INSURER/SELF-INSURER ELECTRONIC DATA SPECIFICATION

Edition Q2

Version 1.2.1

(14 December 2020)

Part 2

NIDS Data Item Definitions

WorkCover WA

Q2-Part 2 Version 1.2.1 - NIDS Data Item Definitions

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This Document

This is Part 2 of a 2-part specification, describing each NIDS data item individually, as defined and implemented by WorkCover WA.

It should be considered together with Part 1 of the specification, which covers the following aspects of WorkCover WA's transition to and implementation of the NIDS:

- Comparison with the Q1 edition of the specification
- WorkCover WA's modifications to the NIDS
- Data submission regime
- Processing, validation and issue resolution arrangements

The following information is shown for each NIDS data item:

- Title   as per both <u>NIDS V 8.0.docx</u> and the XML Schema
- Format   as per both <u>NIDS V 8.0.docx</u> and the XML Schema
- Length   as per both <u>NIDS V 8.0.docx</u> and the XML Schema
- XSD Location   showing the element 'path'
- Description   as modified for WorkCover WA use
- Rules   as modified for WorkCover WA use (see also Rules)

It describes each data item, relates it to it description and position in the NIDS XML schema, and shows how it differs from the NIDS v. 8.0 description.

Version 1.2.1 updates version 1.2 to include descriptions for Claim Status Codes (C062).

Rules

The following <u>differing</u> rule conventions have been adopted for the WorkCover WA implementation of the NIDS:

- **Mandatory**

  A value must be provided for every notification of the relevant type

- **Conditional**

  A value must be provided when applicable (e.g., a 'Date Claim Finalised' must be supplied when the claim is actually finalised). Conditional data items that are not applicable at the time should not be referenced at all in the XML data set or, if they are (by the use of XML tags), should be default-filled with the appropriate fill characters for the format type.

- **Optional**

  A value is provided at the insurer's discretion. Optional data items that are not supplied should not be referenced at all in the XML data set or, if they are

(by the use of XML tags), should be default-filled with the appropriate fill characters for the format type. These data items are not validated, apart from conformity with the schema if supplied.

Date Formats

Date formats in the NIDS should comply with ISO 8601. This means that dates are defined using the XML "xs:date" type, and should be in the format yyyy-mm-dd.

Where a time component is necessary, the XML "xs:datetime" type is used. In these cases (i.e., Effective Date and Expiry Date in the Policy data only) the separator "T" should be used and the time should be in the format HH:MM:SS, where HH uses a 24 hour scale. For example, "2011-06-30T15:00:00" represents June 30, 2011 at 3:00pm.

Money Formats

Unlike Edition Q1 all currency-based values are expected in normal 'money' format, i.e., '$$$$.cc', including the decimal point but excluding the literal '$' sign and formatting comas or spaces. Negative values (e.g., for recoveries, and journal entries where applicable) should include an embedded '-' (minus) sign.

All currency-based values in the NIDS are set as 'MoneyType', which is then defined in the XML schema as 'decimal', with a maximum size of 20 and level of precision of 4. If the above expectation is adhered to this format therefore allows for up to 18 numbers before the decimal point, and 2 after. The decimal point and any applicable minus sign are <u>not</u> included in the character count.

Conventions

The following conventions have been adopted in the list:

- Data item the same as <u>NIDS V 8.0.docx</u> – title in green
- Data item modified from <u>NIDS V 8.0.docx</u> – title and changed component shown in orange
- Data item modified from <u>Insurer/Self-Insurer Electronic Data Specification Edition Q2 Version 1.1</u> – title and/or changed component shown in yellow

POLICY DATA

Policy Data Items

Submission Notes

A Policy Node notification is required <u>initially</u>, when first notifying the Policy/contract of insurance, and <u>then only when any details of the Policy node content change</u>. If there are more than one set of changes within a period covered by a file submission, only one notification is required for the period, setting out the details as at the end of the period. Equally, if there are no changes to the Policy node content over the file submission period (once a Policy/contract of insurance is initially notified), no Policy Node notification is expected for a Policy/contract of insurance in the submission.

<u>Note</u> that the Policy Amendment record type defined in the Q1 specification is not included in the NIDS. Therefore, to monitor changes to an employer's details, WorkCover WA utilises the notification of any changed details in a Policies node record as a 'trigger' for further investigation of the need to adjust its WCN records. Any change in the employer details as defined in this specification should cause the supply of a new Policies Node notification.

It is in the above context that the terms 'Mandatory', Conditional', and 'Optional' have been applied to the Policy data items.

For a more detailed description of the structure and content of the Policy Node, and its submission rules, see <u>Submission Rules</u> in Part 1 of this document.

Policy Data Items

P001   Insurer Number

	WA NIDS	XML Schema
Title	Insurer Number	InsurerNumber
Format	Numeric	Integer
Length	4 digits	n/a
XSD Location	n/a –attribute of Submission node	
Description	The number allocated to the insurer by the privately underwritten jurisdictions. This number is the same for all jurisdictions using NIDS submission data	
Rules	Mandatory See Appendix 1 - Insurer Numbers – Approved and Self-Insurers	

P002   Employer ABN

	WA NIDS	XML Schema
Title	Employer ABN	ABN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission Policies Policy Employer	
Description	A unique number allocated by the Australian Business Register. The ABN is used to assist in the identification of the insured entity (the 'employer' covered by the policy).	
Rules	Conditional – to be provided, if applicable, when supplying a Policy node 'record' (see Submission Notes).	

P043   WorkCover Number

	WA NIDS	XML Schema
Title	WorkCover Number	WorkCoverNumber
Format	Alphanumeric, in the format of WCnnnnnnnC, where 'C' is a check digit allocated by WorkCover. The algorithm used to calculate the check digit is available on request.	String
Length	10 digits	Min=0, Max=n/a
XSD Location	Submission Policies Policy	
Description	A unique number allocated by WorkCover WA to an insured entity. It relates to the 'employer' covered by the policy, and may therefore involve more than one legal entity (eg, a partnership of individuals or companies) if they are covered by the one policy..	
Rules	Mandatory when supplying a Policy node 'record' (see Submission Notes).	

P044   Employer ACN

	WA NIDS	XML Schema
Title	Employer ACN	ACN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission Policies Policy	
Description	The Australian Company Number (ACN) of the employer. The ACN is used to assist in the identification of the insured entity (the 'employer' covered by the policy).	
Rules	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see Submission Notes).	

P003   Policy Number

	WA NIDS	XML Schema
Title	Policy Number	PolicyNumber
Format	Alphanumeric.	String
Length	Insurer dependent.	Min=1, Max=255
XSD Location	Submission Policies Policy	
Description	The number which has been assigned to the policy or cover note by the insurer.	
Rules	Mandatory when supplying a Policy node 'record' (see Submission Notes).	

P004   Revised Policy Number

	WA NIDS	XML Schema
Title	Revised Policy Number	RevisedPolicyNumber
Format	Alphanumeric.	String
Length	Insurer dependent	Min=0, Max=255
XSD Location	Submission Policies Policy	
Description	If an insurer revises a policy number, which was previously reported to WorkCover, This data item indicates the new policy number.	
Rules	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see Submission Notes). Once a policy number has been revised, the Revised Policy Number MUST ALWAYS be used as the Policy Number for future reporting, including when advising of claims against the policy. When supplied should not already exist on the WorkCover WA database (i.e., should only be notified once as the Revised Policy Number, thereafter as the Policy Number).	

P005 Employer Legal Name

	WA NIDS	XML Schema
Title	Employer Name	LegalName
Format	Alphanumeric.	String
Length	100 characters.	Min=0, Max=200
XSD Location	Submission Policies Policy Employer	
Description	To identify the legal name of the employer.	
Rules	Mandatory (see Note below) when supplying a Policy node 'record' (see Submission Notes). Note: P005, P006 and P050 should be used in combination at the discretion of the Insurer to convey to WorkCover WA, the legal name(s) of the employer covered by the policy.	

P006 Employer Other Name

	WA NIDS	XML Schema
Title	Employer Other Name	OtherName
Format	Alphanumeric	String
Length	30 characters.	Min=0, Max=200
XSD Location	Submission Policies Policy Employer	
Description	Identifies the first names of an individual when applicable.	
Rules	Optional (see Note below) when supplying a Policy node 'record' (see Submission Notes). Note: P005, P006 and P050 should be used in combination at the discretion of the Insurer to convey to WorkCover WA, the legal name(s) of the employer covered by the policy.	

P050   Employer Surname

	WA NIDS	XML Schema
Title	Employer Surname	Surname
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission Policies Policy Employer	
Description	Where the employing entity is not a company, the last name of the business owner or employer employing workers for whom workers' compensation insurance is required.	
Rules	Optional (see Note below) when supplying a Policy node 'record' (see Submission Notes). Note: P005, P006 and P050 should be used in combination at the discretion of the Insurer to convey to WorkCover WA, the legal name(s) of the employer covered by the policy.	

P007   Employer Trading name

	WA NIDS	XML Schema
Title	Employer Trading Name	TradingName
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=1024
XSD Location	Submission Policies Policy Employer TradingNames	
Description	The trading name of an employer.	
Rules	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see Submission Notes). This data item is applicable if an employer operates with a name other than its legal entity name. For example, the legal entity name is ABC Pty Ltd but the trading name is Angelo's Ice-cream.	

P009   Employer Address Line 1

	WA NIDS	XML Schema
Title	Employer Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission Policies Policy Employer Address	
Description	Line 1 of the employer's primary work location	
Rules	Mandatory when supplying a Policy node 'record' (see Submission Notes). 'Primary Work Location' refers to the employers main place of business, preferably a local address, however an interstate head office address is acceptable if no local address is available.	

P010   Employer Address Line 2

	WA NIDS	XML Schema
Title	Employer Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission Policies Policy Employer Address	
Description	Line 2 of the employer's primary work location	
Rules	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see Submission Notes).	

P045   Employer Address Line 3

	WA NIDS	XML Schema
Title	Employer Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission Policies Policy Employer Address	
Description	Line 3 of the employer's primary work location	
Rules	Conditional - to be provided, if applicable, when supplying a Policy node 'record' (see Submission Notes).	

P011   Employer Address Suburb

	WA NIDS	XML Schema
Title	Employer Address District	Suburb
Format	Alphabetic	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission Policies Policy Employer Address	
Description	The suburb or district of the employer's primary work location.	
Rules	Mandatory when supplying a Policy node 'record' (see Submission Notes).	

