefits payable in accordance with the provisions of the *Workers Compensation Act 1987*.

If a worker is entitled to weekly compensation because they can't do their pre-injury job as a result of a work related injury or illness, those weekly payments are calculated by reference to the worker's Pre-Injury Average Weekly Earnings (PIAWE).

PIAWE comprises of two main components – ordinary earnings, and overtime and shift allowances.

The main components of ordinary earnings include:

- Earnings for the ordinary hours of work (established by a Fair Work instrument or contract of employment) or the actual earnings of the worker;
- Piece rates;
- Commissions;
- The value of non-pecuniary benefits, non-cash amounts (eg the use of a motor vehicle, residential accommodation, health insurance or education fees). It could be the fringe benefit tax component, or if not applicable, then an amount that is reasonably attributable to that benefit; and
- Any salary sacrificed amounts.

The main components of overtime and shift allowances include:

- Overtime amounts; and
- Shift allowances.

Employer superannuation contributions are not included in the calculation of PIAWE.

PIAWE is the average of the weekly earnings over the 52 week period immediately prior to the injury, with the following exceptions:

- If a worker has been employed for less than four weeks, PIAWE is calculated on the basis of the weekly earnings the worker could reasonably have expected to earn in that employment (if not for the injury) for the period of 52 weeks after the injury. In this case, discussion should be had with your scheme agent as to the nature of employment and the workplace in order to determine the information that should be provided.
- If a worker has been employed for 4 weeks or more but less than 52 weeks, PIAWE is calculated over the period of continuous employment in that role.

- If a worker was promoted to a new role within the 52 weeks prior to injury, resulting in an increase in their earnings, PIAWE is calculated from the period of continuous employment since the promotion took effect.
- If a worker voluntarily changed their hours of work in the 52 weeks prior to injury, resulting in a reduction in their earnings, PIAWE is calculated over the period of continuous employment since the change in hours occurred.
- If immediately before the injury, the worker was not a full time worker, but at the time of injury was seeking full time employment AND in the previous 78 weeks had been predominantly a full time worker, PIAWE is calculated as the average weekly earnings with all employers over the 78 week period prior to the injury.
- If a worker had been promoted (and this is confirmed in writing) to a new permanent position, which had not yet commenced at the time of injury, PIAWE is calculated as the average weekly earnings the worker could reasonably have expected to earn if they had been in that promoted role for the 52 weeks prior to the injury.

The calculation of ordinary earnings over the relevant period takes into account any weeks that the worker was on paid leave but does NOT include any weeks that the worker was on unpaid leave. For casual or seasonal workers, weeks not worked are also excluded.

The calculation of the shift and overtime component does NOT include any weeks that the worker was on unpaid leave as well as weeks containing paid leave, except annual leave. For casual or seasonal workers, weeks not worked are also excluded.

For workers who had been employed by two or more employers at the time of injury, there are special ways of calculating PIAWE. This is set out in a table in schedule 3 of the *Workers Compensation Act 1987*.

Note:

- There is a prescribed maximum weekly payment of compensation which is adjusted from time to time. Please refer to the *NSW Workers Compensation Benefits Guide* for the published rates.
- There is a prescribed minimum PIAWE of \$155 per week.
- The PIAWE calculation may be different to the wages declared for the purposes of premium calculation.

Workers can apply for an alteration or review of their weekly payments in accordance with section 42(1) of the *Workers Compensation Act 1987*. They can use this form to support their application.

Please state the reasons for the request for alteration of weekly payments (to be completed by worker).

Please ensure all sections are completed (place a line through sections which are not applicable). Missing information can result in payment delays and/or underpayments/overpayments to workers. The scheme agent can provide guidance if any questions are unclear.

If you are unsure about the answer to a question, please indicate so that the scheme agent can investigate it further.

1. Employer details

- 1.1 Employer name
- 1.2 Claim number (if known)
- 1.3 Has the claim been made against this employer?
- Yes No

2. Worker details

- 2.1 Worker name
- 2.2 Date of Birth
- 2.3 Employed since
- 2.4 Date of injury (if known)
- 2.5 Has employment been continuous since this time?
(If yes or unsure, proceed to question 2.7)
- Yes No Unsure
- 2.6 If no, please provide reason
- 2.7 Occupation (including Classification/Grade)
- 2.8 Is the worker an apprentice/undergoing training or instruction to be able to continue to carry out their duties? **(If no, proceed to question 2.12)**
- Yes No
- 2.9 If yes, in what year? Year One Year Two Year Three Year Four
- 2.10 On what date does the worker progress to the next year/level?
- 2.11 If undergoing training or instruction, please provide details of training/instruction
- 2.12 Does a Fair Work instrument apply to this worker's employment?
(eg award, enterprise bargaining agreement, employment contract etc.) **(If no or unsure, proceed to section 3)**
- Yes No Unsure
- 2.13 If yes, what is the name of the award/EBA/employment contract/industrial instrument, if known?

