



**WORKERS' COMPENSATION AND INJURY MANAGEMENT ACT 1981
EMPLOYERS' INDEMNITY POLICIES (PREMIUM RATES) ACT 1990**

Guideline for completing Quarterly Forms & Checklist

Date issued: 30 June 2017

2017-2018 Year

Due Date: Quarterly Refer to the Premium Rating Returns Deadline Schedule

General guidelines

- a) Each quarter, before completing the spreadsheet, it is recommended that an updated version of the Quarterly Forms is downloaded from the WorkCover WA Internet site at www.workcover.wa.gov.au under '*service providers*', '*Insurers or Self-Insurers*', '*Data Specification*' in case any amendments have been made.
- b) When the spreadsheet has been downloaded, save in Excel format (so the formulas are not corrupted) using the filename format "**Financial Year**" Returns - "**Relevant Quarter**" - Quarter – "**Company Name**". For example, the September 2017 quarter filename would be: **2017-2018 Returns - September Quarter - COMPANY NAME**

Please note that any spreadsheets that are not provided in Excel format (for example, provided in a csv format) will not be accepted.

- c) If a program is used to automatically complete the spreadsheet please make sure that actual values are in the cells and they are not linked to a data source in your company's system.
- d) The following fields are to be entered on the Checklist only (the fields will automatically be completed in all other Forms):
 - Name of insurer or self-insurer. (Name ALL Companies included)
 - Insurer Number (NOT your WorkCover Number - WCN)
 - Date report generated
 - Name of person completing the Forms
 - Date the Forms are signed off
 - The quarter currently being reported.
 - Date of any Revisions made to each form affected only
- e) From 01/07/2016 onwards the WC20A and WC20B forms are excluded from all Quarterly and Annual returns.
- f) For information on how to complete the WC101 and WC20 please read the relevant Guideline provided for that Form. If the Guideline is unclear, or further clarification is required, please email schemeinformation@workcover.wa.gov.au

- g) Original signed copies are no longer required.
- h) Email the electronic version to schemeinformation@workcover.wa.gov.au
- i) If revisions are required, **all** forms must contain the most up-to-date data and only the forms that have been revised must have the “**Date of Revision**” field completed on the Checklist each time they are revised.
- j) Use the filename format “**Financial Year**” Returns - “**Relevant Quarter**” - Quarter – “**Company Name**” Revised “**Form Name**” for any revisions that are required. For example, a Form WC20 revision for the September 2017 quarter the filename would be: **2017-2018 Returns - September Quarter - COMPANY NAME - Revised WC20**
- k) The electronic copy must arrive at WorkCover WA by the deadline or penalties may apply. Hardcopies are no longer needed.

Checklist guidelines

The first tab in the Quarterly Forms is a checklist that has been created to perform certain validations on the data prior to the spreadsheet being forwarded to WorkCover WA. These validations have been developed to limit the number of revisions requested by both WorkCover WA and the Actuary that analyses this data.

If the data passes the validations, “OK” will appear in the Green box. If not, the word “CHECK” or “FAIL” will appear in the red box.



The two types of validations are dealt with differently. Explanations of the two types are:

- “**CHECK**” – requires the insurer/self-insurer to double check the data and, if correct, provide an explanation in the Comments Box. Do not submit if a comment is missing as it will not be accepted.
- “**FAIL**” – occurs when the data is incorrect and will require the insurer/self-insurer to amend the data before submitting to WorkCover WA. Do NOT submit with a FAIL as it will not be accepted.

To enable all of the validations to be applied, information obtained from the previous quarters Form WC20 and entered into the appropriate boxes on the Checklist as below. If there was no value from the previous quarter the 0 needs to be entered. Please double check that these are correct.

PREVIOUS QUARTER DATA	INSERT DATA
	from the Previous Quarter's WC20
Section (a)	
Section (b)	
Section (c)	
Section (d)	

Explanations of the individual validations are:

Validation	Type	Forms Involved	Description
1. Previous Data Completed	FAIL	Previous Quarter	Data from the <u>previous</u> Quarter is to be completed. If a "FAIL" appears at least one cell has no data. If there was no value from the previous returns 0 must be entered. (Please check values are correct)
2. Number of claims lodged in the current quarter is greater than ZERO	CHECK	WC20	If the total in section (a) is zero, please confirm that this is correct in the Comments Box.
3. WC20 Active Claims have Case Estimate value	FAIL	WC20	If there is an outstanding claim in a section (c) cell, there should be a provision (case estimate) in the corresponding section (d) cell and vice versa. If a "FAIL" appears correction of the data will be necessary.
4. WC20 totals are similar to previous quarter	CHECK	WC20	There is a 10% variance given to totals in sections (a), (b), (c) and (d) from the current quarter to the previous quarter. If a "CHECK" appears, confirm that the data is correct in the Comments Box.
5. WC20 Total amount paid Equals WC101 Total Payment value	FAIL	WC20 & WC101	The total amount of claims paid during the current quarter (section (b) on the WC20) will always equal the grand total on the WC101. If a "FAIL" appears correction of the data will be necessary.
6. Company Name Completed	FAIL	CHECKLIST	Please enter your Insurer Name at the top of the Checklist. (Name ALL Companies included)
7. Date Report Generated	FAIL	CHECKLIST	Please enter the Date you generated your Report at the top of the Checklist.
8. Insurer Number Completed	FAIL	CHECKLIST	Please enter your Insurer Number (e.g. 123) in the highlighted box at the top of the Checklist. (Not WorkCover Number - WCN)
9. Quarter Completed	FAIL	CHECKLIST	Please enter an X in the correct box relating to the current quarter at the top of the Checklist.
10. Name Completed	FAIL	CHECKLIST	Please enter the Name of the Authorised Person who completed the forms at the bottom of the Checklist.

11. Insurer Number Completed	FAIL	CHECKLIST	Please enter the Date the Authorised Person completed the forms at the bottom of the Checklist.
12. Date of Revision Entered	CHECK	CHECKLIST	If you are submitting a revision to any forms please enter the date the Revision was made in the cell "Date of Revision" underlined in red at the top of each form you have revised.

Do not submit your forms if there is an indication at the top that you have failed a validation, or that you have not entered any Comments if required. The forms will not be accepted.