P012   Employer Address State/Territory

	WA NIDS	XML Schema
Title	Employer Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission Policies Policy Employer Address	

Description	The State/Territory of the employer's primary work location.
	Codes are:
	  ACT Australian Capital Territory
	  NSW New South Wales
	  NT Northern Territory
	  QLD Queensland
	  SA South Australia
	  TAS Tasmania
	  VIC Victoria
	  WA Western Australia
	  OTH Other (to be used when the employer's primary work location is not within Australia)	

Rules	Mandatory when supplying a Policy node 'record' (see Submission Notes).	

P013   Employer Address Postcode

	WA NIDS	XML Schema
Title	Employer Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission Policies Policy Employer Address	
Description	Postcode of the employer's primary work location	
Rules	Conditional – to be provided when supplying a Policy node 'record' (see Submission Notes), <u>unless</u> the Employer Address State/Territory value supplied is 'OTH' (i.e., the employer's primary work location is not within Australia).	

P014   Employer Postal Address Line 1

	WA NIDS	XML Schema
Title	Employer Postal Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission Policies Policy Employer Address PostalAddress	
Description	Line 1 of the employer's postal address	
Rules	Optional – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P051   **Employer Postal Address Line 2**

	WA NIDS	XML Schema
Title	Employer Postal Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission Policies Policy Employer Address PostalAddress	
Description	Line 2 of the employer's postal address	
Rules	Optional – may be supplied (if applicable) when supplying a Policy node 'record' (see Submission Notes).	

P052   **Employer Postal Address Line 3**

	WA NIDS	XML Schema
Title	Employer Postal Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission Policies Policy Employer Address PostalAddress	
Description	Line 3 of the employer's postal address	
Rules	Optional – may be supplied (if applicable) when supplying a Policy node 'record' (see Submission Notes).	

P015   Employer Postal Address Suburb

	WA NIDS	XML Schema
Title	Employer Postal Address Suburb	Surburb
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission Policies Policy Employer Address PostalAddress	
Description	The suburb or district of the employer's postal address	
Rules	Optional – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P016   Employer Postal Address State/Territory

	WA NIDS	XML Schema
Title	Employer Postal Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission Policies Policy Employer Address PostalAddress	
Description	The State or Territory in Australia of the employer's postal address. Codes are: ACT Australian Capital Territory NSW New South Wales NT Northern Territory QLD Queensland SA South Australia TAS Tasmania VIC Victoria WA Western Australia OTH Other (to be used when the employer's postal address is not within Australia)	
Rules	Optional – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P017   Employer Postal Address Postcode

	WA NIDS	XML Schema
Title	Employer Postal Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission Policies Policy Employer Address PostalAddress	
Description	Postcode of the Employer postal address	
Rules	Optional – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P018   Employer Phone Number

	WA NIDS	XML Schema
Title	Employer Phone Number	Phone
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission Policies Policy Employer Address ContactDetails	
Description	The phone number of the employer	
Rules	Optional – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P019   Employer Mobile Phone Number

	WA NIDS	XML Schema
Title	Employer Mobile Phone Number	Mobile
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission Policies Policy Employer Address ContactDetails	
Description	The mobile telephone number of the Employer	
Rules	Optional – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P020   Employer Email Address

	WA NIDS	XML Schema
Title	Employer Email Address	EmailAddress
Format	Alphanumeric	String
Length	100 character	Min=0, Max=200
XSD Location	Submission Policies Policy Employer Address ContactDetails	
Description	The email address of the Employer	
Rules	Optional – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P021   Broker ID

	WA NIDS	XML Schema
Title	Broker ID	BrokerId
Format	Numeric	String
Length	6 digits	Min=0, Max=n/a
XSD Location	Submission Policies Policy	
Description	The number allocated to the broker by the Australian Financial Services Licensing Register.	
Rules	Optional - – may be supplied when supplying a Policy node 'record' (see Submission Notes).	

P026   Injury Management Program Type

	WA NIDS	XML Schema
Title	Injury Management Program Type	InjuryManagementProgramType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission Policies Policy	
Description	Indicates whether the employer's responsibility to initiate a Return to Work Program has been delegated to the employer's Insurer for all claims under this Policy.	
Rules	Mandatory when supplying a Policy node 'record' (see Submission Notes). Codes are: 01 Insurer 02 Employer (default)	

P999   Team Number

	WA NIDS	XML Schema
Title	Team Number	TeamNumber
Format	Alphanumeric	String
Length	3 characters	Min=0, Max=3
XSD Location	Submission Policies Policy	
Description	Any set of codes the insurer uses to describe segments of their operation. Can be used to filter and sort feedback.	
Rules	Optional– may be supplied when supplying a Policy node 'record' (see Submission Notes).	

Coverage Data Items

P027   Lapse/Cancellation Reason Code

	WA NIDS	XML Schema
Title	Lapse/Cancellation Reason Code	LapseReasonCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission Coverages Coverage	
Description	The code for the reason why the policy was lapsed or cancelled. Codes are: 00 No Lapse/Cancellation Reason Code Required 01 Business Sold 02 Business Closed 03 Not Employing 04 Insured Elsewhere 05 Policy/Cover Note Replaced 06 Non-Payment of Premium 07 No Reply to Correspondence 08 Cancelled coverage – this code should only be used when it is not a valid coverage/policy, and has, or should be, voided in the WorkCover WA system. Expected only in conjunction with Coverage Type Code '06' (Adjustment Notification). 09 Other Reason	
Rules	Mandatory This code should default to 00 "*No Lapse/Cancellation Reason Code Required*", unless the Coverage Type Code is 04 "*Cancellation*" or 05 "*Lapsed*" (or is being used to notify cancellation of a coverage)	

P028   Coverage ID

	WA NIDS	XML Schema
Title	Coverage ID	CoverageReference
Format	Alphanumeric	String
Length	Dependent on the format of the Coverage ID for the insurer	Min=0, Max=50
XSD Location	Submission Coverages Coverage	
Description	Unique reference number/ID allocated by insurer for each coverage period of a policy	
Rules	Mandatory	
	The Coverage ID is used to uniquely identify the coverage row. In the same way that any Primary Key is used to identify a data row in a relational database, in the jurisdiction's database, when a new coverage is created, it will get a new ID.	
	When an update to an existing coverage is performed, the update is performed to the coverage that is identified by the supplied Coverage ID.	
	When the coverage is updated, be that the effective date, expiry date or both, or any of the other meta data fields associated with the coverage, a new Coverage ID is not required. The original (and only) Coverage ID is required.	
	See Coverage ID in the Coverages Node section of Part 1 of this document for a more definitive description of the Coverage ID concept.	

P029   **Coverage Type Code**

	WA NIDS	XML Schema
Title	Coverage Type Code	CoverageNotificationType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission Coverages Coverage	
Description	The code to distinguish the type of coverage being notified. Codes are: 01 Cover Note Notification 02 New Policy Notification 03 Renewal Notification 04 Cancellation Notification 05 Lapsed Notification 06 Adjustment Notification 09 Any other notification type	
Rules	Mandatory Codes 04, 05 & 06 would be expected to relate to an update of a previously reported coverage and therefore use an existing Coverage ID. Code 02 may also relate to an existing coverage record that was originally reported as a Cover Note.	

P031   Effective Date

	WA NIDS	XML Schema
Title	Effective Date	EffectiveDate
Format	DateTime, YYYY-MM-DD HH:MM:SS	Datetime
Length		Min=n/a, Max=n/a
XSD Location	Submission Coverages Coverage	
Description	The commencement date of the period of cover referred to in the record.	
Rules	Mandatory Note: This date should always refer to the commencement date of the period of cover referenced by the relevant Coverage ID – it should not be altered to reflect the 'Date of Effect' of an endorsement, as notified in an Adjustment Notification (Coverage Type Code = '06').	

P032   Expiry Date

	WA NIDS	XML Schema
Title	Expiry Date	ExpiryDate
Format	DateTime, YYYY-MM-DD HH:MM:SS	Datetime
Length		Min=n/a, Max=n/a
XSD Location	Submission Coverages Coverage	
Description	The End Date of the Cover	
Rules	Mandatory **For Cancellation notifications the Expiry Date must be set to the Cancellation Date recorded for that policy in the Insurer's system**.	

P033   PRC 1993

	WA NIDS	XML Schema
Title	PRC 1993	ANZSIC93Code
Format	Numeric.	String
Length	5 digits.	Min=0, Max=20
XSD Location	Submission Coverages Coverage	
Description	Identifies the ANZSIC 1993-based item number of the risk for the period.	
Rules	Conditional To be supplied as a 5-digit Premium Rate Classification as per the relevant WA Government gazette, in accordance with the rules set out in the document NIDS - ANZSIC - WA Supply Guide.docx.	

P034   PRC 2006

	WA NIDS	XML Schema
Title	PRC 2006	ANZSIC06Code
Format	Numeric.	String
Length	5 digits.	Min=0, Max=20
XSD Location	Submission Coverages Coverage	
Description	Identifies the ANZSIC 2006-based item number of the risk for the period.	
Rules	Conditional - to be supplied as a 5 digit Premium Rate Classification as per the document WA-Specific PRC 06 codes for WA Workers' Compensation Scheme (on the WorkCover WA website), in accordance with the rules set out in the document NIDS - ANZSIC - WA Supply Guide.docx	

P035   Estimated Wages

	WA NIDS	XML Schema
Title	Estimated wages	Estimatedwages
Format	Numeric.	Decimal
Length	12 digits.	Min=n/a, Max=20
XSD Location	Submission Coverages Coverage	
Description	The wages declared by the employer for the policy period of cover for the Premium Rate Classification	
Rules	Mandatory Note: Does not raise an issue if a zero value is supplied for Premium Collection Type codes '03' [Minimum Premium Policy - Domestic] and '04' [Minimum Premium Policy - Other (Nominal)].	

P036   Estimated Number of Workers

	WA NIDS	XML Schema
Title	Estimated number of workers	EstimatedWorkers
Format	Numeric.	Integer
Length	6 digits	Min=0, Max=20
XSD Location	Submission Coverages Coverage	
Description	The average number of workers covered by the Estimated Wages (P035) figure supplied for the period of cover for the Premium Rate Classification	
Rules	Mandatory Note: Does not raise an issue if a zero value is supplied for Premium Collection Type codes '03' [Minimum Premium Policy - Domestic] and '04' [Minimum Premium Policy - Other (Nominal)].	

P037   Actual Wages

	WA NIDS	XML Schema
Title	Actual wages	ActualWages
Format	Numeric.	Decimal
Length	12 digits	Min=n/a, Max=20
XSD Location	Submission Coverages Coverage	
Description	The wages actually paid for the period of cover for the Premium Rate Classification.	
Rules	Conditional – required when the actual wages are notified to the Insurer for a past period of cover.	

