



Request for change of authorised agent

Employer Name

Employer Address

Postcode

Workcover Employer no.

Intermediary Name

Intermediary no.

Please transfer management of all premium/debt collection and claims relating to the above employer to:

CGU Workers Compensation (Vic) Limited ABN 41 005 297 781

Authorised Agent of the Victorian WorkCover Authority

Are there any related companies/business to be transferred?

No Yes Please ensure a form is completed for each one.

Name of Person Selecting Authorised Agent

Telephone no.

Email address

Position in Business/Company

Signature

Date

Tick Branch you wish to manage your WorkCover claims.

Melbourne Bendigo Geelong Ballarat

Office Use Only

Date Received	Branch	Inc	CGU Ref.	A/C	Effective	Premium	NLI
					01 / /		

MELBOURNE

CGU Centre
181 William Street
Melbourne VIC 3000
GPO Box 2090S
Melbourne VIC 3001
Tel. (03) 8630 1000 or
Freecall 1800 066 204
Fax (03) 8804 9411

BENDIGO

93 Williamson Street
Bendigo VIC 3550
PO Box 608
Bendigo VIC 3550
Tel. (03) 5410 0920 or
Freecall 1800 814 095
Fax (03) 8804 9435

GEE LONG

37-41 Ryrie Street
Geelong VIC 3220
GPO Box 1744
Geelong VIC 3220
Tel. (03) 5215 3000 or
Freecall 1800 806 954
Fax (03) 8804 9436

BALLARAT

1-3 Bath Lane
Ballarat VIC 3350
PO Box 554
Ballarat VIC 3353
Tel. (03) 5329 4100 or
Freecall 1800 814 485
Fax (03) 8804 9434

General Information overleaf

Employer's Authorisation

I hereby authorise the employer representative listed overleaf to request and receive information relevant to claim and policy details that apply to ('the employer')

I declare the employer representative listed overleaf has agreed to comply with all privacy obligations.

Employer Representative's Privacy Agreement

('the employer representative') agrees to:

- Comply with all privacy obligations that apply to the employer representative.
- Comply with all privacy obligations that apply to ('the employer'), whether under the National Privacy Principles set out in the Privacy Act 1988 (C/wlth), the Information Privacy Principles set out in the Information Privacy Act 2000 (Vic) and/or the Health Privacy Principles set out in the Health Records Act 2001 (Vic), even if the obligation does not otherwise apply to the employer representative.
- Only use and disclose personal information for the purpose of managing the claim identified above and not for any other purpose.
- Take all reasonable measures to ensure that personal information is protected against loss, unauthorised access, use, modification, disclosure or other misuse and that only authorised personnel have access to such personal information.
- Comply with any lawful direction of the employer in relation to any privacy obligation.

Signature

Date

Name

Position

General Information

- WorkSafe policies are effective for 12 months. Employers can change WorkSafe Agent on or at any time after the expiration of the 12 month period.
- Employers cannot change WorkSafe Agent where there is more than one premium instalment outstanding.
- Upon transfer, your choice of premium payment (e.g. monthly, quarterly) will remain the same unless CGU is otherwise advised.
- Premium calculation is regulated by WorkSafe and changing Authorised Agent will not inhibit any debt or negotiations currently in place. CGU will take over all such matters.
- Changing WorkSafe Agent will not inhibit any reclassification matters you may have outstanding. CGU will resolve all such matters upon transfer.
- Outstanding Conciliations or Legal Proceedings will be reviewed and progressed by CGU upon transfer.
- Upon transfer, any outstanding reimbursements will be actioned.
- All open and closed claim files will be automatically transferred to CGU.
- Should you need any assistance prior to the effective date of change, do not hesitate to contact CGU on 1800 066 204.

Transfers take effect on the 1st of each month.

To ensure your policy is transferred at the earliest opportunity, this form must be lodged with CGU Workers Compensation by the 20th day of a given month.