Workers' Compensation Conciliation Service
2 Bedbrook Place
Shenton Park WA 6008
Ph   08 9388 5555
@WorkCoverWA
www.workcover.wa.gov.au

APPLICATION FOR ORDER FOR INSURER TO MAKE PAYMENT
Form 103

NOTES FOR APPLICANT

- Complete this form to apply to the Director, Conciliation under section 182ZL of the *Workers' Compensation and Injury Management Act 1981* to order the insurer to make a payment where the employer was previously directed to do so by the Conciliation Officer.
- This Application can only be made 14 days after the day on which the payment was due to be made pursuant to rule 32 of the *Workers' Compensation and Injury Management Conciliation Rules 2011*.
- Attach a separate page(s) to this form if you do not have enough space.
- This form **must** be signed.
- Completed forms can be lodged by either:

POST	IN PERSON	EMAIL
Workers' Compensation Conciliation Service, WorkCover WA, 2 Bedbrook Place, SHENTON PARK WA 6008	WorkCover WA, 2 Bedbrook Place, SHENTON PARK WA 6008 (Monday to Friday, 8am to 5pm)	Documents may be lodged by email subject to conditions. See the WorkCover WA website.

For further information or assistance in completing this form, please contact WorkCover WA's
Advice and Assistance Unit on 1300 794 744 or (08) 9388 5537 (TTY).

SECTION A - CASE DETAILS

1. Case number

2. Applicant

3. Respondent

4. Insurer

SECTION B - REASONS FOR APPLICATION

5. A payment direction in this matter was made by a Conciliation Officer on

6. The Respondent has failed to make the payment(s) required under the payment direction   Yes

7. The Applicant has made the following attempts to obtain payment from the Respondent

8. The Applicant is applying for the order 14 days after the day on which the payment was due   Yes

9. The Applicant declares they have not received the payment(s) required under the direction of the Conciliation Officer   Yes

SECTION C - SIGNATURE

Signature

Name

Date   (dd/mm/yyyy)