P038   Actual Number Of Workers

	WA NIDS	XML Schema
Title	Actual Number Of Workers	ActualWorkers
Format	Numeric.	Integer
Length	6 digits	Min=0, Max=20
XSD Location	Submission Coverages Coverage	
Description	The average number of workers covered by the Actual Wages (P037) figure supplied for the period of cover for the Premium Rate Classification.	
Rules	Conditional – required when the actual number of workers is notified to the Insurer for a past period of cover.	

P039   **Premium Collection Type**

	WA NIDS	XML Schema
Title	Premium Collection Type	PremiumCollectionType
Format	Numeric.	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission Coverages Coverage	

Description	A code to indicate the type of policy for the period of cover being reported upon.
	
	Codes are:
	    01 'Normal' Policy
	    02 Burning Cost Policy
	    03 Minimum Premium Policy – Domestic
	    04 Minimum Premium Policy – Other (Nominal)
	    09 Other Policy Type	

Rules	Mandatory	

P053   Initial Deposit Premium Charged

	WA NIDS	XML Schema
Title	Initial Deposit Premium Charged	InitialDepositPremium
Format	Numeric.	Decimal
Length	8 digits.	Min=n/a, Max=20
XSD Location	Submission Coverages Coverage	
Description	The initial premium charged for the specified period of cover for each premium rate classification for the policy, regardless of the type of policy.	
Rules	Mandatory	

P041   Current Adjusted Premium Charged

	WA NIDS	XML Schema
Title	Current Adjusted Premium Charged	AdjustedPremium
Format	Numeric	Decimal
Length	8 digits	Min=n/a, Max=20
XSD Location	Submission Coverages Coverage	
Description	The current adjusted premium charged for the specified period of cover for each Premium Rate Classification for the policy, regardless of the type of policy (including burning cost policies)	
Rules	Conditional – required whenever the actual premium charged is adjusted.	

P042   Actual Final Premium Charged

	WA NIDS	XML Schema
Title	Actual Final Premium Charged	FinalPremium
Format	Not Applicable	Decimal
Length	Not Applicable	Min=n/a, Max=20
XSD Location	Submission Coverages Coverage	
Description	**Not Applicable for WA - use Current Adjusted Premium Charged (P041)**	
Rules	**Not required for WorkCover WA**	

CLAIM DATA

Claim Data Items

Submission Notes

The Claims Node:
- A *Claims node* notification is required <u>initially</u>, when first notifying the receipt of a Claim, and <u>then only when any details of the Claims node record content change</u>. If there are more than one set of changes within a period covered by a file submission, only one notification is required for the period, setting out the details as at the end of the period. Equally, if there are no changes to the Claims node record content over the file submission period (once a Claim is initially notified), no Claims Node record is expected in the submission.
- *Medical Certificate Updates* - details of <u>every</u> medical certificate received should be notified, regardless of the Medical Certificate Date.
- *Work Status Updates* - details of <u>every</u> Work Status change, including the first recorded, should be notified.

The Payments Node:
- *Payment* - expected if there has been a change in the Actual totals since the last file submission for the claim.
- *ClaimPayments* - expected if there is a change in the Total Payments Actual for the claim since the last Payment set of data was supplied for the Claim.

For a more detailed description of the content and relationships of the Claim data structures, and their related submission rules, see <u>Submission Rules</u> in Part 1 of this document.

Claim Identification Data Items

C001   Insurer Number

	WA NIDS	XML Schema
Title	Insurer Number	InsurerNumber
Format	Numeric	Integer
Length	4 digits	Min=n/a, Max=n/a
XSD Location	n/a- attribute of Submission.node	
Description	The number allocated to the insurer by the privately underwritten jurisdictions. This number is the same for all jurisdictions using NIDS submission data	
Rules	Mandatory See Appendix 1 - Insurer Numbers – Approved and Self-Insurers	

C002   Insurer Claim Number

	WA NIDS	XML Schema
Title	Insurer Claim Number	ClaimNumber
Format	Alphanumeric	String
Length	Insurer dependent	Min=1, Max=255
XSD Location	Submission.Claims.Claim	
Description	The number allocated to a claim by the insurer.	
Rules	Mandatory If an Insurer Claim Number is changed the revised Insurer Claim Number must be notified by using the **Revised Insurer Claim Number** field. That revised number MUST then be used when reporting all future activity for that claim.	

C003   WorkCover Claim Number (WCCN)

	WA NIDS	XML Schema
Title	WorkCover Claim Number (WCCN)	WorkCoverClaimNumber
Format	Alphanumeric, in the format of nnnnnnnC, where 'C' is a check digit. The algorithm used to calculate the check digit is available on request from WorkCover WA.	String
Length	8 characters	Min=0, Max=255
XSD Location	Submission.Claims.Claim	
Description	The serial number supplied by WorkCover WA for each new claim notified. Used by WorkCover WA to uniquely identify the claim.	
Rules	**Not required in NIDS submissions for WorkCover WA**.	

C004   Start Date Of Return Period

	WA NIDS	XML Schema
Title	Start Date Of Return Period	ReturnPeriodStartDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim	
Description	Identifies the start date for the period for which the data are supplied.	
Rules	**Not required for WorkCover WA**.	

C005   End Date Of Return Period

	WA NIDS	XML Schema
Title	End Date Of Return Period	ReturnPeriodEndDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim	
Description	Identifies the end date for the period for which the data are supplied.	
Rules	**Not required for WorkCover WA**.	

C006   Policy Number

	WA NIDS	XML Schema
Title	Policy Number	PolicyNumber
Format	Alphanumeric	String
Length	Dependent on the format of the policy number of the insurer	Min=1, Max=255
XSD Location	Submission.Claims.Claim	
Description	The number of the policy to which the claim has been assigned by the insurer	
Rules	Mandatory	

C007 Coverage ID

	WA NIDS	XML Schema
Title	Coverage Id	CoverageReference
Format	Alphanumeric	String
Length	Dependent on the format of the Coverage ID for the insurer	Min=0, Max=255
XSD Location	Submission.Claims.Claim	
Description	The Coverage ID assigns the coverage period to the policy and to the subsequent claim submitted in that coverage period	
Rules	Conditional – required if the Claim is assigned to a Policy coverage period with an Effective Date of 1 January 2014 or later.	

C008 PRC 1993

	WA NIDS	XML Schema
Title	PRC 1993	ANZSIC93Code
Format	Numeric.	String
Length	5 digits.	Min=0, Max=20
XSD Location	Submission.Claims.Claim	
Description	Identifies the ANZSIC 1993-based item number of the risk for the period to which the claim is charged	
Rules	Conditional - to be supplied as a 5-digit Premium Rate Classification as per the relevant WA Government gazette, in accordance with the rules set out in the document NIDS - ANZSIC - WA Supply Guide.docx.	

C129   PRC 2006

	WA NIDS	XML Schema
Title	PRC 2006	ANZSIC06Code
Format	Numeric	String
Length	5 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim	
Description	Identifies the ANZSIC 2006-based item number of the risk for the period to which the claim is charged.	
Rules	Conditional - to be supplied as a 5 digit Premium Rate Classification as per the document WA-Specific PRC 06 codes for WA Workers' Compensation Scheme (on the WorkCover WA website), in accordance with the rules set out in the document NIDS - ANZSIC - WA Supply Guide.docx.	

C009   Shared Claim Code

	WA NIDS	XML Schema
Title	Shared Claim Code	SharedClaimCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim	
Description	To be set if all or part of the costs of the claim are recoverable from any other party	
Rules	Mandatory Codes are: 00 Not Shared 01 Shared, responsible insurer 02 Shared, not responsible insurer Examples of a claim that would be considered 'Shared' are a claim which has been lodged as workers' compensation but then determined to be under Compulsory Third Party insurance, or a claim which has been lodged with more than one insurer due to a dispute/uncertainty in where the liability falls. This includes claims which are lodged with an insurer and then passed on to the nominal insurer. If the insurer is determined to be liable, then the code 01 (Shared, responsible Insurer) should be used, if the insurer is determined not to be liable, then code 02 (Shared, not responsible insurer) applies.	

C010 Record Status Code

	WA NIDS	XML Schema
Title	Record Status Code	RecordStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim	
Description	Indicates if the Claim Details being supplied is notifying a new claim, or an update to a claim that has already been notified to the jurisdiction in a past return.	
Rules	**Not required for WorkCover WA**.	

C011 Revised Insurer Claim Number

	WA NIDS	XML Schema
Title	Revised Insurer Claim Number	RevisedClaimNumber
Format	Alphanumeric	String
Length	Dependent on the format of the insurer claim number of the insurer	Min=0, Max=255
XSD Location	Submission.Claims.Claim	
Description	If an insurer revises a claim number, which was previously reported to the jurisdiction, this data item indicates the new claim number.	
Rules	Conditional – to be supplied if an Insurer Claim Number is changed. The revised number MUST then be used when reporting all future activity for that claim.	

Worker Data

C012   Worker Title

	WA NIDS	XML Schema
Title	Worker Title	Title
Format	Alphanumeric	String
Length	4 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker	
Description	The title of the worker	
Rules	Mandatory The Worker Title field is a text field, not a list of valid titles	

C013   Worker Surname

	WA NIDS	XML Schema
Title	Worker Surname	Surname
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker	
Description	The surname of the Worker.	
Rules	Mandatory	

C014   Worker Given Name

	WA NIDS	XML Schema
Title	Worker Given Name	GivenNames
Format	Alphanumeric	String
Length	50 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker	
Description	The given names of the worker.	
Rules	Mandatory	

C015   Worker Residential Address Line 1

	WA NIDS	XML Schema
Title	Worker Residential Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker Address	
Description	The first line of the address of the Worker's residential address	
Rules	Mandatory	

C016   **Worker Residential Address Line 2**

	WA NIDS	XML Schema
Title	Worker Residential Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker Address	
Description	The second line of the address of the Worker's residential address	
Rules	Conditional – to be supplied if applicable.	

C120   **Worker Residential Address Line 3**

	WA NIDS	XML Schema
Title	Worker Residential Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker Address	
Description	Third line of the address of the Worker's residential address	
Rules	Conditional– to be supplied if applicable.	

C017   Worker Residential Address Suburb

	WA NIDS	XML Schema
Title	Worker Residential Address Suburb	Surburb
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker Address	
Description	The suburb or district of the Worker's residential address	
Rules	Mandatory If C018 (Worker Residential Address State/Territory) is supplied as "OTH" the suburb is not validated.	

