

# CTP Programs to Support Recovery at Work – Reimbursement Form



State Insurance  
Regulatory Authority

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*Motor Accident Injuries Act 2017*

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Use this form to request reimbursement for all SIRA CTP programs to support recovery at work. Please ensure that you have read and understood the *Terms of SIRA CTP Programs to Support Recovery at Work* before you submit this claim form.

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## Section 1: This claim is for (please tick appropriate box(es))

CTP Transition to Work

CTP Recover at Work Assist

JobCover Placement Program

JobCover6

## Section 2: Injured person's details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Claim number

Contact number

Email

## Section 3: Insurer details

Organisation/Business trading name

ABN

Contact person

Contact number

Email

## Section 4: Current status/Program outcome (please tick all boxes that apply)

- |  |  |
|--|--|
| Support program is ongoing   | Returned to pre-injury hours                                     |
| Undertaking further workplace rehabilitation   | Accident/illness (unrelated to injury)                           |
| Working employment on reduced hours  | Maximum time/funding has been reached                            |
| Continuing to receive treatment for injury   | Aggravation of injury/certified unfit or reduced suitable duties |
| Withdrawn/discontinued by employer or injured person (please provide details in the space below) |  |
| Unable to return to pre-injury employer (please provide details in the space below)              |  |

Is the injured person currently receiving weekly payments for loss of earnings/earning capacity?

Yes          No

Does the injured person believe that the Recover at Work Assist program has helped them with their recover at work goals?

Yes          No

## Section 5a: Reimbursement details (not applicable for Transition to Work program)

Reimbursement period (dates) Number of weeks

(DD/MM/YYYY) to (DD/MM/YYYY)

Were there any dates during this time in which the injured person did not work?

Yes          No

Injured person on sick leave/annual leave/rec leave dates Number of weeks

Injured person did not come to work (unpaid and/or no reason provided) dates Number of weeks

No work available dates Number of weeks

Injured person on sick leave/annual leave Number of weeks

Outline any additional comments

## Section 5b: Reimbursement details – program specific

Only complete the section relevant to the support program being claimed, including calculations and supporting evidence.

Please attach evidence of weekly gross wages paid to the injured person for each week in the period being claimed. When claiming for Recover at Work assist, also attach evidence to support the utilization of funds from the program.

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

\*does not include superannuation and allowances

### Recover at work assist: (choose all applicable periods)

1–4 weeks @ maximum \$400 per week (or pro-rata)

5–8 weeks @ maximum \$400 per week (or pro-rata)

9–12 weeks @ maximum \$400 per week (or pro-rata)

### JobCover Placement: (choose all applicable periods)

1–12 weeks @ maximum \$400 per week (or pro-rata)

13–26 weeks @ maximum \$500 per week (or pro-rata)

27–52 weeks @ maximum \$600 per week (or pro-rata)

### JobCover6:

Number of weeks  
(min 12 and max 26)

Weekly amount  
(@ max \$400/week)

Total amount

x

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## Section 6: Declaration

Only complete the section relevant to the support program being claimed. Note that this reimbursement will not be processed until all parties agree and sign the below.

### Recover at Work assist/JobCover Placement Program/JobCover6

We confirm that all information shared in this claim form is true and correct, and that the injured person has been employed with the employer during the stated period.

We confirm that we have read, understood and agree to the *Terms of SIRA CTP Programs to Support Recovery at Work*.

All wages being claimed have been paid to the injured person (or contractor/staff doing overtime) during the stated period (as applicable).

Evidence to support wage payment details have been attached to the form.

Injured person's name

Signature

Date (DD/MM/YYYY)

Employer contact person

Of (organisation/business trading name)

Signature

Date (DD/MM/YYYY)

Case manager/Insurer contact

Signature

Date (DD/MM/YYYY)

## Transition to work program

We confirm that satisfactory progress is being made in relation to the Transition to Work program activities as per the *CTP Programs to Support Recovery at Work – Application Form* and that all information in this claim is true and correct

In addition to this form, an invoice or receipt is submitted (where indicated) in support of this claim for payment.

Injured person's name

Signature

Date (DD/MM/YYYY)

Case manager/Insurer contact

Signature

Date (DD/MM/YYYY)

## Pre-submission checklist

Insurer's must ensure that the following documents are submitted, along with a completed claim form, to be eligible to receive reimbursement for an approved SIRA CTP program to support recovery at work.

### Recover at work assist program:

- Evidence of payment to injured person during the program period (pay slips)
- Evidence of payment to casual/contract/overtime staff, as applicable (pay slips/invoices/payment receipts)
- Proof of payments made – from insurer to employer (remittance details)
- Invoice for the amount being reimbursed (from insurer to SIRA)

### JobCover Placement Program/JobCover6:

- Evidence of payment to injured person during the program period (pay slips)
- Proof of payments made – from insurer to employer (remittance details)
- Invoice for the amount being reimbursed (from insurer to SIRA)

### Transition to work:

- Invoices for products/services applied for under the transition to work program
- Proof of payments made – from insurer to injured person/third party vendor (remittance details/payment receipts)
- Invoice for the amount being reimbursed (from insurer to SIRA)

Further information may be obtained from [https://www.sira.nsw.gov.au/theres-been-an-injury/im-a-worker-recovering-at-work#Motor\\_accidents](https://www.sira.nsw.gov.au/theres-been-an-injury/im-a-worker-recovering-at-work#Motor_accidents)

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