



Coal Mines Insurance

## Instructions for the completion of the 'request for payment' form

---

Coal Mines Insurance requires a 'request for payment' form to be completed by the injured workers employer to enable payment of weekly compensation benefits.

The request for payment form can be used to claim workers compensation benefits to be paid directly to the injured worker or to reimburse employers that have previously paid workers compensations benefits to the injured worker.

### Payment direct to worker

Employers must submit the 'request for payment' form to CMI on the usual payment cycle coinciding with when the employer would make the workers wage payment.

### Reimbursement to employer

In accordance with the "Insurer's requirements", Part 5 clause 30 of our policy conditions state;

#### ***"Employer to notify Insurer of monies paid***

*The Employer must notify the Insurer of any monies paid by the Employer in relation to claims accepted by the Insurer. Notification is required to be made by the Employer to the Insurer on the last day of each month that the claim remains active, and such notification is to be in accordance with the Insurer's requirements as specified from time to time"*

It is important that this form is completed correctly to ensure that the correct rate of compensation is assessed and paid in a timely manner and policy conditions are being met.

Prompt submission of the request for payment form enables Coal Mines Insurance to process payments in a timely manner therefore reducing claims estimates.

Below are instructions and examples on how to complete the 'request for payment' form.

---

Coal Mines Insurance Pty Limited: ABN 70 000 011 727

**Corporate Office**

T: +61 (2) 8270 3200  
F: +61 (2) 9262 6090  
Level 21, 44 Market Street  
Sydney NSW 2000  
GPO Box 5319, Sydney NSW 2001

**Newcastle**

T: +61 (2) 4948 3150  
F: +61 (2) 4953 0543  
143 Main Road  
Speers Point NSW 2284  
PO Box 219, Boolaroo NSW 2284

**Singleton**

T: +61 (2) 6571 9999  
F: +61 (2) 6571 1258  
1 Civic Avenue  
Singleton NSW 2330  
PO Box 566, Singleton NSW 2330

**Woonona**

T: +61 (2) 4286 5430  
F: +61 (2) 4283 7163  
558-580 Princes Highway  
Woonona NSW 2517  
PO Box 212, Corrimal NSW 2518

## Step 1

Complete employer name and mark the appropriate box to whom weekly benefits are to be paid to:

- Worker – If weekly benefits are to be paid directly to the worker
- Employer – Reimburse employer as you have previously paid weekly benefits claimed to the worker.

Example

---

### Coal Mines Insurance Pty Limited REQUEST FOR PAYMENT

This form is to be completed in accordance with instruction distributed by Coal Mines Insurance Pty Limited

Employer: Madalena Mine

CMI to make payment to: Worker  Employer

---

## Step 2

Complete details of payment to be claimed.

Details	Explanation
<b>Claim number</b>	Claim number in respect of the workers compensation claim in which weekly benefits are to be paid
<b>Worker's name</b>	Worker's full name
<b>From date</b>	Date for the period compensation is to commence
<b>To date</b>	Date for the period compensation claimed to
<b>Days</b>	Total number of days for the period claimed
<b>Hours</b>	Total number of hours for the period claimed
<b>Roster</b>	Roster for which the worker is required to work for period claimed
<b>Award rate</b>	The award weekly rate of pay that the worker is entitled to whilst on workers compensation benefits or shift rate
<b>Bonus</b>	Total amount of bonus to be paid/reimbursed for period claimed
<b>Type of compensation*</b>	State type of compensation being claimed
<b>Total</b>	Total amount of compensation being claimed

- \* Types of compensation -
- Weekly benefits (WB) – Totally unfit, suitable duties not available, suitable duties graded return to work (reduced hours).
  - Loss of earnings (LOE) – Loss of overtime, shift allowances or allowances
  - Loss of wages (LOW) – Loss of wages due to attending an appointment on behalf of Coal Mines Insurance

#### Example

Claim number	Worker's name	From date	To date	Days	Hours	Roster	Award rate	Bonus	Type of compensation	Total
B925001	Joe Jack	04/06/12	08/06/12	5	40	Mon –Fri 40hrs	\$1050.00	\$356.00	WB	\$1406.00
B925005	Lilly Pike	06/06/12	08/06/12	3	36	7 day rotating Crew B	\$515.00 per shift	Nil	WB	\$1545.00
B925007	Horace Li	04/06/12	07/06/12	4	40	Mon – Thurs 40hrs	\$425.00		LOE	\$425.00
B925008	Penny Sun	05/06/12	05/06/12	1	12	7 day rotating Crew A	\$515.00 Shift	Nil	LOW	\$515.00
B925010	Rainbow Bright	04/06/12	08/06/12		4hrs x 5days = 20hrs	Mon- Fri 40hrs	\$1000.00	Nil	WB	\$500.00

### Step 3

Attach applicable documentation as detailed below.

Initial claims for all types of compensation must be accompanied by the following documentation:

- Weekly benefits – Enterprise Agreement or Award applicable for the worker to which weekly benefits are being claimed.
- Loss of earnings – Earnings and attendance records for 12 months prior to the date of injury to allow calculation of weekly average loss.
- Loss of wages – Enterprise Agreement or Award applicable for the worker for which wages are being claimed. Please also advise of appointment attended.

All further claims for loss of earnings must be accompanied by the earnings and attendance records for the periods claimed.

### Step 4

Sign and date 'request for payment' form and send to Coal Mines Insurance.

The 'request for payment form' is to be signed by the manager or the authorised officer.

Completed claims can be forwarded to Coal Mines Insurance via email, fax or post.

Please contact Coal Mines Insurance in your region if any further information or clarification is required.