

**SPECIFICATION FOR
ELECTRONIC RETURN OF
WORKERS' COMPENSATION POLICY
AND CLAIMS DETAILS**

**FOR USE BY ORGANISATIONS FURNISHING
WORKERS' COMPENSATION
POLICY AND CLAIM RETURNS.**

EDITION E-4

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SECTION A INTRODUCTION

This publication contains information to enable Insurers to provide policy and claim information to WorkCover Western Australia (WorkCover).

WorkCover has had many discussions with various organisations supplying and utilising the data to be stored on the database, including the National Occupational Health and Safety Commission (WorkSafe Australia), the Department of Occupational Health, Safety and Welfare of Western Australia (WorkSafe WA), the insurers approved under the Act, and actuaries involved in determining premium rates.

These specifications allow insurers to convey the information supplied by Forms 16, 17, 22 & 23 electronically. All items are detailed in a following section of this specification.

Two data sets must be provided each month by insurers, one to contain details of policies and the other claims information. These data sets will contain particulars of all new policies issued, renewals, cover notes, lapses, and also new claims and finalised claims. Details of any changes to information already reported to WorkCover must also be provided.

Any insurer unable to provide this information electronically should advise WorkCover.

To enable control of data, all data sets forwarded must be accompanied by a Lodgement Form, which is described in detail in Appendix 2.

The policy data must consist of a policy header record, the first record of the data set, then the policy detail records, and finally the policy trailer record, which will contain the total number of policy records to be processed. If errors are detected in either the header or trailer records the data set will be rejected. A rejected data set will be returned to the insurer for correction.

Similar controls will be maintained for the claims data set.

SECTION B CONDITIONS

Information supplied to WorkCover Western Australia in electronic form is to conform to the specifications set out in this publication and must be in accordance with information standards required by WorkCover Western Australia, which may be changed from time to time.

The electronically supplied data are accepted by WorkCover Western Australia as the record of the Insurers direct entry instructions.

WorkCover Western Australia undertakes that except as required by an applicable statute or court of competent jurisdiction electronically supplied data will be not used for any purpose other than the operation of the relevant system.

Direct entry arrangements between the Insurer and WorkCover Western Australia shall be terminated as to future transactions if WorkCover Western Australia gives written notice of termination to the Insurer.

SECTION C POLICIES & COVER NOTES

POLICIES TO BE REPORTED

Policy information is required for each entity covered by a separate policy. When a policy covers a number of legal entities an entry is required for the 'insured' entity (e.g, a joint venture of two companies, each a separate legal entity) only.

It is possible that for a policy there may be several premium rate classifications (item numbers). Insurers should provide details of each premium rate classification with the item number, the estimated and actual wages declared and estimated and actual numbers of workers.

Details of policies must conform to the data entry standards of WorkCover Western Australia. Data entry standards are defined in Appendix 1.

All new Cover Notes issued during the reporting period should be included.

Renewed and lapsed policy entries must correspond to policies and cover notes previously reported to WorkCover.

A policy detail record must be followed by a classification detail record for each class of industry included in the policy, unless the detail record is only to amend policy data referred to in page C-2 'AMENDMENT TO POLICY DETAILS'

SEQUENCE OF POLICY RECORDS.

The records must be in the following sequence:

- *Premium rate classification within
- WorkCover Number within
- Record identifier within
- Policy effective date
- Policy number within
- Record type

* this field is set to spaces in the policy detail record

If any error is detected in the sequence of records the data set will be rejected and returned to the insurer for correction.

ACCEPTED ENTRIES

Accepted entries are recorded onto the WorkCover WA database.

Policy data will be dated using the date the Lodgement Form (Appendix 2) is date stamped as received by WorkCover.

REJECTED ENTRIES.

Entries will be rejected if they do not conform to the specifications in this document, or appear to need confirmation.

Rejected entries will be provided for correction via the Insurer Online Internet facility. The reasons for rejection will be listed with each entry.

They should be corrected or confirmed within the timeframe in the current Insurer/Self-insurer Performance Indicators.

AMENDMENT TO POLICY DETAILS.

Details of policy data previously reported may be altered by the use of a Policy Detail Record with the field RECORD IDENTIFIER set to either "6" or "7".

With the RECORD IDENTIFIER field set to "6" (Classification Amendment), it can be used to adjust premium rating details, for example when advising of ACTUAL WAGES and ACTUAL AVERAGE NUMBER OF WORKERS after policy renewal or lapse details have been previously supplied. This record should be then followed by a Classification Detail Record (RECORD IDENTIFIER set to "9")

To amend policy detail data previously supplied it should be used with the RECORD IDENTIFIER field set to "7" (Policy Amendment). Only the following fields may be altered in this manner:

POLICY NUMBER (as REVISED POLICY NUMBER)
EMPLOYER NAME
OTHER NAME
TRADING NAME
EMPLOYER ADDRESS FIELDS
LAPSE REASON

In this instance the record should be an additional Policy Detail Record, as well as any record with the Record Identifier set to 1-6, and NOT be followed by a Classification Detail Record.

SECTION D CLAIMS

CLAIMS TO BE REPORTED

Claims to be reported are **ALL** workers compensation claims lodged with West Australian Insurers and Self-Insurers on or after 1 July 1988.

All claims that have had any changes in the information that was previously supplied are required to be included, together with all new and finalised claims recorded on the insurer's system since the last reporting date.

SEQUENCE OF CLAIM RECORDS.

The records in the claim data must be in the following sequence:

Policy number within
Claim status within
Claim number within
Record type

If any error is detected in the sequence of records the data set will be rejected and returned to the insurer for correction.

ACCEPTED ENTRIES.

Accepted entries are recorded onto the WorkCover WA database.

The information on the workers' compensation claim forms will then be coded in accordance with the statistical classifications shown in Section F.

(N.B -Insurers providing workers' compensation claim information in pre-coded electronic form should take note that some of the classifications currently used to classify worker claim report data have been changed as a result of reviews undertaken by WorkSafe Australia.)

REJECTED ENTRIES.

Entries will be rejected if they do not conform to the specifications in this document, or appear to need confirmation.

Rejected entries will be provided for correction via the Insurer Online Internet facility. The reasons for rejection will be listed with each entry.

They should be corrected or confirmed within the timeframe in the current Insurer/Self-insurer Performance Indicators.

SECTION E OPERATIONAL ISSUES

ELECTRONIC LODGEMENT OF DATA

Each month all approved insurers must supply two data sets, one of policy data and one of claim data. Self-insurers only supply claim data.

The Insurer's data is accepted WorkCover Western Australia as the record of the Insurers direct entry instructions.

The "WorkCover Western Australia Data Lodgement Form" (see Appendix 2) is to be completed in triplicate. The triplicate copy is stamped by WorkCover and retained by the Insurer as the receipt.

The current preferred medium for data supply is floppy disk. Other electronic media types may be available by negotiation with WorkCover WA (contact the Director, Corporate Information & On Line Services to discuss options).

FLOPPY DISK SPECIFICATIONS

Recording format and density should be as follows:-

Floppy disk : Double sided, high density, 1.44Mb IBM standard.

File format : Text file, may be compressed - self-extracting (preferred) or 'zipped'.

Record format : Fixed

Record length : Policy file - 600 characters
Claim file - 800 characters

The policy file may contain 4 different record types:

- Policy header record (the first record on the file)
- Policy detail records (one record for each policy reported)
- Classification detail records (one or more for each policy)
- Policy trailer record (the last record on the file)

The claims file will contain 3 different record types:

- Claim header record (the first record on the file)
- Claim detail records (any number of records)
- Claim trailer record (the last record on the file)

FREQUENCY OF DATA COLLECTION

Data sets containing the relevant details should be submitted to WorkCover Western Australia by the fourteenth (14th) calendar day of the month following the reporting period.

ERRORS CAUSING REJECTIONS

Listed below are EDITING ERRORS that cause data set rejection.

- (a) Record type is invalid i.e. the first position in a record is not 01, 02, 03, 11, 12, or 13.
- (b) Record length of any policy record is not 600 characters, (or 800 characters for a claim record).
- (c) A NUMERIC field in a total record is invalid.
- (d) The first record is not a header record.
- (e) The last record is not a policy or claim trailer record.
- (f) Header record:-
 - (i) The date is after today's date.
 - (ii) The type is not "POLICY" (if record type "01")
or "CLAIM" (if record type "11").
 - (iii) The Number of Insurer (position 58 - 63) is zero or non-NUMERIC.

REJECTED DATA SETS

If a data set is rejected the Insurer will be notified by WorkCover Western Australia.

If a data set is rejected the insurer must make the necessary corrections and resubmit it within 5 working days after it is returned to the insurer.

If a new data set is supplied it must also conform to these requirements.

TESTING

The Insurer is required to supply WorkCover with a data set containing test data at least four weeks prior to lodgment of initial production data.

This is to allow time for:-

- * WorkCover to ensure that the data conforms to specifications;
- * the Insurer to implement system changes and re-submit a further test set if the initial test set is rejected.

Each test data set is to be accompanied by a completed Data Lodgment Form (Appendix 2) clearly marked in red ink "Test Data Only".

QUALITY OF DATA

WorkCover recognises that the quality of the data it receives will depend on the understanding that insurers have of its requirements and the accuracy with which insurers enter data and carry out coding functions.