C018   Worker Residential Address State/Territory

	WA NIDS	XML Schema
Title	Worker Residential Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Claims.Claim.Worker Address	
Description	The suburb or district of the Worker's residential address	

Rules	Mandatory
	
	Codes are:
	    ACT Australian Capital Territory
	    NSW New South Wales
	    NT Northern Territory
	    QLD Queensland
	    SA South Australia
	    TAS Tasmania
	    VIC Victoria
	    WA Western Australia
	    OTH Other	

C019 **Worker Residential Address Postcode**

	WA NIDS	XML Schema
Title	Worker Residential Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Claims.Claim.Worker Address	
Description	The Postcode of the Worker's residential address	
Rules	Optional	

C020 **Worker Postal Address Line 1**

	WA NIDS	XML Schema
Title	Worker Postal Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The first line of the address of the Worker's postal address	
Rules	Optional	

C021   Worker Postal Address Line 2

	WA NIDS	**XML Schema**
Title	Worker Postal Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The second line of the address of the Worker's postal address	
Rules	Optional	

C121   Worker Postal Address Line 3

	WA NIDS	**XML Schema**
Title	Worker Postal Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The third line of the address of the Worker's postal address	
Rules	Optional	

C022   **Worker Postal Address Suburb**

	WA NIDS	XML Schema
Title	Worker Postal Address Suburb	Suburb
Format	Alphanumeric	String
Length	30 characters Must match a postal suburb name in the Australia Post's suburb, postcode listing.	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The suburb or district of the Worker's postal address	
Rules	Optional	

C023   **Worker Postal Address State/Territory**

	WA NIDS	XML Schema
Title	Worker Postal Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The suburb or district of the Worker's postal address	
Rules	Optional	

C024   Worker Postal Address Postcode

	WA NIDS	XML Schema
Title	Worker Postal Address Postcode	Postcode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Claims.Claim.Worker.PostalAddress	
Description	The postcode of the Worker's postal address	
Rules	Optional	

C025 -   Worker Home Phone Number

	WA NIDS	XML Schema
Title	Worker Home Phone Number	PrivatePhone
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The home telephone number of the worker	
Rules	Optional Note: At least one Worker contact detail (C025, C026, C027, or C028) is expected.	

C026   Worker Mobile Phone Number

	WA NIDS	XML Schema
Title	Worker Mobile Phone Number	Mobile
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The mobile telephone number of the worker	
Rules	Optional <u>Note</u>: At least one Worker contact detail (C025, C026, C027, or C028) is expected.	

C027   Worker Work Phone Number

	WA NIDS	XML Schema
Title	Worker Work Phone Number	Phone
Format	Numeric	String
Length	10 characters	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The work telephone number of the worker	
Rules	Optional <u>Note</u>: At least one Worker contact detail (C025, C026, C027, or C028) is expected.	

C028   Worker Email Address

	WA NIDS	XML Schema
Title	Worker Email Address	EmailAddress
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.Worker.ContactDetails	
Description	The email address of the worker	
Rules	Optional Note: At least one Worker contact detail (C025, C026, C027, or C028) is expected.	

C029   Worker Date Of Birth

	WA NIDS	XML Schema
Title	Worker Date Of Birth	DateOfBirth
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.Worker	
Description	The date of birth of the Worker.	
Rules	Optional	

C030   Worker Gender

	WA NIDS	XML Schema
Title	Worker Gender	Gender
Format	Alphabetic	String
Length	1 character	Min=0, Max=50
XSD Location	Submission.Claims.Claim.Worker	
Description	The gender of the worker	

Rules	Optional
	
	Codes are:
	    M Male
	    F Female	

C031   Worker Preferred Language

	WA NIDS	XML Schema
Title	Worker Preferred Language	PreferredLanguageCode
Format	Numeric	String
Length	4 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.Worker	
Description	The preferred language of the worker (coded using the Australian Standard Classification of Languages (ASCL) Note: WorkCover WA has used both Table 1.3 and Table 2 of this ABS Standard document to construct its reference list.	
Rules	Mandatory	

C124   Worker Dependants

	WA NIDS	XML Schema
Title	Worker Dependants	NumberOfDependants
Format	Numeric	Integer
Length	2 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.Worker	
Description	The number of dependants of the worker, applies only to fatal claims	
Rules	Conditional – to be supplied for a fatal claim, if applicable.	

Employment details

C032   **Duty Status Code**

	WA NIDS	**XML Schema**
Title	Duty Status Code	DutyStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The duty status of the Worker at the time of injury or disease.	

Rules	Mandatory
	
	Codes are:
	    01 At Work – at Normal Workplace
	    02 At Work - Road Traffic Accident
	    03 At work - on break
	    04 Commuting/journey
	    05 Away from work during recess break
	    06 At work – working away from normal workplace
	    09 Other
	    11 Working at home
	
	Occupational diseases of long latency should be coded to Duty Status "01" by default unless sufficient information is available which will enable distinction between codes "01" and "06". For occupational diseases of short latency (e.g., a needle stick injury leading to a hepatitis infection) the Duty Status at the time of the occurrence that led to the disease should be coded.	

C033   **Employment Status Code**

	WA NIDS	XML Schema
Title	Employment Status Code	EmploymentStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The employment status of the Worker at the time of the injury or disease	
Rules	Mandatory Codes are: 01 Direct worker 02 Working Director 03 Contractor 04 Worker of Contractor 05 Sub Contractor 06 Labour hire worker 07 Apprentice/Trainee 09 Other	

C034 **Employment Type Code**

	WA NIDS	XML Schema
Title	Employment Type Code	EmploymentTypeCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The employment type of the Worker at the time of the injury or disease.	

Rules	Mandatory
	
	Codes are:
	    01 Permanent
	    02 Temporary
	    03 Casual
	    04 Temporary Overseas Visa Worker
	    09 Other	

C035   Full/Part Time Code

	WA NIDS	**XML Schema**
Title	Full/Part Time Code	FullTimeOrPartTimeEmployment
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	To identify whether the Worker was employed full or part time at the time of the injury or disease.	

Rules	Mandatory
	
	Codes are:
	    01 Full time
	    02 Part time	

C036   Worker's Occupation Narrative

	WA NIDS	**XML Schema**
Title	Worker's Occupation Narrative	OccupationNarrative
Format	Alphanumeric	String
Length	50 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The occupation description of the worker and the main tasks or duties performed, for coding to the Australian and New Zealand Standard Classification of Occupations (ANZSCO)	
Rules	Mandatory	

C037   Worker's Occupation Code

	WA NIDS	XML Schema
Title	Worker's Occupation Code	ANZSCOCode
Format	Numeric	String
Length	4 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The Australian and New Zealand Standard Classification of Occupations (ANZSCO) code for the worker's occupation at the time of the injury or reporting of the occupational disease	
Rules	Optional	

C038   Hours Worked Per Day

	WA NIDS	XML Schema
Title	Hours Worked Per Day	HoursWorkedPerDay
Format	Numeric	Integer
Length	4 digits, as HHMM	Min=0, Max=4
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The number of hours and minutes usually worked each day (including overtime) by the injured worker at the date of occurrence	
Rules	Mandatory	

C039   Hours Worked Per Week

	WA NIDS	XML Schema
Title	Hours Worked Per Week	HoursWorkedPerWeek
Format	Numeric	Integer
Length	5 digits, as HHHMM	Min=0, Max=5
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The number of hours and minutes usually worked each week by the injured worked at the date of occurrence.	
Rules	Mandatory	

C040   Normal Weekly Earnings

	WA NIDS	XML Schema
Title	Normal Weekly Earnings	PreInjuryWeeklyEarnings
Format	Numeric	Decimal
Length	7digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The normal weekly earnings of the worker at the time of the injury or disease. Equals Amount A, if the worker's earnings were prescribed by an industrial award or enterprise bargaining agreement when the disability occurred, or Amount B if Amount A does not apply, as set out in Schedule 1 of the Act.	
Rules	Conditional – required only for Time Lost Claims	

C041 **Ordinary Time Rate Of Pay Per Week**

	WA NIDS	XML Schema
Title	Ordinary Time Rate Of Pay Per Week	OrdinaryWeeklyPay
Format	Numeric	Decimal
Length	7 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The ordinary time rate of pay per week (Gross) of the worker at the time of the injury or disease. This relates to the payment to the worker for the work in which, and the hours during which, he/she was engaged immediately before the period of incapacity	
Rules	Optional	

C042 **Date Worker Started Employment**

	WA NIDS	XML Schema
Title	Date worker started employment	EmploymentStartDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.EmploymentDetails	
Description	The date the Worker started employment with the Employer against whom this Claim is made.	
Rules	Optional	

Employer Data

C043 Employer ABN

	WA NIDS	XML Schema
Title	Employer ABN	ABN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	A number allocated by the Australian Business Register. The ABN is used to provide a unique number to an insured entity. It relates to the 'employer' covered by the policy.	
Rules	Optional	

C125 Employer ACN

	WA NIDS	XML Schema
Title	Employer ACN	ACN
Format	Alphanumeric	String
Length	11 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The Australian Company Number (ACN) of the employer.	
Rules	Optional	

C127 WorkCover Number

	WA NIDS	XML Schema
Title	WorkCover Number	WorkcoverNumber
Format	Alphanumeric, in the format of WCnnnnnnnC, where 'C' is a check digit allocated by the jurisdiction. The algorithm used to calculate the check digit is available on request.	String
Length	10 Digits	Min=0, Max=n/a
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	A unique number allocated by WorkCover WA to an insured entity. It relates to the 'employer' covered by the policy, and may therefore involve more than one legal entity (eg, a partnership of individuals or companies) if they are covered by the one policy.	
Rules	Mandatory	

C044 Employer Trading Name

	WA NIDS	XML Schema
Title	Employer Trading Name	TradingName
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=1024
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The trading name of an employer.	
Rules	Optional	

C045 **Employer Contact Name**

	WA NIDS	XML Schema
Title	Employment Contact Name	ContactName
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The contact name for the employer	
Rules	Optional	

C046 **Employer Contact Position**

	WA NIDS	XML Schema
Title	Employer Contact Position	ContactPosition
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The position of the employer contact	
Rules	Optional	

C047   **Employer Contact Phone Number**

	WA NIDS	XML Schema
Title	Employer Contact Phone Number	ContactDetails
Format	Numeric	String
Length	10 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.EmployerDetails	
Description	The phone number of the employer contact	
Rules	Optional	

Claim Management Details

C048   Date Of Occurrence

	WA NIDS	XML Schema
Title	Date Of Occurrence	OccurrenceDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date when the original injury occurred or, if unknown or indeterminate, the date it was reported to the employer (except for an industrial disease – see below).	
Rules	Mandatory For a long onset condition (e.g., an Industrial Disease) use the date of last exposure for the worker during the insurer's period of risk for that employer, or the last day of the insurer's period of risk for that exposure for that employer, whichever is earlier. Note that this definition differs from that used for a Memorandum of Agreement, which requires the Determination Date as the "Date of Accident". If the injury or disease re-occurs, supply the date of the original injury or disease, not the date of recurrence.	

