



# Wages Reimbursement Schedule

*Please return your form to:*

**QBE WORKERS COMPENSATION**

**Perth Office:** GPO Box T1750 Perth WA 6845  
Phone: 08 9213 6100 Fax: 08 9213 6199

**Bunbury Office:** PO Box 382, Bunbury WA 6231  
Phone: 08 9721 9200 Fax: 08 9721 2390

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To QBE Case Manager: \_\_\_\_\_

From Employer contact: \_\_\_\_\_

Details								
Insured								
Insured Address					State		Postcode	
Employee								
Date of Accident		/	/	Claim Number				
Period of Compensation					Rate of Pay up to 13 Weeks	\$	Rate of Pay 14 Weeks and Beyond	\$
From	To	Weeks	Days	Hours	Weekly Rate		Total Reimbursement	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
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					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
<b>Total</b>							\$	

## General Questions

Has the worker returned to full Pre-Injury Duties? Yes  No

**Date worker resumed full Pre-Injury Duties:**  /  /

Other comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_