

JobCover placement program – employer incentive payment claim form



State Insurance
Regulatory Authority

Workplace Injury Management and Workers Compensation Act 1998

This form is to be used by an employer to claim incremental employer incentive payments at 12, 26 and 52 weeks for a worker employed under a JobCover placement program. Prior to form completion, all parties should familiarise themselves with the *JobCover placement program guidance material* at www.sira.nsw.gov.au.

Section 1: Send to (scheme agent, insurer or SIRA)

Contact name (if known)

Organisation

Date (DD/MM/YYYY)

Section 2: Worker details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Postal address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Section 3: Employer details

Organisation/business trading name

Contact person

Postal address

Street address

Suburb

State

Postcode

Telephone number

Mobile number

Email

Section 4: Employment details

Position title

Commencement date (DD/MM/YYYY)

Section 5: Payment details (the employer incentive will be paid as a lump sum at the completion of each incremental period)

Employer incentive period being claimed:

1-12 weeks @ \$400 per week (or pro-rata - details below)

13-26 weeks @ \$500 per week (or pro-rata - details below)

27-52 weeks @ \$600 per week (or pro-rata - details below)

Employment period (dates)

Number of weeks

(DD/MM/YYYY)

to

(DD/MM/YYYY)

Please attach evidence of the worker's weekly gross wage for each week in the period being claimed.

Payments are calculated on a per week basis. The weekly amount paid will be either the gross weekly wage paid* to the worker or the maximum weekly amount as set out above, should the gross wage exceed the weekly incentive payment amount.

*does not include superannuation and allowances

Section 6: Payee details

Payee (name or business trading name)

ABN (if applicable)

Street address

Suburb

State

Postcode

BSB number

Account number

Account name

Bank name

Section 7: Declaration (this claim cannot be processed until both parties sign below)

We confirm that the worker has been employed with the employer during the stated period.

All wages claimed have been paid to the worker during the stated period.

A copy of the JobCover placement program agreement is attached.

Evidence of wage payment details is attached to this form, supporting the claim for the incentive payment.

Worker name

Signature

Date (DD/MM/YYYY)

Employer contact person

Of (Organisation/business trading name)

Signature

Date (DD/MM/YYYY)

Please send all documents to:

The insurer – where the pre-injury employer insurer is a Nominal Insurer scheme agent, the employer incentive payment claim form should be sent directly to them for reimbursement.

OR

SIRA – where the pre-injury employer’s insurer is a self-insurer, specialised insurer or a SICorp insurance agent, the employer incentive payment claim form should be sent directly to SIRA for reimbursement. Email your claim to vocprograms@sira.nsw.gov.au.

The insurer details are located in Section 1 of the JobCover placement program – agreement form.

Contact us for further information

Customer Service Centre: 13 10 50

Email: vocprograms@sira.nsw.gov.au

Website: www.sira.nsw.gov.au

For office use only:

Non variable weekly wage

Is the weekly wage greater than the weekly incentive payment? Yes No

If **YES**, then calculate the payment as follows:

| | | | | |
|----------------------------------|---|-------------------------------------|---|---------------------------|
| Weekly incentive for period (\$) | | Number of weeks of incentive period | | Total amount payable (\$) |
| <input type="text"/> | × | <input type="text"/> | = | <input type="text"/> |

If **NO**, then calculate the subsidy as follows:

| | | | | |
|----------------------|---|-------------------------------------|---|---------------------------|
| Weekly wage (\$) | | Number of weeks of incentive period | | Total amount payable (\$) |
| <input type="text"/> | × | <input type="text"/> | = | <input type="text"/> |

Variable weekly wage

Please note the incentive payment is calculated on a weekly basis. The amount for each week will be either the gross weekly wage paid to the worker or the weekly maximum incentive amount for the period should the gross weekly wage exceed the incremental weekly incentive payment.

Calculate the subsidy as follows for the relevant incentive period being claimed:

| Week | Week | Week | Week | Week |
|------|------|------|------|----------------------------|
| \$ | \$ | \$ | \$ | \$ |
| \$ | \$ | \$ | \$ | \$ |
| \$ | \$ | \$ | \$ | Total amount payable \$ |
| \$ | \$ | \$ | \$ | |
| \$ | \$ | \$ | \$ | |
| \$ | \$ | \$ | \$ | |