C049 Date Insurer Notified Of Injury

	WA NIDS	XML Schema
Title	Date Insurer Notified Of Injury	InjuryNotificationDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	Identifies the Date for when the insurer was notified of the incident or potential claim.	
Rules	Mandatory	

C050 Date Claim Received By Employer

	WA NIDS	XML Schema
Title	Date Claim Received By Employer	ClaimReceivedByEmployerDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date the claim form was first received by the employer	
Rules	Mandatory	

C051   Date Medical Certificate Received By Employer

	WA NIDS	XML Schema
Title	Date Medical Certificate Received By Employer	MedicalCertificateReceivedByEmployerDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date the First Medical Certificate was received by the employer.	
Rules	Optional	

C052   Date Insurer Notified Of Claim

	WA NIDS	XML Schema
Title	Date Insurer Notified of Claim	ClaimNotificationDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	Identifies the Date for when the insurer was notified of the claim.	
Rules	Mandatory	

C053　　　Date Claim Received By Insurer

	WA NIDS	XML Schema
Title	Date Claim Received By Insurer	ClaimReceivedByInsurerDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	Identifies the Date for when the insurer first received the Claim from the employer.	
Rules	Mandatory	

C054   Injury Management Program Type

	WA NIDS	XML Schema
Title	Injury Management Program Type	InjuryManagementProgramType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	Indicates whether the employer's responsibility to initiate a Return to Work Program has been delegated to the employer's Insurer, either for this Claim only, or for all claims under the Policy to which this Claim is charged.	

Rules	Mandatory
	
	Codes are:
	  01 Insurer
	  02 Employer (default)	

C055   Extent of Incapacity Code

	WA NIDS	XML Schema
Title	Extent of Incapacity Code	IncapacityCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	Indicates the outcome of the injury or disease as assessed by the insurer and the doctor.	
Rules	Mandatory Codes are: 01 Death 02 Temporary Incapacity 03 Permanent Incapacity - Partial 04 Permanent Incapacity – Total 05 No Incapacity at any Time – Worker Not Injured 06 No Incapacity at any Time – Worker Injured The term "incapacity" refers to capacity for any work, either in the worker's pre-injury duties or any other. Should be updated as the claim progresses if there is any change to the worker's condition, for example an injury that was initially considered a temporary incapacity may later become permanent.	

C056 **Date Of Death**

	WA NIDS	XML Schema
Title	Date Of Death	DeathDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date of death of the worker	
Rules	Conditional – required for a fatal claim.	

C057 **Date Claim Finalised**

	WA NIDS	XML Schema
Title	Date Claim Finalised	ClaimFinalisedDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The latest date the claim was finalised	
Rules	Conditional – required/updated when a claim is finalised. A claim is finalised when, in the judgment of the insurer, there will not be any further liability to pay compensation both pursuant to the Act and at common law. Must not be reset if the Claim is reopened – it should be left as the last Date Claim Finalised (until re-finalised, when it will be updated)	

C058   Date Of Recurrence

	WA NIDS	XML Schema
Title	Date Of Recurrence	RecurrenceDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date of the recurrence of the worker's injury or disease	
Rules	Conditional - should be completed where the medical certificate indicates a recurrence or aggravation. This date would generally be the date indicated in the 'stated cause' section of the medical certificate as the date the incident occurred on or the disease became evident. Is intended to capture recurrence information within the same claim record without replacing the original	

C059   Date Reopened

	WA NIDS	XML Schema
Title	Date Reopened	ReopenedDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The date the claim was last reopened.	
Rules	Conditional – to be supplied/updated when a claim is reopened.	

C060   Weekly Benefit Rate

	WA NIDS	XML Schema
Title	Weekly Benefit Rate	WeeklyBenefitRate
Format	Numeric	Decimal
Length	7 digits	Min=n/a, Max=20
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The Weekly Benefit Rate actually paid to the worker.	
Rules	Conditional – to be supplied when a worker is paid Weekly Payments (Payment Type Code '01').	

C061   Claim Status Date

	WA NIDS	XML Schema
Title	Claim Status Date	ClaimStatusDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a; Max=n/a
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The latest date the insurer accepted or rejected the claim, or otherwise recorded a change in the Claim Status Code	
Rules	Conditional – required <u>except</u> for the initial (opening) pending status of the claim, when it should <u>not</u> be supplied. <u>Note</u> also that if a Claim is 're-pended' (e.g., for reconsideration), after having already been accepted or rejected, this date <u>should</u> be supplied.	

C062   **Claim Status Code**

	WA NIDS	XML Schema
Title	Claim Status Code	ClaimStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	To indicate the latest status of a claim	

Rules	Mandatory
	
	Codes are:
	    01 Accepted
	    02 Pending
	    03 Rejected
	    04 Withdrawn
	    05 Invalid Claim
	    06 Paid Without Prejudice – WA Only – to be used, <u>when relevant</u>, instead of codes '01' and '03'.
	
	Whenever the status of a claim changes, an insurer/self-insurer must update the Claim Status Code. For example, if a decision on liability is made between receiving a claim and submitting the data return, the relevant Claim Status Code must be provided. Finalised claims must not have a "Pending" status.
	All claims, except "Invalid Claims" (05), may have incurred costs.	

01	Accepted	Includes: - Claims where a decision has been made by an insurer/self-insurer to accept liability. - Claims where an Arbitrator has determined the insurer or self-insurer is liable. - Claims where the original injury has been accepted and a secondary condition subsequently develops (for example psychological injury).
02	Pending	Includes: - New and existing claims where a decision on liability has not been made by an insurer/self-insurer. Excludes: - Claims where a final determination of liability has been made (the status should be changed to reflect that decision). - Claims that have been finalised.
03	Rejected	Includes: - Claims where liability has been declined. - Claims where an Arbitrator has determined the insurer or self-insurer is not liable.
04	Withdrawn	Includes: - Claims where an injured worker has formally withdrawn their claim.

	05	Invalid Claim	Includes:

Includes:
- Claims incorrectly raised and unable to be excluded from the data return.
- Claims raised under the wrong policy.
- Claims incorrectly raised twice.

Excludes:
- Claims with incurred costs (a different code must be selected).

	06	Paid Without Prejudice	Includes:

Includes:
- Claims where no liability decision has been made but a decision has been made by an insurer/self-insurer (including by Internal Dispute Resolution Process) to partially or wholly pay a claim on a "without prejudice" basis.

Excludes:
- Claims where a decision is made to make payments in anticipation of liability being accepted, but before a claim status has been formally established (see "Pending").
- Claims where the original injury is accepted and a secondary condition subsequently develops (for example psychological injury). In this instance the claim status should remain "Accepted".

C063   Common Law Involvement

	WA NIDS	XML Schema
Title	Common Law Involvement	CommonLawInvolvement
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The type of Common Law involvement in a claim with regard to potential or actual Common Law payment.	
Rules	Mandatory Codes are: 00 No current/expected Common Law involvement 01 Common Law estimate raised by insurer 02 Writ Issued 03 Common Law finalised (settlement or judgement) A 'Common Law' claim is any claim for which an action for damages has been/was commenced after an election was registered with WorkCover WA. However, in the context of this data item, the value "01" would be expected if: • the type of injury/circumstances of the Claim indicates that there is a high likelihood of it proceeding to Common Law, • a Civil Proceedings application had been made and was not yet resolved, or was in dispute, or • an election had been made but the action had not yet commenced. The value '01' may be re-set to other, more appropriate, values if the situation changes over time, including to '00' if the insurer/self-insurer's subsequent assessment indicates that there is no longer any Common Law potential, or the Claim is settled under section 92(f) without the above 'Common Law' criteria being fulfilled. If a Common Law action made by a worker fails or ceases for whatever reason (dismissed, withdrawn, etc) this data item should <u>not</u> be re-set to '00', as its use indicates the 'origin' of the Common Law involvement of the claim.	

C064   Common Law Outcome

	WA NIDS	XML Schema
Title	Common Law Outcome	CommonLawOutcome
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The type of Common Law outcome of a claim identified as having Common Law involvement.	
Rules	Mandatory Codes are: 00 Not Applicable 01 Pending 02 Settlement 03 Judgement 04 Withdrawn 05 Dismissed 06 Lapsed A 'Common Law claim' is any claim for which an action for damages was commenced after an election was registered with WorkCover WA. Therefore, for example, this data item is not applicable to those Section 92(f) settlements for which these criteria were not fulfilled. It should be set to '00' if there is no Common Law involvement (as indicated by the data item Common Law Involvement being set to '00'). The value "01" (Pending) is to be used when there is Common Law Involvement indicated (the data item Common Law Involvement being set to "01" Common Law estimate raised by insurer" or "02" Writ Issued), but the outcome has not yet been decided.	

The value "02" (Settlement) is to be used when the above criteria were met and the worker has been awarded an amount for damages by consent of the parties for negligence that is payable under the employer's indemnity insurance policy. Includes applicable Section 92(f) settlements.

The value "03" (Judgement) is to be used when when the above criteria were met and the worker has been awarded an amount for damages by the District Court for negligence that is payable under the employer's indemnity insurance policy.

The value "04" (Withdrawn) is to be used when the worker withdraws a Common Law action in the District Court. It is not to be used to indicate the withdrawal of a Civil Proceedings application for registration of the level of disability.

The value "05" (Dismissed) is to be used when the worker's Common Law action is dismissed by the District Court. It is not to be used to indicate the rejection of a Civil Proceedings application for registration of the level of disability.

The value "06" (Lapsed) is to be used when the worker's ability to initiate a Common Law action in the District Court lapses due to the passage of time

Values "02" and "03" are to be used (when applicable) even if there is no net residual amount paid under the Settlement or Judgement due to adjustments for amounts already paid in workers' compensation payments.

C065   Common Law Provision

	WA NIDS	XML Schema
Title	Common Law Provision	CommonLawProvision
Format	Numeric	Decimal
Length	10 digits	Min=n/a, Max=20
XSD Location	Submission.Claims.Claim.ClaimManagementDetails	
Description	The common law case estimate for the claim.	
Rules	Conditional – to be supplied when the Common Law Involvement code is other than '00'. Should be updated once the Common Law Outcome is known and supplied, together with a revision of the Estimated Total Payments, to reflect any change in perspective of the liability for the claim. It is designed to be a component of the total estimate, irrespective of what has been paid, it should not be zeroed unless the claim is no longer a Common Law claim.	