To assist insurers in providing accurate data, WorkCover has a number of programs it has implemented.

These include:-

Meetings with senior management and IT staff of insurers to discuss WorkCover's data requirements and the concepts underlying the data collection.

Provision to insurers of this detailed specification, which includes data item definitions, error messages, data entry standards etc.

Individual training sessions for insurers' data entry and processing staff. This will be an ongoing function.

Error reports for each month, available online.

Regular discussions with insurers to check the quality of the coding and to assist insurers in any general problems they may be encountering.

Contact staff at the Information Services Branch at WorkCover to provide technical and general support to insurers as required.

It is hoped that the provision of the above services will ensure that the data provided to WorkCover by insurers will be accurate, comprehensive and submitted on a timely basis.

SECTION F CODING

INTRODUCTION

There are a number of claim data items that consist of codes allocated according to sets of rules set out in specialist manuals, details of which are listed below. These data items are:

- Worker occupation
- Nature of injury or disease code
- Bodily location of injury code
- Mechanism (type) of injury code
- Agency of occurrence

Until 1 January 1996 coding and supply of these data items was mandatory for insurers supplying data electronically. From that date, when WorkCover WA decided to perform all coding of these data items for its own purposes centrally, they became optional.

Some insurers have carried on coding these data items for their own purposes, and continue to supply them as a part of their electronic data sets. WorkCover WA checks the codes provided, and supplies feedback, in an electronic form, to those insurers desiring it.

In the meantime a number of revisions of the coding systems used have occurred. Both the Australian Standard Classification of Occupations (ASCO) and the Type of Occurrence Coding System (TOOCS) – which is used to code the last four data items in the list above, have been revised. In addition, the revision of the National Data Set (NDS) that adopted the revised TOOCS also added another data item, Agency of injury, which uses the same code list as the Agency of occurrence but with differing rules.

CODING SYSTEMS USED

The following table sets out the relevant coding systems and revisions used for each data item over time.

Data Item	Time Period		
	Pre 1/7/1991	1/7/1991 to 30/6/2000	1/7/2000 onwards
Worker occupation	(1)	(1)	(2)
Nature of injury or disease code	(3)	(4)	(5)
Bodily location of injury code	(6)	(4)	(5)
Mechanism (type) of injury code	(7)	(4)	(5)
Agency of occurrence	(8)	(4)	(5)

- (1) ASCO, 1st Edition (ABS 1222.0)
- (2) ASCO, 2nd Edition (ABS 1222.0) – electronic coding packages are also available from the ABS.
- (3) Injury - Statistics of Industrial Accidents Manual No.3 - Nature of Injury (ABS)
Disease - Code List of Principal Occupational Diseases (ICD 9th Revision)
- (4) TOOCS v.1 (WorkSafe Australia)
- (5) TOOCS v.2 (WorkSafe Australia)
- (6) Statistics of Industrial Accidents Manual No.4 – Bodily Location of Injury (ABS)

- (7) Statistics of Industrial Accidents Manual No.1 – Type of Accident Classification (ABS)
- (8) Statistics of Industrial Accidents Manual No.2 – Agency of Accident Classification (ABS)

The ABS manuals may be purchased at the following address:

Australian Bureau of Statistics
Bookshop
Level 16 Exchange Plaza,
Sherwood Court,
Perth WA
Telephone 9360 5140

Worksafe Australia manuals may be obtained from:

Manager
Statistics Unit
NOHSC
GPO Box 58
SYDNEY NSW 2001

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SECTION G ITEM DEFINITIONS

INTRODUCTION

All data items required by WorkCover are described below.

Two data sets are required each month from approved insurers, one holding policy details and the other holding claims details. Self-insurers supply claims data only on a monthly basis.

All fields are mandatory unless otherwise stated.

Numeric fields must be filled with leading zeros and non-numeric fields are to be filled with trailing spaces. If a field contains no data numeric fields should be zero filled and alphabetic/alphanumeric fields should be spaced filled.

All money value fields are to be rounded to the nearest dollar. No negative amounts are to be provided in any numeric or money field.

The following information is provided for each data item:-

FORMAT Format of data, e.g. NUMERIC, ALPHABETIC etc.

LENGTH The number of characters in the data field.

DESCRIPTION A brief description of the required item.

RULES The rules governing the content or presentation of the data item.

POLICY HEADER RECORD

This record should be the first record in the Policy data set.

The fields in the record are the following:

RECORD TYPE

FORMAT	Numeric
RULES	Must contain "01"
LENGTH	2 digits
DESCRIPTION	The code to identify the record as the Policy header

INSURER NUMBER

FORMAT	Numeric
LENGTH	4 digits
DESCRIPTION	The number allocated to the insurer by WorkCover.

DATA TYPE

FORMAT	Alphanumeric
LENGTH	6 characters
DESCRIPTION	Indicates the type of data in the data set
RULES	Must contain "POLICY"

SEQUENCE NUMBER

FORMAT	Numeric
LENGTH	2 digits
DESCRIPTION	The sequential number if more than one set of data is supplied for a month
RULES	The first set must be numbered "01", etc

RETURN DATE

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	Identifies the month for which the data are supplied
RULES	The last day of the month Format is YYYYMMDD

INSURER NAME

FORMAT	Alphabetic
LENGTH	40 characters
DESCRIPTION	The name of the insurer
RULES	Must match the insurer number

POLICY DETAIL RECORD

This record is to contain all the information regarding a particular policy. Policy information is to be supplied for each insured entity.

RECORD TYPE

FORMAT	Numeric
RULES	Must contain "02"
LENGTH	2 digits
DESCRIPTION	The code to distinguish the record from a Header or Trailer record. Note that the data item Record Identifier further distinguishes Policy Detail records and Classification Detail records.

INSURER NUMBER

Deleted

POLICY NUMBER

FORMAT	Alphanumeric
LENGTH	20 characters
DESCRIPTION	The number which has been assigned to the policy or cover note by the insurer.
RULES	Only alphabetic characters and numbers will be accepted, that is no non alpha or special characters should be entered; 53.002490/1 to be entered 530024901 30 C198251WCR to be entered 30C198251WCR

RECORD IDENTIFIER

FORMAT	Numeric
LENGTH	1 digit
DESCRIPTION	To indicate the record relates to a new policy or cover note, a renewal or lapsing of an existing policy or cover note, or an amendment to data already supplied.
RULES	Valid codes are:- "1" NEW POLICY "2" NEW COVER NOTE "3" RENEWAL "4" LAPSED COVER NOTE/POLICY "6" CLASSIFICATION AMENDMENT "7" POLICY AMENDMENT

See also notes in the section "Amendment to Policy Details".

REVISED POLICY NUMBER

FORMAT	Alphanumeric
LENGTH	20 characters
DESCRIPTION	If an insurer revises a policy number which was previously reported to WorkCover, this field indicates the new number, when supplied in a Policy Detail Record with Record Identifier set to "7".
RULES	This field is conditional. Once a policy number has been revised, the revised number MUST ALWAYS be used for future reporting, including when advising of claims against the policy. The same rules applicable to the policy number will apply to this field.

POLICYHOLDER FLAG

Deleted

EMPLOYER NAME

FORMAT	Alphabetic
LENGTH	50 characters
DESCRIPTION	To identify the legal name of the policyholder.
RULES	Must be the legal name of the entity. If the policyholder is an individual, this field is to be used for the Surname.

OTHER NAME

FORMAT	Alphabetic
LENGTH	20 characters
DESCRIPTION	Identifies the first names of an individual when required.
RULES	This field is conditional, i.e, is to be used for the policyholder's other names if the policyholder is an individual.

TRADING NAME

FORMAT	Alphabetic
LENGTH	40 characters
DESCRIPTION	The trading name of an employer.
RULES	This field is conditional, i.e, if an entity operates with another name than its legal entity name, this name must be entered in this field. For example, the legal entity name is ABC Pty Ltd but the trading name is Angelo's Icecream.

LOCATION ADDRESS LINE 1

FORMAT	Alphabetic
LENGTH	30 characters
DESCRIPTION	Line 1 of the employer's address
RULES	Must be present, and is the actual physical location, i.e. not a post office box number.

LOCATION ADDRESS LINE 2

FORMAT	Alphabetic
LENGTH	30 characters
DESCRIPTION	Line 2 of the employers address
RULES	Conditional

LOCATION DISTRICT

FORMAT	Alphabetic
LENGTH	30 characters
DESCRIPTION	The suburb or district of the employer's location.
RULES	Must be present, and must match a postal district description in Australia Post's Postcode listing.

LOCATION POSTCODE

Deleted.

PHONE

Deleted.

INDUSTRY CODE

Deleted.

EFFECTIVE DATE

FORMAT	Numeric
LENGTH	8 digit
DESCRIPTION	The commencement date of period of cover.
RULES	In the format of YYYYMMDD.

EXPIRY DATE

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	The end date of the period of cover
RULES	In the format of YYYYMMDD

WORKCOVER NUMBER (WCN)

FORMAT	Alphanumeric
LENGTH	10 digits
DESCRIPTION	A unique number allocated by WorkCover Western Australia to an employer. It relates to the 'employer' covered by the policy, and may therefore involve more than one legal entity (e.g, a partnership of individuals or companies) if they are covered by the one policy.
RULES	In the format of WCnnnnnnnC, where 'C' is a check digit allocated by WorkCover. Must be present for January 1995 and later data files.

