



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

**Guideline for completing Annual Form WC101
Summary of Claim Payments**

Date issued: 30 June 2019

2019/2020 Year

Annual Returns - Due Date

Insurers **11 September 2020**

Self-Insurers **14 August 2020**

Penalties

For late or non-submission

Section 103A of the *Workers' Compensation and Injury Management Act 1981* (the Act) stipulates a **\$2,000** fine for refusing or failing to furnish to WorkCover WA information or returns requested in writing by WorkCover WA to enable it to compile and record statistics, records and reports for the better administration of the Act.

A suspension and/or revocation of approval may also be invoked under section 161 of the Act.

For actuarial time after the first revision

Insurers/Self-Insurers requiring more than one revision of returns conducted by the Actuary of WorkCover WA may be billed directly by WorkCover WA for the additional processing time for subsequent revisions.

If Form WC101 requires revisions then all Forms on the electronic version need to be resubmitted.

Please also refer to the “Guidelines - Annual Forms & Checklist” available from the WorkCover WA Internet site at www.workcover.wa.gov.au under ‘service providers’, ‘Insurers/Self-Insurer’, ‘Guidelines and Forms – Insurers/Self-Insurer’, ‘2019/20’ in case any amendments have been made, prior to completing the Form WC101.

Information that is collected on the Form WC101

The Form WC101 is designed to collect statistics on Workers' Compensation claim payments made to workers following a work-related injury or disease. Claim payment details consist of payments actually made, NOT incurred.

Important notes before completing the Form WC101

1. Claim Payments should be reported as the **real net cost** to the Insurer/Self-Insurer. That is, claim payments should be **exclusive** of any GST payable.
For example, if a payment is made of \$1100 (inclusive of GST) and the Insurer/Self-Insurer was entitled to an ITC of \$100 (the GST component) then the Insurer/Self-Insurer would report \$1000 (the net cost, **exclusive** of GST).
2. Payments include all legal, assessor, witness and surveillance fees directly attributable to workers' compensation cases.
3. Exclude office or administration expenses.
4. Claim payments are to be classified by Accident Year, regardless of when the claims were reported.
5. Include any recoveries received (for example, compulsory motor vehicle third party, payment recoups, stopped payments, cancelled cheques, et cetera).
6. Exclude any reinsurance recoveries.
7. Claim payments are to be reported according to Transaction Date – the date the Transaction was entered in your system, regardless of when the payments were reported to WorkCover WA via monthly returns (Q2).

How to complete this Form

The Form WC101 is split into eleven Payment Types with all payments made in the current Reporting Year being apportioned by Accident Year. The Payment Types are detailed below.

NOTE: Section 92(f) Agreement Payments

Payments made from 1 July 2011 by way of Section 92(f) Agreement must be shown in the most appropriate payment type. That is, all Section 92(f) Agreement payments should NOT be automatically placed in Payment Type 11: Common Law and Other Acts UNLESS this is the most relevant category – see [Payment Type 11: Common Law and Other Acts](#) for a definition of the type of payments to be included in this category.

Payment type 1: Weekly payments

Refers to weekly payments of compensation made to workers whilst totally or partially incapacitated in the Form of:

- weekly earnings under Schedule 1, clauses 11, 12, 13, and 14 of the Act
- payments made for absences from work for medical attendances under Schedule 1, clause 10 of the Act
- payments made for board and lodging under Schedule 1, clause 15 of the Act
- weekly payments of the supplementary amount made under Schedule 5, clause 2 of the Act.

Payment Type 2: Redemptions

Refers to total lump sum payments made to workers under Schedule 1 of the Act.

A lump sum payment for future loss of weekly wages as a result of an injury is only available to workers who have a permanent total or permanent partial incapacity. Redemptions are made in accordance with Part III, Division 2 and 2A of the Act.

Payments made prior to 1 July 2007 under 92(f) Agreements are also included.

