

Workers Compensation Top-Up Claim Form

This form is to be completed by the **employee**. This form must be completed in full and must be submitted with all of the supporting documents requested in Section 6.

1. Employee Details

Surname: Given name(s): Date of birth (DD/MM/YY):

Gender: Language(s): Phone: Fax:

Residential address: Suburb: State: Postcode:

2. Applicant Details

Employer name: Contact person: Phone:

Postal address: Suburb: State: Postcode:

Employment started (DD/MM/YY): Employment ceased (DD/MM/YY):

3. Representative Details*

**Legal Representative or a relative*

Firm or organisation:

Contact person: Reference number: Solicitor (if different from contact person):

Email: Phone: Fax:

Postal address: Suburb: State: Postcode:

4. Claim Details

Date qualified (DD/MM/YY): Injury type (arm, leg, etc): Location where injury occurred (address/site): How did the injury occur?

Which section of the UPlus policy is this claim being lodged for?

5. Workcover Award Details

Application section of the
Workers Compensation Act: Injury type: Percentage of impairment: Amount awarded (\$):

Total:

6. Compulsory Supporting Documentation

To enable your claim to be processed you need to supply the documentation outlined below.

6.1 Please provide one of the following:

- Application for determination; or
- Application for registration of agreement; or
- Application to resolve a dispute

6.2 Please provide one of the following:

- Terms of settlement; or
- Short minutes of order; or
- Registration of agreement; or
- Certificate of determination

6.3 Medical reports - all medical reports that support this claim, including:

- Treating doctors report
- Workcover independent medical report

6.4 Proof of Workers Compensation claim acceptance:

- Workers Compensation payslip
- Acceptance letter

Important: Your claim CANNOT be assessed without attaching all of the compulsory supporting documentation as described above.

Please refer to the next page for
Privacy Statement and Declaration.

Privacy Statement

At Coverforce, we are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth). This Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. When we arrange U-PLUS insurance on your or your employees' behalf, we require personal information in order to process the application. Generally, the personal information collected will be limited to the name, address and date of birth of each employee you wish to insure. Integrity Life Australia Limited (Integrity) has undertaken to handle any personal information it receives through Coverforce for the purposes of underwriting or processing insurance cover in accordance with the Privacy Act 1988.

When a claim is made under a contract of insurance arranged by Coverforce, we assist by collecting information about the claim. The information collected may include personal or sensitive information pertaining to one or more of your employees. Sometimes we also need to collect personal information about one or more of your employees from others. We may provide this information to the Insurer or anyone the Insurer has appointed to assist it in considering the claim, e.g. medical advisers etc. We may also use the information collected to send product information and promotional material and to enable us to manage your ongoing requirements, e.g. receipts, Monthly Contribution Statements and client surveys. We may occasionally notify you about new services and special offers, events or articles we think will be of interest to you. We may send you regular updates by email or by post on insurance matters. If you would rather not receive this information, email, fax or write to us. We may use your information internally to help us improve our services and help resolve any problems.

If you or an employee do not provide the information we request, we may not be able to administer your insurance. We strive to maintain the reliability, accuracy, completeness, and currency of the personal information we hold and to protect its privacy and security. We keep personal information for as long as is reasonably necessary for the purpose for which it was collected or to comply with any legal or ethical reporting or document retention requirements. We ensure that information you provide is safe by adhering to strict security measures and procedures. We hold the information we collect from you in a secure electronic client file, with original paper files kept on locked premises. Only authorised officers have access to this information. Information will be given to third parties as described above, with your written consent or if required under the conditions described in the U-PLUS policy. We do not sell, trade, or rent personal information to others.

We may need to provide information to contractors who supply services to us, e.g. to handle mailings on our behalf or to other companies in the event of a corporate sale, merger, reorganisation, dissolution or similar event. However, we will do our best to ensure that they protect information in the same way that we do. We may provide personal information to others if we are required to do so by law or under other unusual circumstances which the Privacy Act permits. Upon receipt of a written request and sufficient information to allow us to identify the information you or an individual employee require, we will disclose to you or the employee the personal information we hold about you or the employee. We will also correct, amend, or delete any personal information that we agree is inaccurate. If you or an employee wish to access or correct personal information held by us, please write to: The Compliance Manager; Coverforce Pty Limited Locked Bag 5273 Sydney NSW 2001.

We do not charge for receiving a request for access to personal information or for complying with a correction request. By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above. We welcome your questions and comments about privacy. If you have any concerns or complaints, please contact our Privacy Officer on **02 9376 7888**, or email admin@coverforce.com.au.

I acknowledge that I have read and understood the Privacy Statements above. I accept that the collection, use and disclosure of my personal information is necessary for the purpose of administration and maintenance of this claim/policy.

I understand that Integrity will not be able to process my claim and Coverforce will not be able to administer this policy without this consent.

Declaration

I declare that all the information supplied is true and complete. I authorise any person, hospital, doctor, insurer or solicitor whom I have consulted, or any employer, to release to Integrity, Coverforce Pty Limited or an authorised representative any information that it may reasonably require in the assessment of this claim. I agree that a photostat copy of this authority shall be considered as valid as the original.

Signature:

Name:

Date (DD/MM/YY):

Returning Your Form

- | | | |
|----|--|-----|
| 1. | Have you signed the Privacy Statement & Declaration? | Yes |
| 2. | Has each question in this Form been answered? | Yes |
| 3. | Have you given complete, true and accurate answers to all relevant questions in this Form? | Yes |
| 4. | Have you provided the compulsory supporting documentation with this Form? | Yes |

Please check you have correctly filled out all sections and saved the document before submitting the form.

If you wish to return your form to UPlus via post, email or fax, please use the details provided below.

Contact UPlus

UPlus is managed and administered by U-Plus Pty Ltd who acts as Trustee for the U-Plus Trust (ABN 30 779 952 012)

Authorised Representative no. 441222 of AFSL 238874 held by Coverforce Pty Limited: ACN 067 079 261 | ABN 31 067 079 261

admin@uplus.com.au
uplus.com.au

Level 26, Tower One
International Towers Sydney
Barangaroo NSW 2000

Locked Bag 5273
Sydney NSW 2001

P 02 9376 7888
F 02 9223 1333