REASON CODE

FORMAT	Numeric
LENGTH	1 digit
DESCRIPTION	The code for the reason why a policy was lapsed must be present for lapsed policy types
RULES	Valid codes are: <ol style="list-style-type: none">1 BUSINESS SOLD2 BUSINESS CLOSED3 NOT EMPLOYING4 INSURED ELSEWHERE5 POLICY/COVER NOTE REPLACED6 NON PAYMENT OF PREMIUM7 NO REPLY TO CORRESPONDENCE

INDUSTRY DESCRIPTION

Deleted.

TEAM NUMBER

FORMAT	Alphanumeric
LENGTH	3 digit3
DESCRIPTION	Any set of codes the insurer wishes to use to describe a segment of operation or business. Edit printouts and data set run summaries will be supplied sorted according to the values supplied for that particular data set.
RULES	Optional.

CLASSIFICATION DETAIL RECORD

This record provides details of the different premium rate classifications for each industry carried on by the employer, together with separate estimates of wages and number of Workers.

A record must be provided for each risk class specified in the policy.

For each policy record, there may be one or more classification detail records.

RECORD TYPE

FORMAT	Numeric
RULES	Must contain "02"
LENGTH	2 digits
DESCRIPTION	The code to distinguish the record from a Header or Trailer record. Note that the data item Record Identifier further distinguishes Policy Detail records and Classification Detail records.
RULES	Must follow a Policy Detail record (Record Identifier = 1-7).

INSURER NUMBER

Deleted.

POLICY NUMBER

FORMAT	Alphanumeric
LENGTH	20 characters
DESCRIPTION	The number which has been assigned to the policy or cover note by the insurer.
RULES	The policy number must identify a policy or cover note already reported to WorkCover.

RECORD IDENTIFIER

FORMAT	Numeric
LENGTH	1 digit
DESCRIPTION	To indicate the record is a Classification detail record.
RULES	Must be set to "9"

EFFECTIVE DATE

FORMAT	Numeric
LENGTH	8 digit
DESCRIPTION	The commencement date of the period of cover to which the classification details refer.
RULES	In the format of YYYYMMDD.

PREMIUM RATE CLASSIFICATION

FORMAT	Numeric
LENGTH	5 digits
DESCRIPTION	Identifies the relevant item number of the class of risk as per the Government Gazette, WA.
RULES	Must be present, and a valid item number as specified in the Schedule published in the relevant Government Gazette.

ESTIMATED WAGES

FORMAT	Numeric
LENGTH	12 digits
DESCRIPTION	The wages likely to be paid for the period of cover for the premium rate classification.
RULES	Not required for lapsed policy transactions.

ESTIMATED (AVERAGE) NUMBER OF WORKERS

FORMAT	Numeric
LENGTH	6
DESCRIPTION	The likely average number of workers for the period of cover for the premium rate classification.
RULES	Not applicable for lapsed policies.

ACTUAL WAGES

FORMAT	Numeric
LENGTH	12 digits
DESCRIPTION	Wages paid for the period of cover for the premium rate classification.
RULES	Not applicable for new policies.

ACTUAL (AVERAGE) NUMBER OF WORKERS

FORMAT	Numeric
LENGTH	6 digits
DESCRIPTION	Average number of workers for the period of cover for the premium rate classification.
RULES	Not applicable for new policies.

POLICY TRAILER RECORD

This record is the last record in the Policy data set.

The fields in the record consist of the following items:

RECORD TYPE

FORMAT	Numeric
RULES	Must contain "03"
LENGTH	2 digits
DESCRIPTION	The code to identify the record as the Policy trailer

INSURER NUMBER

Deleted.

NUMBER OF POLICY DETAIL RECORDS

FORMAT	Numeric
LENGTH	6 digits
DESCRIPTION	The total number of policy detail records (record type 02 and record identifier 1, 2, 3, 4 6 or 7) in the data set

NUMBER OF CLASSIFICATION DETAIL RECORDS

FORMAT	Numeric
LENGTH	6 digits
DESCRIPTION	The total number of policy detail records (record type 02 and record identifier 9) in the data set

CLAIM HEADER RECORD

This record should be the first record in the Claim data.

The fields in the record consist of the following items:

RECORD TYPE

FORMAT	Numeric
RULES	Must contain "11"
LENGTH	2 digits
DESCRIPTION	The code to identify the record as the Claim header

INSURER NUMBER

FORMAT	Numeric
LENGTH	4 digits
DESCRIPTION	The number allocated to the insurer by WorkCover.

DATA TYPE

FORMAT	Alphanumeric
LENGTH	6 characters
DESCRIPTION	Indicates the type of data in the data set.
RULES	Must contain "CLAIM"

SEQUENCE NUMBER

FORMAT	Numeric
LENGTH	2 digits
DESCRIPTION	The sequential number if more than one set of data is supplied for a month
RULES	The first set must be numbered "01", etc.

RETURN DATE

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	Identifies the month for which the data are supplied.
RULES	The last day of the month. The format is YYYYMMDD.

INSURER NAME

FORMAT	Alphabetic
LENGTH	40 characters
DESCRIPTION	The name of the insurer
RULES	Must match the insurer number

CLAIM DETAIL RECORD

This record is to contain all the information regarding a particular claim.

RECORD TYPE

FORMAT	Numeric
RULES	Must contain "12"
LENGTH	2 digits
DESCRIPTION	The code to distinguish the record from a Header or Trailer record

INSURER NUMBER

Deleted.

CLAIM NUMBER

FORMAT	Alphanumeric
LENGTH	20 characters
DESCRIPTION	The number allocated to a claim by the insurer.
RULES	The number is used to identify a claim on WorkCover's system. If a claim number is changed the revised claim number must be notified by using the Revised Claim Number field. That revised number must then be used when reporting all future activity of that claim.

CLAIM STATUS

FORMAT	Alphabetic
LENGTH	1 character
DESCRIPTION	To indicate the status of a claim as it is recorded on the insurer's system.
RULES	Mandatory Valid codes are:- "A" ACCEPTED "D" DISALLOWED "P" PENDING

CLAIM FINALISED FLAG

Deleted.

DATE CLAIM RECEIVED BY INSURER

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	The date the claim was first received by the insurer
RULES	This should be the date received, NOT the date the claim was entered onto the insurer's system (unless it was the same day). Format is YYYYMMDD.

REVISED CLAIM NUMBER

FORMAT	Alphanumeric
LENGTH	20 characters
DESCRIPTION	When the number allocated to a claim by the insurer is revised, the new claim number is to be reported in this field.
RULES	This new number MUST ALWAYS be used whenever any future activity relating to the claim is reported. The same rules as applied to the claim number field must be followed.

CLAIM REOPENED FLAG

FORMAT	Alphabetic
LENGTH	1 character
DESCRIPTION	To indicate whether the claim has been reopened after previously been reported as finalised.
RULES	If the claim has been reopened at any time , this field must be set to "Y". If claim has never been reopened must be set to "N". Once set to "Y" it can never be reset to "N".

POLICY NUMBER

FORMAT	Alphanumeric
LENGTH	20 characters
DESCRIPTION	Identifies the policy against which the employer is making the claim.
RULES	The policy number on the claim form must be identical to the number previously reported on policy details.

EMPLOYER NAME

Deleted.

EMPLOYER'S OTHER NAME

Deleted.

TEAM NUMBER

FORMAT	Alphanumeric
LENGTH	3 digit 3
DESCRIPTION	Any set of codes the insurer wishes to use to describe a segment of operation or business. Edit printouts and data set run summaries will be supplied sorted according to the values supplied for that particular data set.
RULES	Optional.

SURNAME

FORMAT	Alphabetic
LENGTH	30 characters
DESCRIPTION	The surname of the Worker.

GIVEN NAMES

FORMAT	Alphabetic
LENGTH	30 characters
DESCRIPTION	The given names of the Worker.

WORKER ADDRESS LINE 1

FORMAT	Alphanumeric
LENGTH	30 characters
DESCRIPTION	The first line of the address of the Worker's place of abode.
RULES	Must be a physical location, i.e. post office box numbers, c/o, etc are not acceptable.

WORKER ADDRESS LINE 2

FORMAT	Alphanumeric
LENGTH	30 characters
DESCRIPTION	Second line of the address of Worker.
RULES	Conditional.

WORKER DISTRICT

FORMAT	Alphabetic
LENGTH	30 characters
DESCRIPTION	The suburb or district of the Worker's residence.
RULES	Must be present, and match a postal district description in Australia Post's Postcode listing.

WORKER POST CODE

Deleted.

DATE OF BIRTH

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	The date of birth of the Worker.
RULES	Format is YYYYMMDD.

AGE AT THE TIME OF INJURY

Deleted.

SEX

FORMAT	Alphabetic
LENGTH	1 character
DESCRIPTION	The sex of the Worker.
RULES	M MALE F FEMALE

PHONE NUMBER

Deleted.