Workplace Details

C066   **Workplace ANZSIC 1993**

	WA NIDS	XML Schema
Title	Workplace ANZSIC 1993	WorkplaceIndustryANZSIC93Code
Format	Numeric	String
Length	5 Digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.WorkplaceDetails	
Description	Industry of workplace (ANZSIC Classification 93) Relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease	
Rules	Optional	

C128   Workplace ANZSIC 2006

	WA NIDS	XML Schema
Title	Workplace ANZSIC 2006	WorkplaceIndustryANZSIC06Code
Format	Numeric	String
Length	5 digits	Min=0, Max=20
XSD Location	Submission.Claims.Claim.WorkplaceDetails	
Description	Industry of workplace (ANZSIC Classification 2006) Relates to the main activity of the establishment at which the worker was injured or experienced the exposure resulting in disease	
Rules	Optional	

C067   Workplace Address Line 1

	WA NIDS	XML Schema
Title	Workplace Address Line 1	AddressLine1
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The first line of the address of the location of incident occurrence.	
Rules	Optional	

C068 **Workplace Address Line 2**

	WA NIDS	XML Schema
Title	Workplace Address Line 2	AddressLine2
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The second line of the address of the location of incident occurrence	
Rules	Optional	

C122 **Workplace Address Line 3**

	WA NIDS	XML Schema
Title	Workplace Address Line 3	AddressLine3
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The third line of the address of the location of incident occurrence	
Rules	Optional	

C069   **Workplace Address Suburb**

	WA NIDS	XML Schema
Title	Workplace Address Suburb	Surburb
Format	Alphanumeric	String
Length	30 characters	Min=0, Max=200
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The suburb or district of the location of incident occurrence	
Rules	Mandatory If C070 (Workplace Address State/Territory) is supplied as "OFF" the Workplace Address Suburb will not be validated.	

C070   Workplace Address State/Territory

	WA NIDS	XML Schema
Title	Workplace Address State/Territory	State
Format	Alphabetic	String
Length	3 characters	Min=0, Max = n/a (validated as below)
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The State or Territory of the location of incident occurrence	
Rules	Optional Codes are: 　　ACT　Australian Capital Territory 　　NSW　New South Wales 　　NT　　Northern Territory 　　QLD　Queensland 　　SA　　South Australia 　　TAS　Tasmania 　　VIC　Victoria 　　WA　　Western Australia 　　OFF　Offshore/Migratory in airplane	

C071   **Workplace Address Postcode**

	WA NIDS	**XML Schema**
Title	Workplace Address Postcode	PostCode
Format	Numeric	String
Length	4 characters	Min=0, Max=4
XSD Location	Submission.Claims.Claim.WorkplaceDetails.InjuryAddress	
Description	The postcode of the location of incident occurrence	
Rules	Optional	

Injury Details

C072   **Incident Description Narrative**

	WA NIDS	XML Schema
Title	Incident Description Narrative	EventDescription
Format	Alphanumeric	String
Length	225 characters	Min=0, Max=1000
XSD Location	Submission.Claims.Claim.InjuryDetails	
Description	The worker's description of what actually happened and what caused the occurrence. Including what action was involved eg. – Fall, caught between, struck by moving object.	
Rules	Mandatory Include as much detail as possible to describe the circumstances of the incident/injury, avoid using abbreviations and brand names or models of machinery, specify the actual type of machinery or equipment involved	

C073 Mechanism Of Incident Code

	WA NIDS	XML Schema
Title	Mechanism Of Incident Code	Mechanism
Format	Numeric	String
Length	2 digits TOOCS 3.1	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The *mechanism of incident* classification is intended to identify the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease.	
Rules	Optional	

C074 Agency Of Injury/Disease Code

	WA NIDS	XML Schema
Title	Agency Of Injury/Disease Code	Agency
Format	Numeric	String
Length	4 digits TOOCS 3.1	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The agency of injury/disease refers to the object, substance or circumstance directly involved in inflicting the most serious injury or disease.	
Rules	Optional	

C075 **Breakdown Agency Code**

	WA NIDS	XML Schema
Title	Breakdown Agency Code	BreakdownAgency
Format	Numeric	String
Length	4 digits TOOCS 3.1	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The breakdown agency of injury/disease is intended to identify the object, substance or circumstance that was principally involved in, or most closely associated with, the point at which things started to go wrong and which ultimately led to the most serious injury or disease.	
Rules	Optional	

C076 **Most Serious Injury/Disease Narrative**

	WA NIDS	XML Schema
Title	Most Serious Injury/Disease Narrative	InjuryDescription
Format	Alphanumeric	String
Length	100 characters	Min=0, Max=500
XSD Location	Submission.Claims.Claim.InjuryDetails.	
Description	The worker's description of the most serious injury or disease caused by the occurrence eg. Fracture, burn, cut, abrasion	
Rules	Mandatory	

C077   Nature Of Injury/Disease Code

	WA NIDS	XML Schema
Title	Nature Of Injury/Disease Code	Nature
Format	Numeric	String
Length	3 digits TOOCS 3.1	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The nature of injury/disease is intended to identify the most serious injury or disease sustained or suffered by the worker. The injury or disease suffered is generally physical although the classification includes categories for mental illness.	
Rules	Optional	

C078   Bodily Location Of Injury/Disease Narrative

	WA NIDS	XML Schema
Title	Bodily Location Of Injury/Disease Narrative	BodilyLocationDescription
Format	Alphanumeric	String
Length	50 characters	Min=0, Max=100
XSD Location	Submission.Claims.Claim.InjuryDetails.	
Description	The worker's description of the bodily location of the injury or disease eg Upper arm, ankle, eye	
Rules	Mandatory	

C079 Bodily Location Of Injury/Disease Code

	WA NIDS	XML Schema
Title	Bodily Location Of Injury/Disease Code	BodyLocation
Format	Numeric	String
Length	3 digits TOOCS 3.1	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryDetails.TOOCS31	
Description	The bodily location of injury/disease is intended to identify the part of the body affected by the most serious injury or disease.	
Rules	Optional	

Injury Manangement Status

C082   Primary Provider Number

WA NIDS		XML Schema
Title	Primary Provider Number	PrimaryPractionerProviderNumber
Format	Alphanumeric	String
Length	13 characters (up to)	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The primary treating medical practitioner is the medical provider chosen by an injured worker to participate in the injury management process. It is usually the injured worker's own general practitioner. It is preferable that the provider's AHPRA number be recorded but if this is not available then the unique number allocated by Medicare to the provider.	
Rules	Optional	

C131   Medical Certificate ID

WA NIDS		XML Schema
Title	Medical Certificate ID	MedicalCertificateReference
Format	Unique reference number/ID allocated by insurer for each Medical certificate	String
Length	Insurer dependant	Min=1, Max=255
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	Unique reference number/ID allocated by insurer for each medical certificate.	
Rules	Conditional – required when Medical Certificate details are supplied.	

C083 Date Of Medical Certificate

	WA NIDS	XML Schema
Title	Date Of Medical Certificate	MedicalCertificateDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	The Date of Examination shown on the Workers' Compensation medical certificate received for the worker (whether it is an Initial or Continuing/Final certificate).	
Rules	Conditional – required when Medical Certificate details are supplied	

C084 Medical Certificate Provider Number

	WA NIDS	XML Schema
Title	Medical Certificate Provider Number	IssuerProviderNumber
Format	Alphanumeric	String
Length	13 characters	Min=0, Max=20
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	A unique number allocated by AHPRA to identify the provider supplying the medical certificate.	
Rules	Optional	

C085   Capacity To Work At Medical Certificate

	WA NIDS	XML Schema
Title	Capacity To Work At Medical Certificate	CapacityToWorkCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.MedicalCertificateDetails.MedicalCertificateDetail	
Description	The capacity to work as shown on the Workers' Compensation medical certificate received for the worker (whether it is a Initial or Continuing/Final certificate) or other indication of the worker's fitness for work (e.g., report).	
Rules	Conditional - required when Medical Certificate details are supplied. Codes are: 01 Fit for pre-injury duties, including fit but requiring further treatment. 02 Fit for restricted return to work or for alternative duties. 03 Unfit for work.	

C086 **Date Work Status Changed**

	WA NIDS	XML Schema
Title	Date Work Status Changed	ChangeDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail	
Description	The date of the most recent change to the worker's Work Status.	
Rules	Conditional – required when Work Status details are supplied	

C087   Work Status

	WA NIDS	XML Schema
Title	Work Status	WorkStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail	
Description	The worker's last known work status.	
Rules	Conditional – required when Work Status is initially determined or is updated. Codes are: 01 Maintained at Work 02 Return to Work – Full Hours 03 Return to Work – Partial Hours 04 Not Working – Injury Related 05 Not Working – Other Reason 06 Unknown – Failure to Provide a Medical Certificate 09 Unknown – Other	

C130 Work Status Update ID

	WA NIDS	XML Schema
Title	Work Status Update ID	WorkStatusUpdateReference
Format	Unique reference number/ID allocated by insurer for each work status update.	String
Length	Insurer dependant	Min=1, Max=255
XSD Location	Submission.Claims.Claim.InjuryManagementDetails.WorkStatusUpdateDetails.WorkStatusUpdateDetail	
Description	Insurer dependant	
Rules	Conditional – required when Work Status details are supplied	

C088 **Return To Work Plan Status**

	WA NIDS	XML Schema
Title	Return To Work Plan Status	ReturnToWorkProgramStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The latest status of the worker's Return to Work (RTW) plan	
Rules	Mandatory Codes are: 00 RTW Plan Not Applicable 01 RTW Plan Applicable but Not in Place 02 RTW Plan Agreed 03 Plan Commenced 04 RTW Plan Completed 05 RTW Plan Cancelled 09 RTW Plan Status Unknown/Not Yet Known	

C089   Return To Work Plan Goal/Outcome

	WA NIDS	XML Schema
Title	Return To Work Plan Goal/Outcome	ReturnToWorkPlanCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The latest goal, or final outcome, of the worker's Return to Work (RTW) Plan.	
Rules	Mandatory Codes are: 00 RTW Plan Not Applicable 01 Same Employer – Same Job 02 Same Employer – Modified Job 03 Same Employer – New Job 04 New Employer – New Job 05 Not Resuming Work 09 RTW Plan Goal/Outcome Unknown	

C090 **Injury Management Plan Status**

	WA NIDS	XML Schema
Title	Injury Management Plan Status	InjuryManagementPlanStatusCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The latest status of the worker's Injury Management (IM) plan	

Rules	Optional
	
	Codes are:
	    01 In place
	    02 Not in place	

C091   Whole Person Impairment Type

	WA NIDS	XML Schema
Title	Whole Person Impairment Type	WholePersonImpairmentType
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The type of whole person impairment	

Rules	Mandatory
	
	Codes are:
	    00 Nil
	    01 Physical
	    02 Industrial Deafness
	    03 Psychological	

C092   **Whole Person Impairment Percentage**

	WA NIDS	XML Schema
Title	Whole Person Impairment Percentage	WholePersonImpairmentPercentage
Format	Numeric	Integer
Length	3 digits	Min=0, Max=100
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The percentage of whole person impairment	
Rules	Conditional – required when a whole of person impairment percentage is determined or agreed, and when C063 (Common Law Involvement) is supplied as either '02' or '03'.	