Payment Type 3: Specific injuries (Schedule 2)

Refers to lump sum payments paid to workers as a result of an injury that has led to permanent loss of use of part of the body. These are listed in the 'Table of Compensation Payable', that is, Schedule 2 of the Act.

Payment Type 4: Fatal (including funeral expenses)

Refers to payments paid to, or in trust for, a dependant spouse and other family members due to the death of a worker.

It includes allowances for children and funeral expenses of a deceased worker. It also includes lump sum payments paid to a dependant spouse as a result of the death of a worker.

Further information regarding 'Fatality Payments' can be found under Schedule 1 (clauses 1, 2, 3, 4, 5 and 17(2)) of the Act.

Payment Type 5: Medical Practitioners and Specialists

Refers to payments made to a medical practitioners who treat injured workers. It includes consultation and treatment expenses.

This also refers to total payments made to specialists (for example, orthopaedic surgeons, dentists, psychiatrists) that injured workers are referred to. It includes consultation and treatment expenses rendered by specialists.

Payments made to Approved Medical Specialists' from 1 July 2006 are to be reported under 'Miscellaneous Payments'.

Payment Type 6: Hospital expenses

Refers to payments made in relation to the cost of hospital accommodation and hospital treatment(s) for injured workers under Schedule 1 (clause 18) of the Act.

Payment Type 7: All other treatment

Refers to payments made under Schedule 1 (clauses 17(1), (3), (4), (5), and (6)) of the Act other than expenses relating to 'Medical Practitioners and Specialists Payments' and 'Hospital Expenses Payments'.

Payments included in this category are:

- consultation and treatment expenses made to physiotherapists, psychologists and occupational therapists
- first aid and ambulance or other services to carry a worker to hospital or other place for medical treatment
- medicines and medical requisites
- provision of hearing aids, artificial teeth, spectacles or contact lenses where the injury or disease renders their use necessary
- repair or replacement (including consultations, examinations or prescriptions reasonably rendered by medical practitioners, dentists or other qualified persons) of hearing aids, artificial limbs, artificial teeth, 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 an injury or disease 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*
- 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 (for example, masseurs, acupuncturists) if such services have been prescribed by a medical practitioner and approved by the Insurer/Self-Insurer.

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

Payment Type 8: Vocational Rehabilitation

Refers to payments made under Schedule 1 (clause 17(1a)) of the Act in relation to workers who have suffered an injury or disease.

This includes the progressive and coordinated use of measures to facilitate the restoration of workers to the fullest capacity for gainful employment for which they are capable. For example, counselling, occupational and vocational training, retraining, work assessments and the use of aids, appliances and services.

Payment Type 9: Miscellaneous

Refers to any general item that does not fit in any other category. For example, travelling, meals and lodging under Schedule 1 (clause 19) of the Act. Assessor and investigation fees are also included in this category.

'Miscellaneous Payments' refer to fees paid by an Insurer/Self-Insurer to a person designated as an Approved Medical Specialist under section 146F of the Act.

Medical reports initiated by the Insurer/Self-Insurer relating to 'second opinions' that do not specifically relate to the workers' treatment (including those medical reports that are part of a claims management investigation) should be reported under this category.

Payment Type 10: Legal expenses

Refers to the Insurer's/self-Insurer's cost of legal advice, representation, witness fees and the cost of these services incurred by the worker where the Insurer/Self-Insurer is ordered to meet these costs.

Payment Type 11: Common Law and Other Acts

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. 'Other Acts' include, for example, payments made under Section 93 (Remedies against stranger) of the Act and the *Motor Vehicle (Third Party Insurance) Act 1943*.

Where awards include a component already paid under the Act, only the common law excess should be reported here. Any other Workers' Compensation components should be reported under the appropriate Payment Type in the Form WC101.

For example:

- a worker was awarded a total of \$160,000 in payments. This consisted of \$100,000 already paid in Workers' Compensation components plus a \$60,000 Common Law payment
- the correct way to report these amounts on the Form WC101 is to have the \$100,000 in Workers' Compensation payments in the appropriate Payment Type and to ensure the \$60,000 payment is reported under the heading 'Common Law and Other Acts' (Payment Type 11).

