

Please note step downs that apply;

- a.** 100% of the weekly payment for the first 26 weeks of the period of incapacity;
- b.** 90% of the weekly payment for the period of incapacity exceeding 26 weeks but not exceeding 78 weeks from date of initial incapacity;
- c.** 80% of the weekly payment for the period of incapacity exceeding 78 weeks.

To assist with prompt processing of the payment

Please provide payslip to support wage reimbursement.

A workers compensation medical certificate must be provided confirming the incapacity period. If there are any restrictions this should be detailed in the return to work plan.

Employer Comments

Employer Declaration

I confirm, to the best of my knowledge that the information provided and attached is true and accurate.

Name

Signature

Date

D	D	/	M	M	/	Y	Y
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