Please provide a copy of the award/EBA/employment contract/industrial instrument to the scheme agent.

3. Relevant period

- 3.1 Employment type: Full time Part time Casual Self-employed Contractor Other
- 3.2 If the worker works an unusual work pattern, please indicate hours/days worked in a work cycle. Please attach additional information if necessary.
- 3.3 Has there been any permanent change in working hours/rate of pay in the **52 weeks prior to the injury (or relevant period)**?
(This could include a permanent promotion or voluntary reduction in working hours)
- Yes No Unsure **(If no or unsure, proceed to question 3.7)**
- 3.4 If yes, on what date did this **permanent** change occur?
- 3.5 Please provide reason for this permanent change
- 3.6 Provide the hourly rate received prior to the change \$ Number of hours per week prior to the change hrs
- Provide the hourly rate received after the change \$ Number of hours per week after the change hrs

3.7 Was the worker due to be promoted or commence a new position on a permanent basis after the date of injury (and this has been confirmed in writing)? **(If no or unsure, proceed to section 4)**

Yes No Unsure

3.8 If yes, on what date is the new **permanent** position expected to occur?

3.9 Please provide details of the new position

3.10 Amount expected to be earned
(hourly or weekly or annual rate – please specify)

\$

4. Leave

4.1 In the **52 weeks prior to the date of injury (or relevant period)** was any leave taken?
If no, please proceed to section 5.

Yes No

4.2 If yes, please select from the following:

Paid annual leave Paid other leave (eg sick, maternity leave etc.) Unpaid leave

4.3 Did the worker take any leave at half pay during the **52 weeks prior to the injury (or relevant period)**?

Yes No Unsure

If yes was answered to any of the above, please attach a summary of date/s including type of absence taken during the **52 weeks prior to the injury (or relevant period)**.

5. Other details

5.1 Did the worker have any workers compensation benefits paid during the **52 weeks prior to the injury (or relevant period)**?

Yes No Unsure

5.2 Did the worker have any weeks not worked during the **52 weeks prior to the injury (or relevant period)**?

Yes No Unsure

If yes was answered to any of the above, please attach a summary of date/s including type of leave (including those weeks taken at half pay, if relevant) taken during the **52 weeks prior to the injury (or relevant period)**.

6. Wage information

6.1 Is the worker paid: Weekly Fortnightly Monthly

6.2 What were the dates of the worker's last pay cycle prior to the injury?

Start date of pay cycle End date of pay cycle

6.3 Does the worker receive scheduled pay increases? **If no or unsure, proceed to question 6.5**

Yes No Unsure

6.4 If yes, within the next 12 months, what month(s) would the worker receive a pay increase?

Jan Feb Mar Apr May Jun
Jul Aug Sep Oct Nov Dec

6.5 Ordinary hours worked each week (or average of the hours worked per week) at time of injury (not including any overtime) hrs

6.6 Ordinary gross hourly rate at time of injury \$ Ordinary gross earnings per week at time of injury \$

6.7 Are the ordinary hours of work agreed?
(as defined in the employment instrument) Yes No Unsure

6.8 Did the worker receive any changes to their working hours, rate of pay in the 52 weeks prior to the injury **(or relevant period)**?
(This could include acting in higher duties, annualised rate change, increase in apprentice/trainee grade etc.)