C093   **Date Of Determination**

	WA NIDS	XML Schema
Title	Date Of Determination	DeterminationDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The date of determination or agreement of whole person impairment	
Rules	Conditional – required when a whole of person impairment percentage is determined or agreed.	

C094 Deafness Percentage

	WA NIDS	XML Schema
Title	Deafness Percentage	DeafnessPercentage
Format	Numeric	Integer
Length	3 digits	Min=0, Max=100
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The % of deafness for the whole person impairment	
Rules	Conditional – required when appropriate.	

C095 Total Payments Estimated

	WA NIDS	XML Schema
Title	Total Payments Estimated	TotalEstimatedPayments
Format	Numeric	Decimal
Length	10 digits	Min=n/a, Max=20
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The insurers' latest case estimate of the total amount of compensation (weekly payments lump sum payments, treatments, etc) and non-compensation (legal costs transport etc) likely to be paid. Amount should be total estimate, regardless of any payments already made.	
Rules	Mandatory	

C097   Total Time Lost Estimated

	WA NIDS	XML Schema
Title	Total Time Lost Estimated	TotalEstimatedTimeLost
Format	Numeric	Integer
Length	7 digits – (HHHHHMM)	Min=n/a, Max=7
XSD Location	Submission.Claims.Claim.InjuryManagementDetails	
Description	The total number of hours and minutes lost for which it is estimated any party will pay compensation.	
Rules	Mandatory	

C999   Team Number

	WA NIDS	XML Schema
Title	Team Number	TeamNumber
Format	Alphanumeric	String
Length	3 characters	Min=0, Max=3
XSD Location	Submission Claims Claim	
Description	Any set of codes the insurer uses to describe segments of their operation. Can be used to filter and sort feedback.	
Rules	Optional	

Claim Payments

C096   Total Payments Actual

	WA NIDS	**XML Schema**
Title	Total Payments Actual	TotalActualPayments
Format	Numeric.	Decimal
Length	10 digits	Min=n/a, Max=20
XSD Location	Submission.Payments.Payment	
Description	The total amount of all payments for this claim.	
Rules	Mandatory	

C098   Total Time Lost Actual

	WA NIDS	**XML Schema**
Title	Total Time Lost Actual	TotalActualTimeLost
Format	Numeric	Integer
Length	7 digits – (HHHHHMM)	Min=n/a, Max=8
XSD Location	Submission.Payments.Payment	
Description	The total number of hours and minutes lost for which any party paid compensation for this claim.	
Rules	Conditional (required only when time is actually lost and re-imbursed)	

C099   Insurer Payment ID

	WA NIDS	XML Schema
Title	Insurer Payment ID	PaymentReference
Format	Alphanumeric	String
Length	X digits – As determined by the individual insurer	Min=1, Max=255
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The insurer's unique payment ID for the specific payment transaction.	
Rules	Mandatory	

C100 Payment Type Code

	WA NIDS	XML Schema
Title	Payment Type Code	PaymentTypeCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The payment category to which the payment belongs	

Rules	Mandatory
	Codes are:
	01 Weekly Payment
	02 Fatal Weekly Payment
	03 Fatal Lump Sum Payment
	04 Fatal Other Payment
	05 Medical Practitioner or Specialist Payment
	06 Hospital Expense Payment
	07 Other Treatment or Appliance Payment
	08 Vocational Rehabilitation Payment
	09 Allied Health Payment
	10 Common Law Payment
	11 Permanent Impairment Payment
	12 Redemption Payment
	13 Negotiated Settlement Payment
	14 Worker Legal Expense Payment
	15 Insurer Legal Expense Payment
	16 Investigation Expense Payment
	17 Miscellaneous Payment
	NOTES (in the WA context):
	01 - Weekly Payment
	• Weekly payment of compensation made to the worker whilst totally or partially incapacitated in the form of weekly earnings under clauses 11, 12, 13, 14 and 16, payments made for absences from work for

medical attendance under clause 10, and payments made for board and lodging under clause 15 of Schedule 1 of the Act.

- Also includes weekly payments of the supplementary amount made under Schedule 5 clause 2 of the Act.

- Amounts should be reported as gross amounts.

  Includes - full payments, partial payments, make-up payments

  Excludes - fatal weekly payments to spouse or dependants (code as 02 - Fatal Weekly Payment)

02 – Fatal Weekly Payment

- The total paid, in the form of weekly payments to, or in trust for, a dependent spouse/partner or dependent children due to the death of a worker.

03 - Fatal Lump Sum Payment

- The total paid, in the form of a lump sum to, or in trust for, a dependent spouse/partner or dependent children due to the death of a worker.

04 - Fatal Payment Other

- Funeral expenses and counselling services to deceased worker's family.

05 – Medical Practitioner or Specialist

- Costs of services (treatment & reports) rendered by registered medical practitioners, regardless of whether the services were rendered in a hospital or clinical environment, including outpatient charges for doctors. Registered medical practitioners are defined as:
  - General practitioners
  - Psychiatrists
  - Surgeons
  - Radiologists

Includes:

- Payments made to Specialists (eg: orthopaedic surgeons, dentists, psychiatrists) to whom the Medical/General Practitioner refers the injured worker. It includes consultation and treatment expenses rendered by Specialists.
- <mark>Payments to Rheumatologists</mark>.

Excludes:

- Costs incurred for the preparation of medical reports for the purposes of legal proceedings (code as 15 - Insurer Legal Expense)
- Costs incurred for the preparation of medical reports for the purposes of administration (code as 16 - Investigation Expenses)

06 – Hospital Expense

- All costs related to public and private hospital visits except those amounts which are identified on the hospital account but which belong to other categories of payment.

Includes:

- Cost of bed, operating theatre and other hospital facilities
- Outpatient charges billed by hospitals

Excludes:

- The cost of medical and like services provided in an outpatient environment and billed by a practitioner in private practice (code as 05 – Medical Practitioner or Specialist or code 09 - Allied Health)

07 – Other treatment or appliance payment

- Any other benefits paid or goods provided to an injured worker not reported elsewhere.

Includes:

- Prescriptions, medical and surgical supplies
- Provision, maintenance, repair, adjustment or replacement of aids and appliances (including artificial limbs, eyes or teeth)
- Costs incurred on account of home help, for example cleaners

- Home and vehicle modifications
- Miscellaneous, repair or replacement of damaged clothing
- Road accident rescue services

08 – Vocational Rehabilitation

- All costs relating to workplace rehabilitation services made under Clause 17(1a) of Schedule 1 of the *Workers' Compensation and Injury Management Act 1981* in relation to workers who have suffered a disability under the Act.

  Includes:

  - Initial workplace rehabilitation assessment
  - Assessment of the functional capacity of a worker
  - Workplace assessment
  - Job analysis
  - Advice concerning job modification
  - Rehabilitation counselling
  - Vocational assessment
  - Advice or assistance in relation to job seeking
  - Advice or assistance in arranging vocational re-education or training
  - Modifications to workplace
  - Any other service that is prescribed by the regulations

09 – Allied Health Payment

- Payments relating to medical services.

  Including but not limited to:

  - Dentists
  - Chiropractors
  - Optometrists
  - Osteopaths
  - Psychologists
  - Physiotherapists

- Podiatrists
- Nursing services
- Paramedics
- Ambulance
- Occupational therapists

Excludes - treatments provided as vocational rehabilitation.

10 – Common Law

- The total economic (loss of future earnings, loss of superannuation, legal expenses and future medical costs) and non-economic loss (pain and suffering) components of a common law settlement or judgment.

  Excludes – payments of lump sums where the claim is settled by an agreement under Section 92(f) of the *Workers' Compensation and Injury Management Act 1981* (which should be coded to Payment Type Code 13 – Negotiated Lump Sum Settlement) – regardless of whether made as a Common Law settlement or not.

11 – Permanent Impairment Payment

- Payments for permanent impairment (physical, psychological, industrial deafness).

  Includes:

  - Payment paid to a worker as a result of an injury that has lead to a permanent loss of the use of part of the body mentioned in the 'Table of Compensation Payable' (i.e. Schedule 2 of the *Workers' Compensation and Injury Management Act 1981*).

12 - Redemption

- Payments relating to the commutation of statutory benefits included in Schedule 1 of the *Workers' Compensation and Injury Management Act 1981*

13 - Negotiated Lump Sum Settlement

- <mark>All</mark> payments of lump sums where the claim is settled by an agreement under Section 92(f) of the *Workers' Compensation and Injury Management Act 1981* <mark>– regardless of whether made as a Common Law settlement or not.</mark>

14 - Worker Legal Expense

- Worker's legal costs paid by insurer.

15 - Insurer Legal Expense

- Insurer's/employer's legal costs paid by insurer.
  Includes:
    - Medical reviews for legal proceeding
    - Investigations for legal proceedings
    - Insurer's/employer's legal costs attributable to the claim.
  Excludes:
    - Worker's legal costs paid by insurer

16 - Investigation Expenses

- Costs relating to investigation of a claim.
  Includes:
    - Investigation expenses for administration purposes (includes WorkCover WA Service Type Codes 'AS' and 'RT')
    - Independent medical reviews for administration purposes
  Excludes:
    - Investigations for legal proceedings

	17 - Miscellaneous
	• Other payments not elsewhere specified
	Includes:
	▪ Travel or accommodation expenses incurred by worker to undertake medical treatment (at insurer's request)
	▪ Worker's transport
	▪ Interpreter services

C101   **Weekly Payment Code**

	WA NIDS	XML Schema
Title	Weekly Payment Code	WeeklyPaymentAdjustmentCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The replacement adjustment to previously advised weekly payments relating to Payment Type Code 01	

Rules	Conditional – required when appropriate.
	
	Codes are:
	    01 Weekly Payment
	    02 Make up Payment (included)
	    03 Other
	
	01 - Weekly Payment
	Should be used where the payment is PURELY TIME LOST, with NO other components (Time lost only). This code is applicable when the Weekly Payments amount <u>equals</u> the relevant compensation rate payable as per Schedule 1, clauses 11 – 16 of the Act, i.e., Make-up Pay is not being paid as well.
	