PREFERRED LANGUAGE

FORMAT	Numeric
LENGTH	2 digits
DESCRIPTION	The code to identify the language, if not English, which the Worker speaks at home.
RULES	As the codes used are two-digit, and the field three, blank-fill the field from the left. Where English is the spoken language, this item should be set to '00'. Copies of the code list are available from WorkCover and are entitled: LANGUAGE CLASSIFICATION

WEEKLY EARNINGS

Deleted

FULL/PART TIME

FORMAT	Alphabetic
LENGTH	1 character
DESCRIPTION	The code to identify whether the Worker was employed full or part time at the time of the accident.
RULES	Valid codes are:- F FULLTIME P PARTTIME

EMPLOYMENT STATUS

FORMAT	Alphabetic
LENGTH	1 character
DESCRIPTION	The employment status of the Worker at the time of the injury.
RULES	1 DIRECT WORKER 2 WORKING DIRECTOR 3 CONTRACTOR 4 WORKER OF CONTRACTOR 5 SUB CONTRACTOR 6 OTHER

WORKER OCCUPATION

FORMAT	Numeric
LENGTH	4 digits
DESCRIPTION	The ASCO occupation code the Worker.
RULES	<u>Optional</u>

For a complete list of classification codes refer to manual published by the Australian Bureau of Statistics :-

1222.0 AUSTRALIAN STANDARD CLASSIFICATION OF
OCCUPATIONS (ASCO): STATISTICAL
CLASSIFICATION

Occupations should be coded to the 4 digit unit group level, or at least to the minor group level.

DUTY STATUS

FORMAT	Numeric
LENGTH	1 digit
DESCRIPTION	The duty status of the Worker at the time of injury.
RULES	<ol style="list-style-type: none">1. ON DUTY2. ON DUTY AND IN A ROAD ACCIDENT3. ON A WORK BREAK4. TRAVELLING BETWEEN HOME AND WORK5. OTHER

'Journey' claims (Code 4) are only expected for claims with a Date of Occurrence prior to 24 December 1993.

DATE CLAIM ACCEPTED/REJECTED

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	The date the insurer accepted or rejected the claim.
RULES	<u>Conditional</u> - must be present for finalised claims, and if the Claim Status is "A" or "D". If the Claim Status is "P", may be blank.

DATE OF FINALISATION

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	The date the claim was finalised. Format is YYYYMMDD.
RULES	If a claim is reopened then subsequently reclosed, this item must contain the latest date the claim was reclosed.

ESTIMATED DATE OF FINALISATION

Deleted.

DATE OF OCCURRENCE

FORMAT	Numeric
LENGTH	8 digit
DESCRIPTION	The date when an injury occurred or, if unknown, was reported to the employer. FORMAT YYYYMMDD.
RULES	If the injury reoccurs, supply the date of the original injury, not the date of recurrence.

TIME OF OCCURRENCE

FORMAT	Numeric
LENGTH	4 digits
DESCRIPTION	The time when the injury occurred.
RULES	Format is HHMM (24 hour clock). <u>Conditional</u> - must be present except if the claim is for an occupational disease.

NATURE OF INJURY

FORMAT	Alphanumeric
LENGTH	3 digits
DESCRIPTION	Indicates the type of injury or disease suffered by the Worker.
RULES	<u>Optional</u> If the claim relates to an injury/disease refer to the WorkSafe Australia manual: Type of Occurrence Classification System - Part D - NATURE

NOTE For Dates of lodgement pre 1 July 1991:

If the claim relates to an injury refer to ABS manual:

Statistics of Industrial Accidents
Manual No. 3 NATURE OF INJURY

OR If the claim relates to an Occupational Disease refer to ABS manual:

Code List of Principle Occupational Diseases - ICD
9TH REVISION

BODILY LOCATION OF INJURY CODE

FORMAT	Numeric
LENGTH	3 digits
DESCRIPTION	The relevant code to indicate the location of the injury on the body of the Worker.
RULES	<u>Optional</u>

For a complete list of classification codes refer to WorkSafe Australia manual:

Type of Occurrence Classification System - Part E -
BODILY LOCATION.

The code must cross reference to the nature of injury code.

NOTE For Dates of lodgement pre 1 July 1991:

Refer to ABS manual:

Statistics of Industrial Accidents
Manual No.4 - BODILY LOCATION OF INJURY

If the Nature of Injury code indicates the claim is for an occupational disease, this field must be set to zeroes.

MECHANISM (TYPE) OF OCCURRENCE CODE

FORMAT	Numeric
LENGTH	2 digits
DESCRIPTION	Indicates the type of accident and the manner in which the injury occurred.
RULES	<u>Optional</u>

For a complete of classification codes refer to WorkSafe Australia manual:

Type of Occurrence Classification System Part F -
MECHANISM

The code must be consistent with the Agency of Accident, Bodily Location and Nature of Injury codes.

NOTE For Dates of lodgement pre 1 July 1991:

Refer to ABS manual:

Statistics of Industrial Accidents
Manual No.1 - TYPE OF ACCIDENT
CLASSIFICATION

If the nature of injury code indicates the claim is for an occupational disease, this field must be set to zeroes.

AGENCY OF OCCURRENCE

FORMAT	Numeric
LENGTH	3 digits
DESCRIPTION	Indicates the agency (eg, machine, substance, environment etc) causing the accident.
RULES	<p><u>Optional</u></p> <p>For a complete list of classification codes refer to WorkSafe Australia manual:</p> <p style="text-align: center;">Type of Occurrence Classification System Part G - AGENCY.</p> <p>The code must be consistent with duty status and type of occurrence codes.</p> <p>NOTE For Dates of lodgement pre 1 July 1991:</p> <p>Refer to ABS manual:</p> <p style="text-align: center;">Statistics of Industrial Accidents Manual No.2 - AGENCY OF ACCIDENT CLASSIFICATION.</p> <p>If the nature of injury code indicates the claim is for an occupational disease, this field must be set to zeroes.</p>

DATE RESUMED WORK

FORMAT	Numeric
LENGTH	8 digits
DESCRIPTION	<p>The date the Worker returned to work in any capacity.</p> <p>If Return to Work is unknown, use the date certified "Fit" as per categories 3(a) or 3(b) on the Progress/Fitness or Final Medical Certificate.</p> <p>If multiple periods of incapacity occur the date resumed work will be the most recent date of return to work.</p> <p>If the worker never resumed work in any capacity this field should be left blank. It will then be checked and confirmed as such to WorkCover as part of the 'confirmation vetting' process.</p>
RULES	Format YYYYMMDD.

EXTENT OF DISABILITY

FORMAT	Numeric
LENGTH	1 digit
DESCRIPTION	Indicates the outcome of the injury as assessed by the insurer.
RULES	<p>Valid codes are:</p> <ul style="list-style-type: none">1 DEATH2 PERMANENT DISABILITY3 NO DISABILITY

ESTIMATED TOTAL DAYS LOST

FORMAT	Numeric
LENGTH	4 digits
DESCRIPTION	The number of work days/shifts it is estimated the Worker will be off work.

ACTUAL DAYS LOST

FORMAT	Numeric
LENGTH	4 digits
DESCRIPTION	The total number of work days/shifts to date that the Worker has been off work since incurring the injury.
RULES	<p>Must be present if one day/shift or more is lost, and updated regularly so that changes to the time lost cumulative total are reported progressively to WorkCover, as part of regular data sets.</p> <p>Where multiple periods off work occur, (or the claim is reopened) the periods should be added together cumulatively.</p> <p>If the Worker has not returned to work but the claim is finalised, enter the number of work days/shifts between the date ceased work to the date of finalisation. If the Worker is off work less than 1 work day/shift, round up or down to nearest day/shift.</p> <p>Equals the number of working days/shifts regardless of how many hours/days worked each week by the Worker.</p> <p>If the Extent of Injury = 1 (ie. death) then this field should be set to 220.</p>

DATE CEASED WORK

FORMAT	Numeric
LENGTH	8 digit
DESCRIPTION	The last day the Worker attended his/her place of work.
RULES	<p>Format YYYYMMDD</p> <p>If the Worker returns to work, then subsequently stops work because of any reason relating to the injury, this date must remain as the original date when work ceased.</p>

DATE OF FIRST MEDICAL ATTENTION

Deleted.

DATE FIRST PAID DISABILITY

Deleted.

SUBSIDIARY NAME

Deleted.

TRADING NAME

Deleted.

LOCATION ADDRESS LINE 1

Deleted.

LOCATION ADDRESS LINE 2

Deleted.

LOCATION DISTRICT

Deleted.

LOCATION POSTCODE

Deleted.

WORKCOVER NUMBER (WCN)

FORMAT	Alphanumeric
LENGTH	10 digits
DESCRIPTION	A unique number allocated by WorkCover Western Australia to an employer. It relates to the 'employer' covered by the policy under which the claim is made, and may therefore involve more than one legal entity (e.g. a partnership of individuals or companies) if they are covered by the one policy.
RULES	In the format of WCnnnnnnnC, where 'C' is a check digit allocated by WorkCover. Must be present for January 1995 and later data files.

LOCATION PHONE

Deleted.

INDUSTRY CODE (ASIC)

Deleted.

