

Wages reimbursement schedule



QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545

Please return to
 PO Box 1659
 Darwin NT 0801
Telephone: 08 8982 3877
Facsimile: 08 8941 1510
Email: myWCclaim@qbe.com
DX: Not Available

Date:

QBE Case Manager:

Employer contact:

Details

Insured						
Insured Address						
					State	Postcode
Employee						
Date of injury		Claim number				

Period of compensation					Rate of pay up to 26 weeks	\$	Rate of pay 27 weeks & beyond	\$
From	To	Weeks	Days	Hours	Weekly rate		Total reimbursement	
					\$		\$	
					\$		\$	
					\$		\$	
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					\$		\$	
					\$		\$	
					\$		\$	
TOTAL							\$	

General Questions

Has the worker returned to full Pre - Injury Duties? Yes No

Date worker resumed full Pre - Injury Duties?

Other Comments