



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

Guideline for completing Insurer Annual Forms & Checklist

Date issued: 30 June 2018

2018/19 Year

Due Date: 13 September 2019

General Guidelines

- a) Each year, it is recommended that the Annual Forms are downloaded from the WorkCover WA Internet site at www.workcover.wa.gov.au under 'service providers', 'Insurers', 'Guidelines and Forms – Insurers', '2018/19'
- 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**" - Insurer - Annual – "**COMPANY NAME**".

- 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. (Name ALL Companies included)
 - Insurer Number(s)
 - Date report generated
 - Name of person completed 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, WC30, and WC12 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) For the Financial Returns from 1 July 2016 Forms WC20A and WC20B are no longer required.
- g) For the Financial Returns from 1 July 2018 the Form WC11 is longer required.
- h) For the Financial Returns from 1 July 2018 the Quarterly returns are no longer required.

- i) Email the electronic version of the Checklist, WC101, WC20, WC30 to schemeinformation@workcover.wa.gov.au
- j) 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.
- k) An electronic copy must arrive at WorkCover WA by the deadline or penalties may apply. **Hardcopies are no longer needed.**
- l) The WC12 Form in Excel (.xlsx) format, with dual coding for Premium Rating classifications, has been separated from the others Forms and **can now be uploaded separately via Online Services.**
- m) The data supplied **MUST** be a snapshot of ALL Transactions as at the end of the Financial Year - 30 June 2019.

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 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.

OK	
	CHECK
	FAIL

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

- a) **CHECK** - requires the 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 the 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 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 from the previous WC20 are correct.

Please Enter INSURER NUMBER

Please view the Guidelines before completing these forms.

Please Collect the following data from the three Previous Annual 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.

PREVIOUS ANNUAL WC20 RETURN DATA AS INDICATED

Page 1

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

INSERT DATA
from the 2017/2018
WC20 ANNUAL
Return

INSERT DATA
from the
2016/2017 WC20
ANNUAL Return

INSERT DATA
from the
2015/2016 WC20
ANNUAL Return

PREVIOUS Earned Premium & Expenses RETURN DATA AS INDICATED

Gross Written Premium #	
Unearned Premium as at 30 June 2018	
Earned Premium	
Commission & Brokerage	
Stat Charges and Levies	
Management Expenses	

INSERT DATA
from the 2017/2018
ANNUAL Return

INSERT DATA
from the
2016/2017 ANNUAL
Return

Please double
check these
values are
correct

Ensure the Gross Written Premium is taken directly from the WC30.

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

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	Previous Returns	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	FAIL	WC20	Prudential Margin must be supplied. If a FAIL appears correction of the data will be necessary. Please note that the Prudential Margin should be at a 75% level of sufficiency
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	FAIL	WC20	Development and IBNR estimates must be supplied. If a FAIL appears correction of the data will be necessary.

5.	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.
6.	WC20 Total amount paid Equals WC101 Total Payment value	FAIL	WC20 & WC101	The total claim paid amounts on the WC20 and WC101 for an accident year must match. If a FAIL appears correction of the data will be necessary.
7.	Inflated Actuarial Incurred Cost	N/A	N/A	For WorkCover WA Internal Use Only.
8.	Comparison of Wages, Inflated Actuarial Incurred Costs, Premiums and Loss Ratios	N/A	N/A	For WorkCover WA Internal Use Only.
9.	Expense Levels	CHECK	Earned Premium & Expenses	There is a 5% variance allowed for the changes in expense ratios from one year to the next. If a CHECK appears, confirm that the data is correct and provide an explanation in the Comments Box for the variance.
10.	Confirm Gross Written Premium is \$0.00	CHECK	WC30	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
11.	Confirm Earned Premium is \$0.00	CHECK	WC30	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
12.	Confirm Unearned Premium as at 30 th June is \$0.00	CHECK	WC30	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.

13.	Confirm Commission and Brokerage is \$0.00	CHECK	WC30	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
14.	Confirm Statutory Charges and Levies is \$0.00	CHECK	WC30	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
15.	Confirm Management Expenses is \$0.00	CHECK	WC30	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
16.	Company Name Completed	FAIL	CHECKLIST	Please enter your Insurer Name at the top of the Checklist. . (Name ALL Companies included)
17.	Date Report Generated	FAIL	CHECKLIST	Please enter the Date you generated your Report at the top of the Checklist.
18.	Insurer Number Completed	FAIL	CHECKLIST	Please enter your Insurer Number in the highlighted box at the top of the Checklist.
19.	Name Completed	FAIL	CHECKLIST	Please remember to insert the name of the Authorised Person who prepared the returns at the bottom of the Checklist.
20.	Date Completed	FAIL	CHECKLIST	Please enter the Date the Authorised Person completed the Forms at the bottom of the Checklist.
21.	Date of Revision Entered	CHECK	CHECKLIST	The date of Revision must be specified for revised submissions.

Before submitting the Forms please ensure that all Fail validations are corrected and, where there is a Check, an explanation has been entered in the Comments field if required. If these are missing it will not be accepted.