ESTIMATED TOTAL COMPENSATION/PAYMENTS

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	Indicates the insurers estimate of the TOTAL amount of compensation (weekly payments lump sum payments, treatments, etc) and non compensation (legal costs, transport etc) likely to be paid to the nearest dollar.

TOTAL COMPENSATION/PAYMENTS

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	The total amount of all payments (compensation and non-compensation) made by the insurer, since the inception of the claim.
RULES	To the nearest dollar.

WEEKLY PAYMENTS

FORMAT	Numeric
LENGTH	7 digit
DESCRIPTION	<p>This refers to weekly payments of compensation made to workers whilst totally or partially incapacitated in the form of weekly earnings under clauses 11, 11A, 12, 13, and 14, payments made for absences from work for medical attendance under clause 10, and payments made for board and lodging under clause 15 of Schedule 1 of the <i>Workers' Compensation and Rehabilitation Act 1981</i>.</p> <p>This also refers to weekly payments of the supplementary amount made under Schedule 5 clause 2 of the <i>Workers' Compensation and Rehabilitation Act 1981</i>.</p>

REDEMPTIONS

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	This refers to a total lump sum payment made to a worker under Schedule 1 of the <i>Workers' Compensation and Rehabilitation Act 1981</i> .

SPECIFIC INJURIES/PAYMENTS

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	This refers to a total lump sum payment paid to a worker as a result of an injury which has lead to a permanent loss of the use of part of the body mentioned in the 'Table of Compensation Payable' (ie. Schedule 2 of the <i>Workers' Compensation and Rehabilitation Act 1981</i>).

FATAL

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	<p>This refers to total payments paid to or in trust for a dependent spouse and other family members due to the death of a worker.</p> <p>It includes allowances for children and funeral allowances made to assist in covering funeral costs in the case of a deceased worker.</p> <p>It also includes lump sum payments paid to a dependent spouse as a result of the death of a worker.</p>

DOCTOR

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	<p>This refers to total payments made to a Medical / General Practitioner who treats the injured worker. It includes consultation and treatment expenses.</p> <p>This also refers to total payments made to Specialists (eg: orthopaedic surgeons, dentists, psychiatrists) whom the Medical / General Practitioner refers the injured worker to. It includes consultation and treatment expenses rendered by Specialists.</p>

HOSPITAL

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	This refers to total payments made in relation to the cost of hospital accommodation and hospital treatment(s) for the injured worker.

ALL OTHER TREATMENT AND APPLIANCES

FORMAT Numeric

LENGTH 7 digits

DESCRIPTION This refers to **payments made under Clause 17(1), (3), (4), (5), and (6) of Schedule 1** of the *Workers' Compensation and Rehabilitation Act 1981* other than expenses relating to 'Medical Practitioners and Specialists' and 'Hospital Expenses'.

Payments in this category include:

- consultation and treatment expenses made to physiotherapists, psychologists and occupational therapists;
- first aid and ambulance or other service to carry the worker to hospital or other place for medical treatment;
- medicines and medical requisites;
- provision of hearing aids, artificial teeth or eyes, and where the disability renders their use necessary, spectacles or contact lenses;
- repair or replacement (including consultations, examinations or prescriptions reasonably rendered by medical practitioners, dentists or other qualified persons) of a hearing aid, artificial limb, artificial teeth or artificial eyes, spectacles or contact lenses;
- purchase or supply of a wheelchair or similar appliance where the worker has suffered the loss of both legs or is paralysed in both legs because of a disability suffered by the worker;
- cost of any surgical appliance or artificial limb that complies with the standards of the *Commonwealth Repatriation Artificial Limb and Appliance Centre*; and
- the reasonable cost of any necessary repair or replacement of clothing damaged or destroyed at the time of accident.

Include payments made to non approved treatment providers (eg: masseurs, acupuncturists) if such services have been prescribed by a medical practitioner and approved by the insurer.

Do not include payments for a nursing home unless a Medical Practitioner has certified the worker is totally and permanently incapacitated and requires continuing medical treatment and maintenance which cannot be administered in the workers' domestic environment.

VOCATIONAL REHABILITATION

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	This refers to payments made under Clause 17(1a) of Schedule 1 of the <i>Workers' Compensation and Rehabilitation Act 1981</i> in relation to workers who have suffered a disability under the Act, the progressive and co-ordinated use of measures for counselling, occupational and vocational training and retraining, work assessments, and the use of aids, appliances, services or other means to facilitate the restoration of those workers to their fullest capacity for gainful employment for which they are capable.
RULES	Should not include medical, hospital, or other treatment amounts.

MISCELLANEOUS

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	This refers to any general item which does not fit in any other category eg. travelling, meals and lodging under clause 19 of Schedule 1 of the <i>Workers' Compensation and Rehabilitation Act 1981</i> . Assessors and investigation fees are also included in this category.

COMMON LAW AND OTHER ACTS

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	<p>This refers to any awards for damages made by the courts or by consent of the parties for negligence payable under the employer's indemnity insurance policy.</p> <p>'Other Acts' include for example, the <i>Motor Vehicle (Third Party Insurance) Act 1943</i> and payments made under section 93 "Remedies Against Stranger" of the <i>Workers' Compensation and Rehabilitation Act 1981</i>.</p> <p>Where awards include a component already paid under <i>the Workers' Compensation and Rehabilitation Act 1981</i>, only the common law excess should be reported here. Any other workers' compensation components should be reported under the other appropriate headings.</p> <p>Where payments are made for awards for damages under 'Other Acts', only this excess should be reported here. Any other workers' compensation components should be reported under the other appropriate headings.</p> <p>Recoups received for payments made under 'Other Acts' and any relevant workers' compensation components should be appropriately credited.</p>

LEGAL EXPENSES

FORMAT	Numeric
LENGTH	7 digits
DESCRIPTION	<p>This refers to the insurer's (or self insurer's) cost of legal advice, representation and witness fees, and the cost of these services incurred by the worker where the insurer (or self insurer) is ordered to meet these costs.</p>

PREMIUM RATE CLASSIFICATION

FORMAT	Numeric
LENGTH	5 digits
DESCRIPTION	<p>Identifies the relevant item number of the class of risk to which the claim is charged, as per the Government Gazette, WA.</p>
RULES	<p>Must be present.</p>

CLAIM TRAILER RECORD

This record is the last record in the claim data.

The fields in the record consist of the following items:

RECORD TYPE

FORMAT	Numeric
RULES	Must contain "13"
LENGTH	2 digits
DESCRIPTION	The code to identify the record as the Claim trailer

INSURER NUMBER

Deleted.

NUMBER OF CLAIM DETAIL RECORDS

FORMAT	Numeric
LENGTH	6 digits
DESCRIPTION	The total number of claim detail records (record type 11) in the data set
RULES	Must be present

APPENDIX 1 – WORKCOVER DATA ENTRY STANDARDS

INTRODUCTION

Since September 1994 the full and correct name and address of an employer is recorded by WorkCover WA prior to the receipt of policy details for that employer as part of the allocation of a WorkCover Number (WCN).

WorkCover WA uses the Policy Amendment ('Type 7') records, supplied by insurers as part of the policy data, as its principal source of updating information for its WCN database.

As such it becomes particularly important that the information relating to employers' names and addresses supplied as part of those records is accurate and not open to misinterpretation.

The following standards and abbreviations have been adopted by WorkCover WA to reduce duplication of names, facilitate searches, and generally assist with the use of employer-based data that uses the WCN as its key. They should be used at all times when supplying employer data for WorkCover WA use.

EMPLOYER AND TRADING NAMES

1. NAMES REQUIRED

The employer's registered legal entity name is required. If a trading name is used, the operating (trading) name of the business must be advised as well as the employer name. It is not acceptable, or useful, to repeat the employer name as a trading name. If a separate trading name is not used, leave it blank.

Note that a company should not be reported as 'trading as' another company name, e.g. Bloggs Pty Ltd trading as Smith Pty Ltd - this should be reported as a partnership (see below), and the trading name field left blank if no other is used.

Other names of individuals (sole proprietors, partners) are more useful if given in full (if known), and should not be reduced to initials if it can be avoided.

2. NAME TOO LONG TO FIT IN THE EMPLOYER NAME FIELD

If the name, or names (e.g. if a partnership) of the employer won't fit, do not abbreviate them. Enter as much of the name as possible into the space provided, and WorkCover WA will ensure that the full name is entered, by checking with the insurer if necessary, as part of its processing of the Policy Amendment records.

3. SOLE TRADERS

Where a policy is received in the name of a person, (eg, Alan J. Smith), it should be entered as follows:

EMPLOYER NAME:	SMITH
OTHER NAME:	Alan J
TRADING NAME:	(if any, or blank)

4. PARTNERSHIPS and JOINT VENTURES

Where a policy is received in the name of a partnership or joint venture (eg, "A.J. Jones and C.W. Salter", or "Bloggs Pty Ltd and Smith Pty Ltd") it should be entered as follows:

EMPLOYER NAME:	JONES AND SALTER
OTHER NAME:	A J AND C W
TRADING NAME:	(if any, or blank)

EMPLOYER NAME:	BLOGGS PTY LTD AND SMITH PTY LTD
OTHER NAME:	(blank)
TRADING NAME:	(if any, or blank)

Where the partnership or joint venture is between a company and an individual, please enter the company name first. This assists WorkCover WA vetting of Policy Amendment records.

