



Australian Government

Comcare

PUTTING YOU *FIRST*

CLAIM FOR INCAPACITY FOR WORK/RECORD OF EARNINGS STATEMENT OF HOURS WORKED AND GROSS WEEKLY EARNINGS IN PAID EMPLOYMENT

IMPORTANT NOTES – PLEASE READ CAREFULLY! Failure to properly provide the required information may result in your payments being delayed while clarification is sought.

In calculating your compensation payments for any period that you claim your work capacity was restricted by your compensable injury, Comcare must take into account the amount of income that you earned in all paid employment (including self-employment). This includes income received for paid personal leave (such as sick leave, recreation leave or Public Holidays) and for overtime, shift penalties or allowances. 'Expense' allowances for cars, tools or uniforms etc. are not included. Comcare must also take into account the number of hours and minutes you worked, week by week, including paid sick leave, recreation leave or Public Holidays.

Comcare **must** calculate your compensation entitlement **week by week** on a full **7 day week** basis,

Please note: '**gross actual earnings**' below refers to the total pre-tax amount you earned as indicated above during the 7 day week. If you did not have any actual earnings for the entire week, please indicate in the space provided that your 'total hours & minutes' and 'gross actual earnings' for the week were zero.

Please note that Comcare is concerned with what you **earned** in a week not **when** you were paid.

You must **not** complete this form before you have actually worked the days indicated.

To expedite your payments forward this form to Comcare as soon as you have completed working the weeks indicated. You must also forward your Payslips to Comcare as soon as they become available.

- > **Fax** this form to 1300 196 971 OR **Post** to Comcare, GPO Box 9905, Canberra ACT 2601.
- > Please ensure the form is marked to the attention of your current Claims Services Officer. Your CSO's name can be obtained by calling Comcare on 1300 366 979.
- > Current medical certification of restricted work capacity must be available to cover any period claimed. Suitable medical certificates can be obtained from Comcare or your doctor may have them available. Comcare will notify you when you are required to forward a certificate.

If your employment situation changes or if you do not intend to undertake further employment, please contact your CSO as soon as possible.

CLAIMANT TO COMPLETE:

Your Comcare claims services officer's name	<input type="text"/>	Comcare claim number	<input type="text"/>
Your name	<input type="text"/>		
Your phone (bus hours)	<input type="text"/>		
Your current employer	<input type="text"/>		
Brief job description	Position: <input type="text"/>		
	Task: <input type="text"/>		

ALL sections MUST be FULLY completed, including SATURDAY and SUNDAY. Do NOT leave any spaces BLANK. ENTER '0' IF NOT WORKING. Do NOT use DECIMAL Hours/Mins. ***IMPORTANT***: INCLUDE PAID SICK LEAVE OR RECREATION LEAVE ETC.

	DAY									
Week 1	DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	TOTAL hours and minutes	GROSS actual earnings
	HRS : MINS	:	:	:	:	:	:	:	:	
Week 2	DATE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	TOTAL hours and minutes	GROSS actual earnings
	HRS : MINS	:	:	:	:	:	:	:	:	

I claim the above periods of partial or total incapacity for work are attributable to my compensable injury and affirm that the information provided on this form and in any attachments is correct and accurately reflects my hours worked and my earnings from all paid employment for the weeks indicated. I am aware that the intentional provision of false, misleading or incomplete information may result in a recoverable overpayment and may be a criminal offence.

Signature Date

PLEASE NOTE: FAILURE TO COMPLETE THIS FORM PROPERLY MAY RESULT IN DELAYED PAYMENTS!