JobCover placement or JobCover6 program/ employer incentive payment claim form

NSW GOVERNMENT | 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 under the JobCover placement program or JobCover6. Incentive payments can be claimed at:

- 12, 26 and 52 weeks for a worker employed under the JobCover placement program or
- 12 and 26 weeks for JobCover6 (or as negotiated with the insurer paying the incentive payment.)

Prior to form completion, all parties should familiarise themselves with the guidance material for the relevant program at www.sira.nsw.gov.au. All fields must be completed. You are under no obligation to provide any personal information but incomplete applications will not be processed.

Personal information collection notice

The insurer managing the worker's claim, or the State Insurance Regulatory Authority (SIRA), will use the information in this claim form to contact your business and worker (employee), for the purpose of verifying and administering your application.

If your application is assessed by SIRA, your information will be handled in line with SIRA's Privacy management plan. For more information about privacy, or to access/amend your personal information, go to www.sira.nsw.gov.au/privacy

For information about how the insurer at section 1 manages your personal information, please make direct contact.

Section 1: Pre-injury employer's insurer details (Documents should be sent to the pre-injury employer's insurer or SIRA. See section 7)

Contact name (if known)

Organisation

Email

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

Worker details continued over...

Telephone number   Mobile number

Email

Section 3: Employer details
Organisation/business trading name

Contact person   Role. If not the business owner, authorisation to act
                                            on behalf of the business is required

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 or the negotiated period for JobCover6)

	Date (DD/MM/YYYY)	Date (DD/MM/YYYY)	Number of weeks
Employer incentive period (dates)		to	

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

Employer incentive period being claimed **JobCover6**:

      weeks @ $400per week (or pro rata)

Employer incentive period being claimed **JobCover Placement Program**:

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

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

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

Payments are calculated on a per week basis. The weekly amount paid will be either the gross weekly wage paid[1] to the worker or the maximum weekly amount as set out above, should the gross wage exceed the weekly incentive payment amount.

If you are using JobCover6 and can continue to offer the worker ongoing employment beyond 26 weeks you may be eligible an additional incentive period. See the relevant guidance material.

1. does not include superannuation and allowances.

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Section 6: Payee details

Please attach a dated and signed letter on business letterhead and/or a vaild tax invoice containing supplier name, address, phone number, ABN and bank details and a copy of a recent bank statement or bank letter verifying the supplier account details no more than 3 months old. Transaction details should be masked out.

Payee (name or business trading name)   ABN (if applicable)

BSB number   Account number

Account name   Bank name

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

I declare all the information I have provided is true and correct

I declare I am authorised to act on behalf of:

Business name

I consent to disclosing my information to the insurer managing the worker's claim in order to verify the details provided in this application.

I understand that providing false or misleading information is a criminal offence and SIRA can recover any monies paid for fraudulent claims.

I have attached my business letterhead and a recent bank statement or bank letter verifying the account details no more than 3 months old.

I understand it is my responsibility to provide correct banking details. SIRA takes no responsibility where incorrect banking information is provided.

I confirm that the worker has been employed during the stated period.

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

A copy of the relevant program agreement is attached.

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

Employer contact person

Signature   Date (DD/MM/YYYY)

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Section 8: Worker declaration

I understand that my employer is making a claim for payment for JCPP/JobCover6.

I understand that this form as well as copies of my payslips for the period of JCPP/JobCover6 will be provided as evidence that my employer has provided suitable work.

I understand that the payment will be made to my employer.

I understand that SIRA may contact me to discuss the use of the program and the recovery at work outcome.

Worker name

Worker signature   Date (DD/MM/YYYY)

By submitting your application, you agree that various checks to verify the identity and confirm eligibility of both the employer and the worker.

Of (Organisation/business trading name)

Position title of the contact person

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 or JobCover6 – 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

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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 ($)	Number of weeks of incentive period	Total amount payable ($)
	x	=

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

Weekly wage ($)	Number of weeks of incentive period	Total amount payable ($)
	x	=

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	Amount $	Week	Amount $	Week	Amount $	Week	Amount $	Week	Amount $
							Total amount payable		

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