5. COMPANIES and INCORPORATED BODIES

Where a policy is received in the name of a company or incorporated body the legal name (legal entity), as registered with the Australian Securities and Investment Commission (ASIC), should be entered as the EMPLOYER NAME. This can be checked by reference to the ASIC public web site www.search.asic.gov.au

The TRADING NAME (if any) entered should then refer to the employer's operating name. A trading name is not recognised as an employer, but merely additionally identifies the business concerned.

For Example:

EMPLOYER NAME: ARROW HOLDINGS PTY LTD
OTHER NAME: (blank)
TRADING NAME: PIZZA KING

EMPLOYER NAME: C J JOHNSON PTY LTD
OTHER NAME: (blank)
TRADING NAME: C J JOHNSON ELECTRICS

EMPLOYER NAME: GREENGATE PTY LTD
OTHER NAME: (blank)
TRADING NAME: B J GREEN AND SONS

6. FRANCHISED BUSINESSES

Where a policy is received in the name of a franchised business the EMPLOYER NAME must identify the legal entity concerned, as each franchisee is a separate legal entity.

To identify separate businesses it is acceptable to include the locality as part of the TRADING NAME.

For Example:

EMPLOYER NAME: BAKER
OTHER NAME: J C
TRADING NAME: B P BELMONT

EMPLOYER NAME: HARRISON BROTHERS PTY LTD
OTHER NAME: (blank)
TRADING NAME: SUPA VALU FREMANTLE

EMPLOYER NAME: GOLDEN NOMINEES PTY LTD
OTHER NAME: (blank)
TRADING NAME: HUNGRY JACKS CARINE

7. EMPLOYERS USING SURNAME AS A TRADING NAME

The following procedures have been adopted for the entry of employers such as medical practitioners, solicitors, builders, farmers, accountants and others who use their surname as a trading name.

For Example:

Sole Trader or Partnership

A proposal from a medical practitioner in the name of "Dr A J Smith" should be reported as follows:

EMPLOYER NAME:	SMITH
OTHER NAME:	A J
TRADING NAME:	DR A J SMITH

Company

When a proposal is received in the name of a company which uses a "Surname" as its trading name, e.g. a solicitor's company, it should be reported as follows:

EMPLOYER NAME:	BURROW HOLDINGS PTY LTD
OTHER NAME:	(blank)
TRADING NAME:	J R JONES

When a proposal is received in the name of "Dr A J Smith Pty Ltd", i.e. where the "Dr" is included as part of the company name, it should be reported as follows:

EMPLOYER NAME:	DR A J SMITH PTY LTD
OTHER NAME:	(blank)
TRADING NAME:	DR A J SMITH

8. STRATA PLANS

These should be entered **ONLY** as follows:

EMPLOYER NAME: OWNERS OF STRATA PLAN 1234
OTHER NAME: (blank)
TRADING NAME GRANDWAY FLATS (if applicable)

Note that "OWNERS" is plural.

A normal address should be supplied, e.g.

22 SMITH ST
PERTH 6000

They **SHOULD NOT** be entered as follows:

EMPLOYER NAME: OWNERS OF GRANDWAY FLATS
OWNERS OF 22 SMITH STREET
OWNERS OF S P 1234
OWNERS OF SP NO 1234
STRATA PLAN 1234
BILL SMITH (not even as a **Trading** Name)
OWNER OF STRATA PLAN 1234 (singular)
...etc

9. ABBREVIATIONS

To be Abbreviated	As
Proprietary Limited	PTY LTD
Limited	LTD
Incorporated	INC
Department	DEPT
Western Australia	W A (note space)
Saint	ST (see (10) below)

Not to be abbreviated (i.e. write in full)

ASSOCIATED
ASSOCIATES
ASSOCIATION
AUSTRALIA
AUSTRALIAN
BROTHERS
COMPANY
COOPERATIVE
CORPORATION

10. NOT ALLOWED in Employer, Other Name or Trading Name

Punctuation	. , /
Apostrophies	' "
Hyphens	-
+ or &	
Brackets	()
Trust Fund Names	(ATF) (TF)
Lower Case Lettering	

For Example:

O'DONNELL	to be entered	ODONNELL
McDONALD	to be entered	MCDONALD
JOE'S BURGERS	to be entered	JOES BURGERS
EAST-WEST AIRLINES	to be entered	EAST WEST AIRLINES
CO-OPERATIVE	to be entered	COOPERATIVE

11. INITIALS

If initials have to be used, one space to be placed between each initial, and the word "AND" to be placed between each set of initials.

If there are too many initials for each person to fit in the OTHER NAME field, use only the first initials of each.

Initials in Individuals/Partnerships

In this situation initials must be placed in the OTHER NAME field.

For Example:

EMPLOYER NAME:	JONES AND JOHNSON
OTHER NAME:	A B AND C W
TRADING NAME:	(if any, or blank)

However, other names of individuals (sole proprietors, partners) are more useful if given in full (if known), and should not be reduced to initials if it can be avoided.

Initials in Company or Trading Names.

In this situation initials must be placed at the beginning of the name.

For Example:

EMPLOYER NAME:	A J BENSON AND ASSOCIATES PTY LTD
OTHER NAME:	(blank)
TRADING NAME:	A J BENSON CLEANING CONTRACTORS

12. EMPLOYER NAMES CONTAINING STREETS AND SUBURBS

When the Employer Name contains the name of a street or suburb, the entry should generally follow the standards for input of addresses, ie, in full except for suffixes and the word "Saint", which should be abbreviated as ST unless it forms a proper name such as "SAINT SQ".

For Example:

GEORGE ST CAFE
MOUNT HAWTHORN PIZZA BAR
ST GEORGES TCE SERVICES PTY LTD
SAINT SQ CAMERAS
THE TERRACE NEWSAGENCY

13. TRUSTEES

The Legal Entity name of the Trustee **only** is required, and not the entity for which it is trustee.

For Example:

EMPLOYER NAME: Birkenhead Pty Ltd **only**
OTHER NAME:
TRADING NAME:

Not

EMPLOYER NAME: Birkenhead Pty Ltd ATF The Smith Family Trust

EMPLOYER NAME: Jones
OTHER NAME: C J
TRADING NAME:

Not

EMPLOYER NAME: C J Jones ATF The Jones Family Trust

14. GOVERNMENT AGENCIES

These should be supplied with the 'subject matter' part of the name first.

For Example:

Fair Trading Ministry
Land Administration Dept (note abbreviation)

15. LOCAL GOVERNMENT AUTHORITIES

These should be entered with the district component first.

For Example:

Stirling City Council
Bruce Rock Shire Council

EMPLOYER ADDRESS

1. ADDRESS REQUIRED

The employer's principal place of business, ie, the location where the employer can be contacted, not necessarily the situation of risk. Street number and name, and town or suburb must all be included. Only localities in the latest Postcode directory should be used, but RMB numbers and farm locations are acceptable for rural locations.

Not acceptable:

Post office box addresses

“Anywhere in Western Australia”

“Care of”, or C/- (address of Broker, Accountant, etc)

“Various addresses”

“(Suburb) only”

2. TWO OR MORE ADDRESSES

Only the main address should be entered.

3. STREET AND SUBURB NAMES

Street and suburb names should always be in full unless specified otherwise.

Street names should be entered as they appear in the Department of Land Administration's 'StreetSmart' road directory, which should be used as a reference when a query arises.

Suburbs must be consistent with the latest Australia Post's Postcode directory. These can also be referenced at Australia Post's website www.auspost.com.au/postcodes/. This site also provides a facility to download the Postcode listing.

Prefixes

Apart from Saint (see below) prefixes should always be entered in full.

For Example:

SOUTH FREMANTLE

EAST PERTH

POINT WALTER

PORT HEDLAND

MOUNT LAWLEY

5. STREET SUFFIX ABBREVIATION

The following street suffix abbreviations have been extracted from the “StreetSmart” road directory.

