

## Workers Compensation Distribution List - Cost of Claims Reporting

### Details

Date  Please tick  Authorised Representative  Employer

Policy holder name (the **Employer**)

Address

### Request

I request to be **added** to the Distribution List, enabling a cost of claims report to be sent to me automatically each month via Syncplicity for the below policies

I request to be **removed** from the Distribution List for the below policies

Name	Email address	Effective date
<input type="text"/>	<input type="text"/>	<input type="text"/>

  

I request the below contact to be **removed** from the Distribution List for the below policies as they are no longer employed by this organisation

Name	Email address	Effective date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Policies Table** *Insert details of relevant policies to which this request applies.*

Policy number	Policy name	ABN	Group name/number (where applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### For Authorised Representatives only:

I have previously provided an icare Letter of Appointment to icare

I have attached a completed and signed icare Letter of Appointment for the above policies

<b>Authorisation</b>	Employer/Authorised Representative signature <input type="text"/>	Date <input type="text"/>
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Please email the completed form to [wireporting@icare.nsw.gov.au](mailto:wireporting@icare.nsw.gov.au) or submit automatically by selecting the email button.