



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

Guideline for completing Annual Forms & Checklist

Date issued: 30 June 2017 (Self-Insurer Version)

2017-2018 Year

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

General guidelines

- a) Each year, before completing the spreadsheet, it is recommended that the Annual Forms are downloaded from the WorkCover WA Internet site at www.workcover.wa.gov.au under 'service providers', '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: Premium Rates "**Financial Year**" Returns - "**Relevant Quarter**" - Quarter – "**Company Name**". For example, the September 2017 quarter filename would be: **Premium Rates 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 self-insurer. (Name ALL Companies included)
 - Insurer Number(s) - (NOT your WorkCover Number - WCN)
 - Date report generated
 - Name of person completing the Forms
 - Date the Forms are signed off
 - Date of any Revisions made to each form affected only
- e) For information on how to complete the WC101, WC20 and WC31 Forms please read the Guideline provided for that particular Form. If the Guideline is unclear, or further clarification is required, please email schemeinformation@workcover.wa.gov.au
- f) From 01 July 2016 the forms WC20A, WC20B and WC11 are no longer required.

- g) Email the electronic version to schemeinformation@workcover.wa.gov.au
- h) If revisions are required, **all** of the 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.
- i) Use the filename format: Premium Rates “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: **Premium Rates 2017-2018 Returns - September Quarter - COMPANY NAME - Revised WC20**
- j) 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 Annual Forms is a Checklist that has been created to perform validations on the data prior to the spreadsheet being forwarded to WorkCover WA. These validations have been developed to limit the number of revisions required from self-insurers 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.



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

- a. **CHECK** – requires the 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.
- b. **FAIL** – occurs when the data is incorrect and will require amendment of 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 there is information that needs to be obtained from previous Returns and entered into the appropriate boxes on the Checklist as below. Please double check that these values are correct.

Please Collect the following data from Previous Annual and Quarterly Returns as indicated and insert figures in the Yellow Boxes provided. The spreadsheet will then perform all calculations and advise of any errors. All other figures come from the Current Return. IF THERE WAS NO VALUE IN THE PREVIOUS RETURNS PLEASE ENTER 0.

JUNE 2017/2018 QUARTERLY RETURN DATA

INSERT DATA
from the June
2017/2018 Quarterly
WC20

Section (c)
Section (d)

PREVIOUS ANNUAL WC20 RETURN DATA AS INDICATED

INSERT DATA
from the 2016/2017
WC20 ANNUAL
Return

INSERT DATA
from the
2015/2016 WC20
ANNUAL Return

INSERT DATA
from the
2014/2015 WC20
ANNUAL Return

GRAND TOTALS WC20 Section (b)
GRAND TOTALS WC20 Section (d)
GRAND TOTALS WC20 Section (e)

PREVIOUS Earned Premium & Expenses RETURN DATA AS INDICATED

INSERT DATA
from the 2016/2017
ANNUAL Return

INSERT DATA
from the
2015/2016 ANNUAL
Return

Please double
check these
values are
correct

Stat Charges and Levies
Management Expenses

If your data passes the validations, "OK" will appear in the Green check box. If not, and the word "CHECK" or "FAIL" will appear in the red box. If "CHECK" appears and the data is correct please provide an explanation in the Comments Box. If a "FAIL" appears the data is incorrect and will require amendment before submission to WorkCover WA.

Note: If any of the boxes below show a CHECK, please investigate and fix your data BEFORE submitting to WorkCover WA or it will be returned. If the CHECK is justified please provide an explanation in the Comments Box to be forwarded to the Actuary.

Explanations of the individual validations are:

	Validation	Type	Forms Involved	Description
1.	Previous Data Completed	FAIL	Checklist	Enter data from Previous Returns as indicated. If a FAIL appears at least one cell has no data. If there was no value from the previous return 0 must be entered. (Please check values are correct)
2.	Prudential Margin has Value	CHECK	WC20	Prudential Margin is calculated by the Actuary and entered into the WC20. If a CHECK appears, confirm that this is correct in the Comments Box.
3.	Number of Claims Lodged in the Current Year is Greater than ZERO	CHECK	WC20	If the total in section (a) is zero please confirm that this is correct in the Comments Box.
4.	No Development or IBNR Estimates Provided	CHECK	WC20	Development and IBNR estimates are calculated by your Actuary and should be supplied. If a CHECK appears, confirm that this is correct in the Comments Box.
5.	Confirm Statutory Charges and Levies is \$0.00	CHECK	WC31	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
6.	Confirm Management Expenses is \$0.00	CHECK	WC31	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
7.	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.
8.	Annual WC20 Number of Claims Outstanding & Case Estimates EQUALS the June WC20 Quarter Values	FAIL	WC20	The values in the Annual WC20 sections (c) and (d) should equal the values in the June Quarter WC20 sections (c) and (d). If a FAIL appears correction of the data will be necessary.
9.	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.
10.	Inflated Actuarial Incurred Cost	N/A	N/A	For WorkCover WA Internal Use Only

11.	Company Name Completed	FAIL	CHECKLIST	Please enter your Insurer Name at the top of the Checklist. (Name ALL Companies included)
12.	Date Report Generated	FAIL	CHECKLIST	Please enter the Date you generated your Report at the top of the Checklist.
13.	Insurer Number Completed	FAIL	CHECKLIST	Please enter your Insurer Number (e.g. S123) in the highlighted box at the top of the Checklist. (Not WorkCover Number - WCN)
14.	Name Completed	FAIL	CHECKLIST	Please remember to insert the name of the responsible officer who prepared the returns at the bottom of the Checklist.
15.	Date Completed	FAIL	CHECKLIST	Please enter the Date the Authorised Person completed the forms at the bottom of the Checklist.
16.	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 relevant cell "Date of Revision" underlined in red at the top of the Checklist. This date will automatically appear in each form you have revised.
17.	Signatures	-	ALL FORMS	Please remember to insert an electronic signature of the responsible officer who prepared the returns if one is available.

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.