<u>Suffix</u>	<u>Abbrev</u>	<u>Suffix</u>	<u>Abbrev</u>	<u>Suffix</u>	<u>Abbrev</u>
ALLEY	AL	GAP	GP	ROTARY	RTY
ARCADE	AR	GARDENS	GNS	ROW	RW
AVENUE	AVE	GLADE	GL	SQUARE	SQ
BOULEVARD	BLVD	GREEN	GRN	STREET	ST
BREAK	BK	GROVE	GR	TERRACE	TCE
BYPASS	BY	HEIGHTS	HTS	TOP	TP
CHASE	CH	HIGHWAY	HWY	TOR	TR
CIRCLE	CI	HILL	HL	TURN	TN
CIRCUIT	CC	INTERCHANGE	INT	TRACK	TK
CIRCUS	CS	LANE	LA	TRAIL	TRL
CLOSE	CL	LOOP	LP	VALE	VL
CORNER	CNR	MALL	ML	VIEW	VW
COURT	CT	MEANDER	MR	VISTA	VS
COURTYARD	CY	MEWS	ME	WALK	WK
COVE	CE	PARADE	PDE	WAY	WY
CRESCENT	CR	PARKWAY	PWY	YARD	YD
CREST	CST	PASS	PS		
CROSS	CRO	PATH	PT		
DALE	DL	PLACE	PL		
DRIVE	DR	PLAZA	PA		
EDGE	ED	PROMENADE	PRO		
ELBOW	EL	QUAYS	QS		
ENTRANCE	ENT	RAMBLE	RA		
ESPLANADE	ES	RETREAT	RT		
FAIRWAY	FRY	RIDGE	RGE		
FOLLOW	FO	RISE	RI		
FORMATION	FMN	ROAD	RD		
FREEWAY	FWY	ROADWAY	RDY		

6. STREET AND SUBURB NAMES - COMMON ERRORS

Incorrect

STH
NTH
E
W
MT
PT
PNT
O'CONNOR
SAINT GEORGE'S

Correct

SOUTH
NORTH
EAST
WEST
MOUNT
PORT OR POINT
POINT
OCONNOR
ST GEORGES

7. SHOPPING CENTRES - Should be abbreviated as “S C”

For Example: Whitfords S C

DATA LODGEMENT FORM

The Co-ordinator Scheme Information
WorkCover W A
Information Services Branch
2 Bedbrook Place
SHENTON PARK WA 6008

Particulars of the data set(s) submitted are:

INSURER NAME _____ INSURER NUMBER _____

CREATION DATE (*ddmmyyyy*) _____ RETURN DATE (*mmyyyy*) _____

NUMBER OF DISKS _____

INSURER DISK NAME/LABEL (1) _____ (2) _____

INSURER POLICY FILE NAME _____

INSURER CLAIM FILE NAME _____

TOTAL NUMBER OF POLICY RECORDS (TYPES 1 - 9) _____
includes number of premium rate classification records

TOTAL NUMBER OF CLAIM DETAIL RECORDS _____

IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 103A and 171 OF THE WORKERS' COMPENSATION AND REHABILITATION ACT 1981

I _____ (name)

AS _____
(position held)

CERTIFY THAT THE DETAILS SUPPLIED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

(signature) _____ (date -
ddmmyyyy)

=====

For WORKCOVER use only

LODGEMENT FILE NAME (POLICY): _____
*format is first three/four characters of the insurer name, year and month of lodgement (yyyymm)
version number (01) and (p) for policy .txt*

LODGEMENT FILE NAME (CLAIM): _____
*format is first three/four characters of the insurer name, year and month of lodgement (yyyymm)
version number (01) and (c) for claim .txt*

RECEIVED AT WORKCOVER by

(signature)

COMPUTER REGISTRATION ADDED by

(signature)

COMPUTER REGISTRATION ADDED on

(ddmmyyyy)

lodgement date

APPENDIX 3 - RECORD LAYOUT

This appendix details the various layouts of all the record types in the policy and claim files to be supplied by insurers.

POLICY HEADER RECORD

Item Name	Position		Size Bytes	COBOL Picture
	From	To		
Record type	1	2	2	9(2)
Insurer number	3	6	4	9(4)
Filler	7	87	81	X(81)
Data type	88	93	6	X(6)
Sequence number	94	95	2	9(2)
Return date	96	103	8	9(8)
Insurer name	104	143	40	X(40)
Filler	144	600	457	X(457)

POLICY DETAIL RECORD

Item Name	Position		Size Bytes	COBOL Picture
	From	To		
POLICY IDENTIFICATION DATA				
Record type	1	2	2	9(2)
Filler (was Insurer number)	3	6	4	X(4)
Policy number	7	26	20	X(20)
Record identifier	27	27	1	9
Revised policy number	28	47	20	X(20)
Filler	48	87	40	X(40)
EMPLOYER DATA				
Filler (was Policy holder flag)	88	88	1	X(1)
Policy holder (or subsidiary) name	89	138	50	X(50)
Other name	139	158	20	X(20)
Trading Name	159	198	40	X(40)
Location address Line 1	199	228	30	X(30)
Location address Line 2	229	258	30	X(30)
Location district	259	288	30	X(30)
Filler (was Location postcode)	289	292	4	X(4)
WorkCover Number (WCN)	293	302	10	X(10)
Filler	303	316	14	X(14)
Filler (was Phone)	317	326	10	X(10)
Filler (was Industry code)	327	330	4	X(4)
Effective date	331	338	8	9(8)
Expiry date	339	346	8	9(8)
Team Number	347	349	3	X(3)
Filler	350	393	44	X(44)
Reason code	394	394	1	9
Filler (was Industry description)	395	414	20	X(20)
Filler	415	600	186	X(186)

CLASSIFICATION DETAIL RECORD

Item Name	Position		Size Bytes	COBOL Picture
	From	To		

CLASSIFICATION IDENTIFICATION DATA

Record type (Classification detail)	1	2	2	9(2)
Filler (was Insurer number)	3	6	4	X(4)
Policy number	7	26	20	X(20)
Record Identifier	27	27	1	9
Filler	28	330	303	X(303)
Effective date	331	338	8	9(8)
Filler	339	350	12	X(12)

CLASSIFICATION DATA

Premium rate classification	351	355	5	9(5)
Estimated wages	356	367	12	9(12)
Estimated average number of Workers	368	373	6	9(6)
Actual wages	374	385	12	9(12)
Actual average number of Workers	386	391	6	9(6)
Filler	392	600	209	X(209)

POLICY TRAILER RECORD

Item Name	Position		Size Bytes	COBOL Picture
	From	To		
Record type	1	2	2	9(2)
Filler (was Insurer number)	3	6	4	X(4)
Filler	7	87	81	X(81)
Number of Policy detail records	88	93	6	9(6)
Number of Classification detail records	94	99	6	9(6)
Filler	100	600	501	X(501)

CLAIM HEADER RECORD

Item Name	Position		Size	COBOL
	From	To	Bytes	Picture
Record type	1	2	2	9(2)
Insurer number	3	6	4	9(4)
Filler	7	27	21	X(21)
Data Type	28	33	6	X(6)
Sequence number	34	35	2	9(2)
Return Date	36	43	8	9(8)
Insurer name	44	83	40	X(40)
Filler	84	800	717	X(717)

CLAIM DETAIL RECORD

Item Name	Position		Size Bytes	COBOL Picture
	From	To		

CLAIM IDENTIFICATION DATA

Record type (Claim detail)	1	2	2	9(2)
Filler (was Insurer number)	3	6	4	X(4)
Claim number	7	26	20	X(20)
Claim status	27	27	1	X(1)
Filler (was Claim finalised flag)	28	28	1	X(1)
Date claim received by insurer	29	36	8	9(8)
Revised claim number	37	56	20	X(20)
Claim reopened flag	57	57	1	X(1)
Team Number	58	60	3	X(3)
Filler	61	74	14	X(14)

POLICY DATA

Policy number	75	94	20	X(20)
Filler (was Employer name)	95	144	50	X(50)
Filler (was Employer's other name)	145	164	20	X(20)
Filler	165	168	4	X(4)

WORKER DATA

Surname	169	198	30	X(30)
Given names	199	228	30	X(30)
Worker address line 1	229	258	30	X(30)
Worker address line 2	259	288	30	X(30)
Worker district	289	318	30	X(30)
Filler (was Worker post code)	319	322	4	X(4)
Date of birth	323	330	8	9(8)
Filler (was Age at time of injury)	331	332	2	X(2)
Sex	333	333	1	X
Filler (was Phone number)	334	343	10	X(10)
Preferred language	344	346	3	9(3)
Filler (was Weekly earnings)	347	352	6	X(6)
Full/part time	353	353	1	X
Employment status	354	354	1	9
Worker occupation	355	358	4	9(4)
Duty status	359	359	1	9

CLAIM DATA

Date claim accepted/rejected	360	367	8	9(8)
Date of finalisation	368	375	8	9(8)
Filler (was Estimated date of finalisation)	376	383	8	X(8)

CLAIM DETAIL RECORD

Item Name	Position		Size Bytes	COBOL Picture
	From	To		
ACCIDENT DATA				
Date of occurrence	384	391	8	9(8)
Time of occurrence	392	395	4	9(4)
Nature of injury code	396	398	3	9(3)
Bodily location of injury code	399	401	3	9(3)
Type of occurrence	402	403	2	9(2)
Agency of occurrence	404	406	3	9(3)
Date resumed work	407	414	8	9(8)
Extent of disability	415	415	1	9
Estimated total days lost	416	419	4	9(4)
Actual days lost	420	423	4	9(4)
Date ceased work	424	431	8	9(8)
Filler (was Date of first medical attention)	432	439	8	X(8)
Filler (was Date first paid disability)	440	447	8	X(8)
EMPLOYER DATA				
Filler (was Subsidiary name)	448	497	50	X(50)
Filler (was Trading name)	498	537	40	X(40)
Filler (was Location address Line 1)	538	567	30	X(30)
Filler (was Location address Line 2)	568	597	30	X(30)
Filler (was Location district)	598	627	30	X(30)
Filler (was Location postcode)	628	631	4	X(4)
WorkCover Number (WCN)	632	641	10	X(10)
Filler	642	655	14	X(14)
Filler (was Location phone)	656	665	10	X(10)
Filler	666	668	3	X(3)
Filler (was Industry code)	669	672	4	X(4)
PAYMENTS DATA				
Estimated total compensation/payments	673	679	7	9(7)
Total compensation/payments	680	686	7	9(7)
Weekly payments	687	693	7	9(7)
Redemptions	694	700	7	9(7)
Specific injuries /payments	701	707	7	9(7)
Fatal	708	714	7	9(7)
Doctor	715	721	7	9(7)
Hospital	722	728	7	9(7)
All other treatment and appliances	729	735	7	9(7)
Vocational rehabilitation	736	742	7	9(7)
Miscellaneous (e.g. transport, maintenance)	743	749	7	9(7)
Common Law and Other Acts	750	756	7	9(7)
Legal expenses	757	763	7	9(7)
Premium Rate Classification	764	768	5	9(5)
Filler	769	800	32	X(32)

CLAIM TRAILER RECORD

Item Name	Position		Size Bytes	COBOL Picture
	From	To		
Record type	1	2	2	9(2)
Filler (was Insurer number)	3	6	4	X(4)
Filler	7	27	21	X(21)
Number of claim detail records	28	33	6	9(6)
Filler	34	800	767	X(767)

APPENDIX 4 - ERROR MESSAGES

This appendix details all of the error messages that may appear on the Policy or Claim error reports.