Do not:

- add \$100,000 and \$60,000 and include \$160,000 under the 'Common Law and Other Acts' payment category
- make an adjustment for the \$100,000 from the other categories (that is, remove \$100,000) and include \$160,000 in the 'Common Law and Other Acts' payment category.

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 Payment Type in the Form WC101.

Recoups received for payments made under 'Other Acts' and any relevant Workers' Compensation components should be appropriately credited on the Form WC101.

Information relevant to all risks covered by the standard employer's indemnity policy is to be presented combined in this return (for example, workers' compensation, common law and other Acts).

Note:

It is important you consult the Act or the Q2 Specifications if you are unsure of any of these payment categories.

NOTE: Section 92(f) Agreement Payments

Payments made from 1 July 2011 by way of Section 92(f) Agreement must be shown in the most appropriate payment type. That is, all Section 92(f) Agreement payments should NOT be automatically placed in Payment Type 11: Common Law and Other Acts UNLESS this is the most relevant category – see [Payment Type 11: Common](#)

Law and Other Acts for a definition of the type of payments to be included in this category.

Definitions:

Date report generated

Is the date that the data was extracted from your computer system to complete the Premium Rating returns.

Accident year

Is the financial year (1 July in a year to 30 June the following year) in which the accident event occurred, irrespective of when the claim is reported, paid or finalised.

Financial year

Financial year is from 1 July in a year to 30 June in the following year.

Other information

Name of company

If the return is being submitted on behalf of a group of companies, each individual company comprising the group must be named.

Automatic sum totals

Enter the data into the cells as indicated. All amounts are to be shown to the nearest dollar.

The spreadsheet will automatically total the number of claims and/or amounts paid in each column.

Reporting the cost of claims by Insurers/Self-Insurers involved in mergers/takeovers

Insurers/Self-Insurers are to include all relevant claims data where one Insurer/Self-Insurer takes over another and manages the claims on behalf of the merged Insurer/Self-Insurer.

Claim data, including number of claims (both reported and active), claim payments and case estimates outstanding is required to ensure that:

- all claims experience is reported
- claims experience for a group of policies/portfolio is not excluded
- claims experience for a group of policies/portfolio is not double counted (that is, included in the merged Insurer's/self-Insurer's returns).

Reinsurance

Do not allow for claims estimated, paid or recovered in respect of any reinsurance contract. Enter the information as though **no** reinsurance in any Form had been effected.

Recoveries

Include compulsory motor vehicle third party recoveries, recoups against payments, stopped payments and cancelled cheques, etcetera but **exclude** reinsurance recoveries.

Nearest dollar

DO NOT include cents in the return. Round each entry to the nearest dollar.

Nil return

If you have a nil return, an electronic version with null values is still required to be submitted until all claims are finalised, and approval in writing has been provided by WorkCover WA exempting the Insurer/Self-Insurer from having to complete the Premium Rating returns.

Checks

Before forwarding the completed spreadsheet to WorkCover WA, please ensure that you have been through the Checklist tab and rectified any “Fails” and/or provided an explanation for any “Checks”. For further information regarding the Checklist tab, refer to “Guidelines - Annual Forms & Checklist”.

Remember

1. The following fields are to be filled in on the checklist tab only (the information will automatically flow through to all other Forms):
 - Name of Insurer or Self-Insurer
 - Insurer Number (e.g. 123)
 - Date report generated
 - Name of person completing the Forms
 - Date the Forms are signed off
2. Forms that do not clearly identify the Insurer/Self-Insurer will be returned.
3. The Electronic versions are to be emailed by the authorised officer to schemeinformation@workcover.wa.gov.au.
4. Hardcopies are no longer needed.
5. For the Financial Returns from 1 July 2016 the Forms WC20A, WC20B and WC11 are no longer required.
6. For the Financial Returns from 1 July 2018 the Quarterly returns are no longer required.