CGU Workers Compensation

Workers Compensation - Wage Reimbursement Schedule Total Incapacity (s.36, s.37)

Employer's name

Print name

Address

Postcode

Date

/ /

Claim number	Name of Worker	Comments/ return to work date	Period of incapacity		Number weeks	Number days	Number hours	Weekly award rate	Total amount claimed	Total payable (Office use only)
			from	to						