POLICY ERROR MESSAGES

<u>Message No</u>	<u>Error Message</u>
55	Record Type is not "02".
56	Policy Number is not alphanumeric.
57	Record Identifier is not 1, 2, 3, 4, 6, 7 or 9.
58	Revised Policy Number is not alphanumeric.
59	Employer Name contains invalid characters or is missing.
60	Employer Other Name contains invalid characters.
61	Trading Name contains invalid characters.
62	Employer Address Line 1 contains invalid characters or is missing.
63	Employer Address Line 2 contains invalid characters.
64	Employer District contains invalid characters or is missing.
65	WorkCover Number is invalid or missing - must be "WC" followed by 8 numerics.
66	Effective Date is invalid - must be a valid date in the format "yyyymmdd".
67	Expiry Date is invalid - must be a valid date in the format "yyyymmdd".
68	Premium Rate Classification is invalid - must be numeric only.
69	Estimated Wages is invalid - must be numeric.
70	Estimated Average Number of Workers is invalid - must be numeric.
71	Actual Wages is invalid - must be numeric.
72	Actual Average Number of Workers is invalid - must be numeric.
73	Lapsed Reason Code is invalid - if applicable must be numeric and 1-7.
76	Policy Number does not exist in the WorkCover database.
78	Employer District is not in the Australia Post list.

POLICY ERROR MESSAGES (cont)

<u>Message No</u>	<u>Error Message</u>
79	WCN does not exist in the WorkCover database.
80	Please confirm or amend - Effective Date is not before the disk Creation Date.
81	Please confirm or amend - Expiry Date is not after the Effective Date.
82	Lapsed Reason Code is invalid - must be between 1 and 7.
83	PRC is invalid - must be in Gazette list.
86	Team Number is invalid - must be alphanumeric.
87	Effective Date is missing.
88	Expiry Date is missing

CLAIMS ERROR MESSAGES

<u>Message No</u>	<u>Error Message</u>
2	Record Type is physically invalid or missing.
3	Claim Number is physically invalid or missing.
4	Claim Status is physically invalid or missing.
5	Date Claim Received by Insurer is physically invalid or missing.
6	Revised Claim Number is physically invalid.
7	Reopened Flag is physically invalid or missing.
8	Team Number is physically invalid.
9	Policy Number is physically invalid or missing.
10	Worker Surname is physically invalid or missing.
11	Worker Given Name(s) is physically invalid or missing.
12	Worker's Address Line 1 is physically invalid or missing.
13	Worker's Address Line 2 is physically invalid.
14	Worker's District is physically invalid or missing.
15	Worker's Date of Birth is physically invalid or missing.
16	Worker's Gender is physically invalid or missing.
17	Worker's Preferred Language Code is physically invalid or missing.
18	Full/Part Time Code is physically invalid or missing.
19	Employment Status Code is physically invalid or missing.
20	ASCO Code is physically invalid.
21	Duty Status Code is physically invalid or missing.
22	Date Claim Accepted/Rejected is physically invalid.
23	Finalisation Date is physically invalid.
24	Date of Occurrence is physically invalid or missing.
25	Time of Occurrence is physically invalid.
26	Nature of Injury Code is physically invalid.
27	Bodily Location of Injury Code is physically invalid.
28	Mechanism of Occurrence Code is physically invalid.

CLAIMS ERROR MESSAGES (cont)

<u>Message No</u>	<u>Error Message</u>
29	Agency of Occurrence Code is physically invalid.
30	Date Resumed Work is physically invalid.
31	Extent of Disability Code is physically invalid.
32	Estimated Total Days Lost is physically invalid.
33	Actual Days Lost is physically invalid.
34	Date Ceased Work is physically invalid.
35	WCN is physically invalid or missing.
36	Estimated Total Payments is physically invalid.
37	Actual Total Payments is physically invalid.
38	Weekly Payments is physically invalid.
39	Redemption Payments is physically invalid.
40	Specific Injury Payments is physically invalid.
41	Fatal Payments is physically invalid.
42	Doctor Payments is physically invalid.
43	Hospital Payments is physically invalid.
44	All Other Treatment Payments is physically invalid.
45	Vocational Rehabilitation Payments is physically invalid.
46	Miscellaneous Payments is physically invalid.
47	Common Law Payments is physically invalid.
48	Legal Expense Payments is physically invalid.
49	Premium Rate Classification is physically invalid or missing.
50	WCN does not exist in the WorkCover database.
51	Revised Claim Number already exists in WorkCover database.
52	Date Received is not after the Date of Occurrence.
53	Policy Number does not exist in the WorkCover database.
54	Date Finalised is supplied but the Claim Status is not 'A' or 'D'.

CLAIMS ERROR MESSAGES (cont)

<u>Message No</u>	<u>Error Message</u>
56	Worker's District is not in the Australia Post list.
57	'ANYWHERE IN' is an invalid address.
58	Worker's Date Resumed Work is not on or after the Date of Occurrence.
59	Worker's Birth Date is not before the Date of Occurrence.
60	Worker's Age is not between 14 and 71.
61	Ceased work, time lost, finalised with no disability but Date Resumed Work is missing.
62	Worker's Preferred Language Code is invalid.
63	Premium Rate Classification is invalid.
64	Date Accepted/Rejected is not after the Date of Occurrence.
65	Date Accepted/Rejected is not after the Date Received by Insurer.
66	Date Finalised is not after the Date Received by Insurer.
67	Date Finalised is not before the Return Date.
68	Date Finalised is prior to the Date of Occurrence.
69	Date Finalised is supplied but the Extent of Disability is missing.
70	Actual Days Lost is more than the difference between Date Ceased Work and Date Resumed Work (or Date of Occurrence/Return Date if either date is missing).
71	Weekly Payments present but Actual Days Lost zero.
72	Average daily payment appears low.
73	Average daily payment appears high.
75	Finalised, Extent of Disability is "2" but no Specific Injury, Redemption or Common Law Payments supplied.
76	Actual Days Lost is supplied but Weekly Payments is zero.
77	Actual Days Lost is present but the Date Ceased Work is missing.
78	Actual Days Lost is not 220 but the Extent of Disability is "1".
79	Extent of Disability is "2" but Actual Days Lost is zero.
80	Date Ceased Work is prior to the Date of Occurrence.
81	Date Ceased Work is on or after the Return Date.
82	Date Ceased Work is blank but the Extent of Disability indicates death.

CLAIMS ERROR MESSAGES (cont)

<u>Message No</u>	<u>Error Message</u>
83	Date Ceased Work is after the Date of Finalisation.
84	Date Resumed Work is not after the Date Ceased Work but Actual Days Lost is greater than zero.
85	Date Accepted/Rejected is inconsistent with the Claim Status.
86	Estimated Total Payments appears high.
87	Actual Total Payments appears high.
88	Weekly Payments + Redemptions + Specific Injuries Payments + Fatal Payments exceeds the prescribed amount.
89	Actual Total Payments does not equal the total cost breakdown.
90	Extent of Disability is "1" but Redemption Payments is not zero.
91	Extent of Disability is "1" but Specific Injury Payments is not zero.
92	Specific Injury Payments is supplied but the Extent of Disability is not "2".
93	Fatal Payments is present but the Extent of Disability is not "1".
94	Medical + Hospital + Other Treatment Payments exceeds the prescribed percentage.
95	Vocational Rehabilitation Payments exceeds the prescribed percentage.
96	Common Law Payments is supplied but the Extent of Disability is not "2".
97	Surname is 'NOT and Given Name is 'KNOWN'
98	Estimated Days Lost is less than Actual Days Lost (Estimate should be reviewed)
99	The ratio between Estimated Days Lost and Estimated Total Payments is Too High or Too Low
100	Estimated Total Payment is less than Actual Total Payment (Estimate should be reviewed)
101	More Than Two Years between Occurrence Date and Received Date
102	Journey Claim After 19 December 1993
103	Worker Surname Supplied as 'Unknown'
104	Disallowed Claim with more than \$10,000 in Payments
105	Worker's Date of Birth is Missing.
106	Finalisation Date is Prior to a Previously Supplied Finalisation Date