

Calculating pre-injury average weekly earnings



State Insurance
Regulatory Authority

Effective 1 March 2021

Workers Compensation Act 1987

Note: This form is to be used for workers with a date of injury **before 21 October 2019**.

Use this form if you are a worker and need to calculate your pre-injury weekly earnings (PIAWE) for the insurer so they can determine the correct benefit/weekly payment payable to you.

Workers can apply for an alteration of their weekly payments in accordance with section 42(1) of the *Workers Compensation Act 1987* (1987 Act) and may complete this form in support of their application and forward it to the insurer together with their supporting documents.

If you need help completing this form, call the insurer in the first instance or alternatively the Independent Review Office (IRO) on 13 94 76.

What is PIAWE and how is it calculated?

If a worker is unable to perform his or her pre-injury job because of a work-related injury or illness, any weekly compensation that might be payable is calculated by reference to the worker's PIAWE.

The PIAWE is the average of weekly earnings over the 52-week period prior to the injury (subject to some exceptions noted below).

The calculation of earnings includes paid leave, but does not include periods of unpaid leave.

The main component of PIAWE will be the worker's ordinary weekly earnings. These are outlined below.

If the worker is paid based on ordinary hours worked in a week, the sum of the amounts paid or payable for include:

- earnings for the hours the worker worked or was on paid leave in that week
- overtime and shift allowances (**Note:** where the worker's date of injury is **before 26 October 2018**, overtime and shift allowances will only be used for calculating PIAWE for the first 52 weeks of weekly payments)
- piece rates
- commissions
- the value of non-pecuniary benefits (e.g. residential accommodation, use of a motor vehicle, health insurance, or education fees)
- any salary sacrifice arrangement.

In any other case, the sum of the amounts paid or payable for include:

- the actual earnings of the worker (including paid leave in that week)
- overtime and shift allowances (**Note:** where the worker's date of injury is **before 26 October 2018**, overtime and shift allowances will only be used for calculating compensation in the first 52 weeks of weekly payments)
- piece rates
- commissions
- the value of non-pecuniary benefits (e.g. residential accommodation, use of a motor vehicle, health insurance, or education fees)
- any salary sacrifice arrangement.

If a worker has been employed for at least four weeks but less than 52 weeks, the PIAWE is calculated over the actual period of continuous employment with the employer prior to injury, but not including periods when the worker did not work or was not on paid leave.

If a worker has been employed for less than four weeks, the PIAWE is calculated on the basis of the average ordinary earnings the worker could reasonably have expected to earn during that employment (if it were not for the injury) for the period of 52 weeks after the injury.

If immediately before the injury the worker was not a full-time worker, but at the time of injury had been seeking full time employment and had been, in the previous 78 weeks, predominantly a full-time worker, the PIAWE is calculated as the average ordinary earnings with all employers over that 78-week period. However, it does not include periods when the worker did not work or was not on paid leave.

For workers who had been employed by two or more employers at the time of injury there are special ways of calculating the PIAWE and these are set out in a table in schedule 3 of the 1987 Act.

Note: There are prescribed minimum and maximum rates of weekly compensation which are adjusted from time to time.

Claim number

Section 1: Employer details

Employer name

Policy number

Section 2: Your details

Given name(s)

Surname

Date of birth (DD/MM/YYYY) Employed since (DD/MM/YYYY)

Employment type:

☐ Full time ☐ Part time ☐ Casual ☐ Other

Section 3: Wage information

Ordinary hours worked per week Ordinary gross hourly rate Ordinary gross earnings per week (\$)

Are any of the following paid on top of the ordinary gross earnings? If so, please provide the value of the payments for the 52 weeks prior to the date of injury.

Overtime (\$) Shift allowances (\$) Commission (\$) Piece rates (\$)

Has there been any change in working hours/rates in the 52 weeks prior to the injury? This could include promotion, reduction in working hours etc.

☐ Yes ☐ No

If yes, please provide a brief description. Date of change (DD/MM/YYYY)

Section 4: Leave

In the 52 weeks prior to the date of injury was any leave taken?		Yes	No
Paid annual leave (weeks)	Paid other leave (weeks)	Unpaid leave (weeks)	

Section 5: Non-pecuniary benefits

Were any of the following non-pecuniary benefits received as part of pay? Please state the monetary value of the non-pecuniary benefits, including the Fringe Benefits Tax value, in the 52 weeks prior to the date of injury.

Use of a motor vehicle (\$)	Date commenced (DD/MM/YYYY)
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Residential accommodation (\$)	Date commenced (DD/MM/YYYY)
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Health insurance (\$)	Date commenced (DD/MM/YYYY)
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Education fees (\$)	Date commenced (DD/MM/YYYY)
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Will you retain use of any of these non-pecuniary benefits while you are unable to work? If yes, please list each item.

Section 6: Salary sacrifice

Is any part of the weekly wage payment directed to another party (also known as salary sacrifice)?	Yes	No
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If yes, please supply details:	
Type	Amount (\$)

Section 7: Reasons for requesting an alteration of weekly payments

(to be completed in support of applications in accordance with section 42(1) of the 1987 Act)

Please state the reasons for the request for alteration to your weekly payments

Section 8: Other earning details

Do you have a second employer? Yes No

If yes, please provide the following:

Employer name

Employer address

Street address

Suburb State Postcode

Contact person Employed since (DD/MM/YYYY)

Section 9: Declaration

I have read the information provided in this form. I declare that the information I have supplied in this form, and any attachment to this form, is true and correct and that no information has been suppressed or omitted to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

Name

Signature Date (DD/MM/YYYY)