	02 - Make up Payment
	Weekly + Make up Payment – Should be used where there is a COMBINED time lost and make up payment. Should be some time lost reported (Time lost plus makeup pay)
	
	03 - Other
	Should be used where payment is purely making up pay or other NON-TIME LOST payment eg Supernumerary or productivity payment.
	Should NOT have ANY TIME LOST reported (for this transaction).

	Not required, but may be supplied, for recoveries, i.e., C107 (Transaction Type Code) coded to '02' or '03'.

C102 Time Lost

	WA NIDS	**XML Schema**
Title	Time Lost	TimeLost
Format	Numeric	Integer
Length	7 digits – HHHHHMM	Min=n/a, Max=8
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The total number of hours and minutes lost for which any party paid compensation for the individual payment	
Rules	Conditional – required when appropriate.	

C103 Date Paid From

	WA NIDS	**XML Schema**
Title	Date Paid From	PaidFromDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a; Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The start date of the relevant payment period of the individual payment transaction. Relates only to compensable wage payments.	
Rules	Conditional – required when Weekly Payments (Payment Type Code = '01') are paid. Not required for recoveries, i.e., C107 (Transaction Type Code) coded to '02' or '03'.	

C104   **Date Paid To**

	WA NIDS	XML Schema
Title	Date Paid To	PaidToDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The end date of the relevant payment period of the individual payment transaction. Relates only to compensable wage payments.	
Rules	Conditional – required when Weekly Payments (Payment Type Code = '01') are paid. Not required for recoveries, i.e., C107 (Transaction Type Code) coded to '02' or '03'.	

C105   **Payment Amount**

	WA NIDS	XML Schema
Title	Payment Amount	PaymentAmount
Format	Numeric	Decimal
Length	11 digits	Min=n/a, Max=20
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The amount of the individual payment transaction	
Rules	Mandatory Must be supplied as dollars and cents	

C106   Transaction Date

	WA NIDS	XML Schema
Title	Transaction Date	TransactionDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The date of the payment transaction in the insurer/self-insurer's system	
Rules	Mandatory	

C107   Transaction Type Code

	WA NIDS	XML Schema
Title	Transaction Type Code	TransactionTypeCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	The type of transaction that was carried out	
Rules	Mandatory Codes are: 01 Payment 02 Recovery – CTP (Compulsory Third Party) 03 Recovery – Other (Excluding reinsurance recoveries) 04 Journal entry (Including adjustments made to adjust incorrect payment category, service code or provider number coding) 05 Cancelled Where a payment is reported as 02 Recovery - CTP, 03 Recovery - Other or 05 Cancelled it is expected the transaction would have a negative Payment Amount (and negative Time Lost if appropriate). These transactions should be supplied in accordance with normal accounting principles, i.e., with their own Transaction Dates, and separate Payment IDs – original Payment IDs should not be re-used, as this will result in the overwriting of existing data with negative values, distorting total costs for the Claim. A journal may be a negative or positive amount depending on the nature of the correction/alteration being performed	

C109   **Payment Context**

	WA NIDS	XML Schema
Title	Payment Context	PaymentContext
Format	Numeric	String
Length	2 digits	Min=0, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	Identifies payments made as part of negotiated settlements	
Rules	**Not required for WorkCover WA**.	

C110   **Payment Source**

	WA NIDS	XML Schema
Title	Payment Source	PaymentSourceCode
Format	Numeric	String
Length	2 digits	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment	
Description	For identifying above excess payments (Insurer or Employer)	

Rules	Mandatory
	
	Codes are:
	    01 Insurer
	    02 Employer	

C111 Provider Number

	WA NIDS	XML Schema
Title	Provider Number	ProviderNumber
Format	Alphanumeric	String
Length	13 characters	Min=0, Max=20
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service	
Description	A unique number allocated by WorkCover WA to identify the provider supplying the medical, allied health or vocational rehabilitation service.	
Rules	Conditional – required for payments to general practitioners, specialists, clinical psychologists, physiotherapists, chiropractors, occupational therapists, vocational rehabilitation providers and all others approved to provide treatment who have supplied medical, allied health or vocational rehabilitation services to the worker, i.e., C100 (Payment Type Code) codes '05', '07', '08' and '09'. May be supplied for Payment Type Code '16' if applicable. Not required, but may be supplied, for recoveries, i.e., C107 (Transaction Type Code) coded to '02' or '03'. **Note: The number to be used is the Provider Number as supplied by WorkCover WA in its Provider Number Reference File.**	

C112   Service Code

C112	WA NIDS	XML Schema
Title	Service Code	ServiceCode
Format	Alphanumeric	String
Length	8 characters	Min=0, Max=50
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service	
Description	A unique code allocated by WorkCover WA to identify the particular medical, allied health or vocational rehabilitation service supplied to the worker	
Rules	Conditional – required for payments to general practitioners, specialists, clinical psychologists, physiotherapists, chiropractors, occupational therapists, vocational rehabilitation providers and all others approved to provide treatment who have supplied medical, allied health or vocational rehabilitation services to the worker i.e., C100 (Payment Type Code) codes '05', '07', '08' and '09'. May be supplied for Payment Type Code '16' if applicable.

Not required, but may be supplied, for recoveries, i.e., C107 (Transaction Type Code) coded to '02' or '03'.

Note: The code to be supplied is the Service Code as supplied by WorkCover WA in its Service Code Reference File. | |

C113   Service Date

	WA NIDS	XML Schema
Title	Service Date	ServiceDate
Format	Date, YYYY-MM-DD	Date
Length	10 digits	Min=n/a, Max=n/a
XSD Location	Submission.Payments.Payment.ClaimPayments.ClaimPayment.Service	
Description	The date of the individual medical, allied health or vocational rehabilitation service supplied to the worker.	
Rules	Conditional – required when it is appropriate to supply a Service Code (see C112)	

APPENDIX 1

List of Approved and Self Insurer Numbers

WorkCover WA

List of Approved and Self Insurer Numbers

The list below includes both Approved (Licensed) and Self Insurers for all privately underwritten states.

It also includes:

- Insurers that have previously held approvals/licenses or permits and are still submitting data.

- Insurers that are required for data migration purposes and therefore an insurer may be listed more than once.

NIDS No.	NAME
125	ALCOA WORLD ALUMINA - AUSTRALIA LTD
061	ALLIANZ AUSTRALIA INSURANCE LTD
020	AMERICAN HOME ASSURANCE
001	AMP FIRE & GENERAL INSURANCE
002	AMP FIRE & GENERAL INSURANCE
193	APPM – PAPER HOUSE
194	APPM – WESLEY VALE (PAPER DIV)
127	AUSTRALIA AND NEW ZEALAND BANKING GROUP LIMITED
195	AUSTRALIAN NEWSPRINT MILLS
181	AUSWEST TIMBERS PTY LTD
162	BANK OF WESTERN AUSTRALIA LTD
141	BHP BILLITON LTD
196	BLUE RIBBON MEAT PRODUCTS
168	BLUESCOPE STEEL LIMITED
197	BLUNDSTONE
132	BP AUSTRALIA GROUP PTY LTD
198	BRAMBLES (SHIPPING)
155	BRAMBLES LTD
157	BRISTILE HOLDINGS PTY LTD
188	CATHOLIC CHURCH
013	CATHOLIC CHURCH INSURANCES LTD
004	CGU AUSTRALIA
199	CHUBB SECURITY HOLDINGS PTY LTD
017	CIC
183	CITY GROUP PTY LTD
135	COCKBURN CEMENT LTD
161	COLES GROUP LTD

WorkCover WA

List of Approved and Self Insurer Numbers

200	COLONIAL MUTUAL LIFE ASS
201	COMMONWEALTH BANK OF AUSTRALIA
164	COMPETITIVE FOODS AUSTRALIA PTY LTD
138	CSR LTD
110	DEFAULT INSURANCE FUND
203	EMU BAY RAILWAY COMPANY
005	FAI GENERAL INSURANCE
006	FAI TRADERS
202	FAL RUN OFF
165	FLETCHER BUILDING AUSTRALIA LTD
175	FORESTRY TASMANIA
059	GIO GENERAL LTD
024	GUILD INSURANCE LTD
184	GUNNS FOREST PRODUCTS PTY LTD
014	HIH INSURANCE
169	HOLCIM (AUSTRALIA) HOLDINGS PTY LTD
204	HYDRO ELECTRIC COMMISSION
140	IDAMENEO LTD
158	INGHAMS ENTERPRISES PTY LTD
046	INSURANCE AUST. LTD T/AS CGU WORKERS COMPENSATION
060	INSURANCE COMMISSION OF WA
159	ISS FACILITY SERVICES AUSTRALIA LIMITED
205	JOHN LYSAGHT INDUSTRIES (BHP STEEL)
185	KRAFT FOODS AUSTRALIA PTY LTD
152	LGIS WORKCARE
206	MACMAHON UNDERGROUND
009	MERCANTILE MUTUAL INSURANCE
154	METCASH TRADING LIMITED
186	MMG AUSTRALIA LIMITED
207	MOBIL OIL AUSTRALIA
208	MOUNT LYELL
156	MRS MACS PTY LTD
171	MYER HOLDINGS LTD
209	NATIONAL AUSTRALIA BANK
210	NATIONAL FOOD MILK TAS

WorkCover WA

List of Approved and Self Insurer Numbers

010	NORWICH WINTERTHUR
167	NYRSTAR HOBART PTY LTD
015	NZI INSURANCE
160	ONESTEEL LTD
192	PAPERLINX
211	PORT WARATAH STEVEDORING
042	QBE INSURANCE AUSTRALIA LTD
212	RENISON
187	RINKER GROUP LIMITED
190	RIO TINTO ALUMINIUM BELL BAY LIMITED
(a)	SOUTH 32
163	ST JOHN OF GOD HEALTH CARE INC
012	SWITZERLAND
179	TASMANIA STATE SERVICE
182	TASMANIAN ELECTRO METALLURGICAL CO PTY LTD
075	TGIO LIMITED
166	THE SMITHS SNACKFOOD COMPANY LTD
213	UNION SHIPPING
189	UNIVERSITY OF NEW SOUTH WALES
115	VACC INSURANCE LIMITED
016	VERO INSURANCE LTD
047	VERO INSURANCE LTD T/AS VERO WORKERS COMPENSATION
214	WESFARMERS BUNNINGS LTD
215	WESFARMERS CSBP LTD
172	WESFARMERS LTD
056	WESFARMERS GENERAL INSURANCE LTD
143	WESTPAC BANKING CORPORATION
144	WOODSIDE ENERGY LTD
146	WOOLWORTHS LIMITED
216	ZINIFEX AUSTRALIA LTD (ROSEBERY)
022	ZURICH AUSTRALIAN INSURANCE LTD

(a) WA Self-Insurer South 32 has been allocated WA Insurer Number 175