

To assist with prompt processing of the payment

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
---	---	---	---	---	---	---	---