Yes No Unsure **(If no or unsure, proceed to question 6.12)**

6.9 If yes, on what date did the change occur?

6.10 Please provide reason for this change

- 6.11 If yes, please provide the hourly rate received prior to the change \$
Number of hours per week prior to the change hrs
- 6.12 Are any of the following paid on top of the ordinary gross earnings?
Provide the value of the payments for the **52 weeks prior to the date of injury (or relevant period)**.
Overtime \$ Shift allowance \$ Commission \$ Piece rates \$
If commissions or piece rates have been received, please attach any relevant details. **(If no overtime or shift allowance has been received, proceed to question 6.17).**
- 6.13 If shift allowance or overtime was paid during the **52 weeks prior to the date of injury (or relevant period)**, was this shift allowance or overtime available up until the date of injury?
(if yes proceed to question 6.15, if no proceed to question 6.14 or if NA proceed to question 6.17)
Yes No Unsure
- 6.14 If no, please provide details of when shift allowance or overtime was no longer available for all workers
- 6.15 Will the worker have been likely to have continued to perform shiftwork or overtime after the date of injury?
(If yes or not applicable, proceed to question 6.17)
Yes No Unsure
- 6.16 If no, please indicate why it will no longer be available for all workers and from what date
- 6.17 Did the worker receive any additional allowances during the **52 weeks prior to the date of injury (or relevant period)?**
Yes No Unsure
Please provide copies of payslips/payroll records for the **52 weeks prior to the date of injury (or relevant period)**, including a list of all the allowances the worker received, outlining dates and amount/s (if applicable).

7. Non-pecuniary benefits

- 7.1 Does the worker receive any non-pecuniary (non cash) benefits?
(If no, proceed to section 8) Yes No
- 7.2 Were any of the following non-pecuniary benefits received as part of the worker's remuneration?
You may provide either the total Fringe Benefit Value or the total monetary value (if applicable), in the **52 weeks prior to the date of injury (or relevant period)**.
- | | | | | | |
|---------------------------|-----------------|---------------------------|-----------|----------------------------|--|
| Use of a motor vehicle | | | | | |
| Date commenced | Number of weeks | Amount reasonably payable | OR | Fringe Benefit Value (FBV) | |
| | | \$ | | \$ | |
| Residential accommodation | | | | | |
| Date commenced | Number of weeks | Amount reasonably payable | OR | Fringe Benefit Value (FBV) | |
| | | \$ | | \$ | |
| Health insurance | | | | | |
| Date commenced | Number of weeks | Amount reasonably payable | OR | Fringe Benefit Value (FBV) | |
| | | \$ | | \$ | |
| Education fees | | | | | |
| Date commenced | Number of weeks | Amount reasonably payable | OR | Fringe Benefit Value (FBV) | |
| | | \$ | | \$ | |
- 7.3 Will the worker continue to receive this benefit post injury? **(If yes, proceed to section 8)**
Yes No Unsure
- 7.4 Please list which non-pecuniary benefits will discontinue

8. Salary sacrifice

8.1 Is any part of the weekly wage payment directed to another party (also known as salary sacrifice)?

Yes No **(If no, proceed to section 9)**

If yes, please supply details:

Type(s)	Amount reasonably payable	OR	Fringe Benefit Value (FBV)
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

8.2 Has this amount already been included in the ordinary gross earnings per week? (Refer to section 6)

Yes No Unsure

9. Other earning details

9.1 Does the worker have other employment?
(If no or unsure, proceed to section 10)

Yes No Unsure

9.2 If yes, how many other employers does the worker have?

For all other employment, the worker should provide a 'Calculating pre-injury average weekly earnings' (PIAWE) form to each employer for completion.

10. Self employment

10.1 Is the worker self employed? Yes No **(If no, proceed to section 11)**

10.2 Is the worker a sole trader? Yes No

10.3 Is the worker a working director? Yes No

11. Declaration and privacy information

11.1 I have read the information provided in this form. I declare that the information I have supplied in this form and any attachments to this form is true and correct and that no information has been suppressed or omitted from this form to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

Name

Relationship to the worker (if not the worker)

Signature

Date

Telephone

Email

- 11.2 Who completed the information?
- | | | |
|------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------|
| Worker/worker's representative only
If the worker, proceed to 11.3 | Employer only
Proceed to 11.4 | Both worker and employer
If the worker, proceed to 11.3 |
|------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------|
- 11.3 I authorise and consent to the collection, use, disclosure and storage of the information provided in or with this form, for the purposes of investigating, verifying, managing and processing my claim for workers compensation. I consent to my employer, scheme agent and icare exchanging information within this form and any associated attachments for the purposes of managing my injury and workers compensation claim. I understand that this information will be used by icare and its agents to fulfill their functions under the workers compensation legislation in relation to my claim for compensation.
- I have read and agree to the privacy information stated above
- 11.4 All relevant sections completed
- Copy of award/EBA/employment contract/industrial instrument supplied (if applicable)
- Copy of payslips/payroll records, including a list of all allowances received (if applicable)
- Copy of tax return/PAYG/group certificate provided (if applicable)
- Copy of all leave records attached (if applicable)
- Additional information for work pattern attached (if applicable)
- Additional PIAWE forms completed for multiple employment (if applicable)