

# Request for Change of Workers' Compensation Authorised Agent Form



To change from your current agent, please complete this form and return it to Allianz Australia Workers' Compensation (Victoria) Limited, GPO Box 80, Melbourne, Victoria, 3001, or by facsimile on (03) 8615 8128. Thank you for choosing Allianz Australia Workers' Compensation (Victoria) Limited.

Employer WorkCover Number

Employer Name

Street Address

Postcode

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

**Allianz Australia Workers' Compensation (Victoria) Limited**

**ACN 059 835 791**

Are there any related companies/businesses to be transferred? Yes  No

*(Please ensure a form is completed for each one. Copies of this form are acceptable.)*

Which Allianz office would you prefer to manage your account?

Melbourne

Geelong

Moe

Name of duly authorized employee from the employer only.

Phone

Position in business/company

Signature

Date

**Please note that you cannot change agents where there is more than one premium installment outstanding. Transfers take effect on the first of the next month. To ensure your policy is transferred at the earliest opportunity, this form needs to be lodged with Allianz by the 20<sup>th</sup> of any month.**

**Allianz Australia Workers' Compensation (Victoria) Limited ACN 059 835 791**

Authorised Agent of the Victorian WorkCover Authority

Registered Office: GPO Box 80, Melbourne, Victoria, 3001

Telephone: 1 800 240 335 Fax: (03) 8615 8130

Office Use Only [Direct]

Date Received

Current Agent

Team Assigned

Open

Count of Claims

Closed