

To ensure compliance with WorkCover WA's [Assessment of Premium Rates and Industry Classifications: Loading and Appeal Policy](#), this form is to be provided to Employers to complete at the same time as when full insurance terms are issued.

Further information is provided on the website in the Information Sheet - [Process - Loadings and Appeal Policy](#).

Insurer Section (To be completed by the Insurer)

Date

Insurer

Employer (Legal Entity Name)

WCN

Policy Number

	\$	
Total proposed premium <u>before</u> approved loading		A
Total proposed premium <u>after</u> approved loading		B

Employer Section (To be completed by the Employer)

Insurers must provide employers with a minimum of 30 days (14 days if you do not use a broker) of notice when inviting you to renew your policy. This timeframe enables employers to seek alternative quotes.

Declaration

I accept the total proposed premium (B) offered by my Insurer and understand the financial implications of the premium loading and have no intention to appeal.

I do not consent to the total proposed premium (B) offered by my insurer. *By not consenting, you are appealing your premium and will be contacted by WorkCover WA.*

I intend to change Insurer and acknowledge I understand that a valid insurance policy must be maintained at all times.

You must return this form to your insurer within 30 days of receiving this form or your right to appeal will be forfeited.

Name		Position	
Signature		Date	
Email			