



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

Guideline for completing Self-Insurer Annual Forms & Checklist

Date issued: 30 June 2021

2021/2022 Year

Due Date: 12 August 2022

General guidelines

a) Each year, before completing the spreadsheet, it is recommended that the Annual Forms are downloaded from the WorkCover WA Internet site at www.workcover.wa.gov.au under 'service providers', 'Self-Insurers', 'Guidelines and Forms – Self Insurers', '2021/22' in case any amendments have been made.

b) When the spreadsheet has been downloaded, save in Excel format (so the formulas are not corrupted) using the filename format:

Premium Rates - "**Financial Year**" Self-Insurer - Annual – "**COMPANY NAME**".

c) If a program is used to automatically complete the spreadsheet please make sure that actual values are in the cells and they are not linked to a data source in your company's system.

d) The following fields are to be entered on the Checklist only (the fields will automatically be completed in all other Forms):

- Name of Self-Insurer. (Name ALL Companies included)
- Insurer Number(s) - (NOT your WorkCover Number - WCN)
- Date report generated
- Name of person completing the Forms
- Date the Forms are signed off
- Date of any Revisions made to each form affected only

e) For information on how to complete the WC20 and WC31 Forms please read the Guideline provided for that particular Form. If the Guideline is unclear, or further clarification is required, please email schemeinformation@workcover.wa.gov.au

f) For the Financial Returns from 1 July 2016 the forms WC20A, WC20B and WC11 are no longer required.

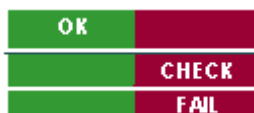
g) For the Financial Returns from 1 July 2018 the Quarterly returns are no longer required.

- h) Email the electronic version of the Checklist, WC20 and WC31 to schemeinformation@workcover.wa.gov.au
- i) If revisions are required, **all** of the forms must contain the most up-to-date data and **only** the forms that have been revised must have the “Date of Revision” field completed on the Checklist each time they are revised.
- j) The electronic copy must arrive at WorkCover WA by the deadline or penalties may apply. **Hardcopies are no longer needed.**
- k) The data supplied **MUST** be a snapshot of ALL Transactions as at the end of the Financial Year - 30 June 2022.

Checklist guidelines

The first tab in the Annual Forms is a Checklist that has been created to perform validations on the data prior to the spreadsheet being forwarded to WorkCover WA. These validations have been developed to limit the number of revisions required from self-insurers by both WorkCover WA and the Actuary that analyses this data.

If the data passes the validations, OK will appear in the Green box. If not, the word CHECK or FAIL will appear in the red box.



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

- a. **CHECK** – requires the Self-Insurer to double check the data and, if correct, provide an explanation in the Comments Box. Do not submit if a comment is missing as it will not be accepted.
- b. **FAIL** – occurs when the data is incorrect and will require amendment of the data before submitting to WorkCover WA. Do NOT submit with a FAIL as it will not be accepted.

To enable all of the validations to be applied there is information that needs to be obtained from three previous Returns and entered into the appropriate boxes on the Checklist as below. Please double check that these values are correct.

Enter SELF-INSURER NUMBER: Please view the Guidelines before completing these forms.

(e.g. 123 - not WorkCover Number - WCN)

Please Collect the following data from the three Previous Annual Returns as indicated and insert figures in the Yellow Boxes provided. The spreadsheet will then perform all calculations and advise of any errors. All other figures come from the Current Return. IF THERE WAS NO VALUE IN THE PREVIOUS RETURNS PLEASE ENTER 0.

PREVIOUS ANNUAL WC20 RETURN DATA AS INDICATED	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">INSERT DATA from the 2020/2021 WC20 ANNUAL Return</div> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">INSERT DATA from the 2019/2020 WC20 ANNUAL Return</div> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">INSERT DATA from the 2018/2019 WC20 ANNUAL Return</div> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
GRAND TOTALS WC20 Section (b) GRAND TOTALS WC20 Section (d) GRAND TOTALS WC20 Section (e)			
PREVIOUS Earned Premium & Expenses RETURN DATA AS INDICATED	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">INSERT DATA from the 2020/2021 ANNUAL Return WC31</div> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">INSERT DATA from the 2019/2020 ANNUAL Return WC31</div> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	Please double check these values are correct
Stat Charges and Levies Management Expenses			

If your data passes the validations, "OK" will appear in the Green check box. If not, and the word "CHECK" or "FAIL" will appear in the red box. If "CHECK" appears and the data is correct please provide an explanation in the Comments Box. If a "FAIL" appears the data is incorrect and will require amendment before submission to WorkCover WA.

Note: If any of the boxes below show a CHECK, please investigate and fix your data BEFORE submitting to WorkCover WA or it will be returned. If the CHECK is justified please provide an explanation in the Comments Box to be forwarded to the Actuary.

Explanations of the individual validations are:

	Validation	Type	Forms Involved	Description
1.	Previous Completed Data	FAIL	Checklist	Enter data from three Previous Returns as indicated. If a FAIL appears at least one cell has no data. If there was no value from the previous return 0 must be entered. (Please check values are correct)
2.	Prudential Margin has Value	CHECK	WC20	Prudential Margin is calculated by the Actuary and entered into the WC20. If a CHECK appears, confirm that this is correct in the Comments Box.
3.	Number of Claims Lodged in the Current Year is Greater than ZERO	CHECK	WC20	If the total in section (a) is zero please confirm that this is correct in the Comments Box.
4.	No Development or IBNR Estimates Provided	CHECK	WC20	Development and IBNR estimates are calculated by your Actuary and should be supplied. If a CHECK appears, confirm that this is correct in the Comments Box.
5.	WC20 Active Claims have Case Estimate value	FAIL	WC20	If there is an outstanding claim in a section (c) cell, there should be a provision (case estimate) in the corresponding section (d) cell and vice versa. If a FAIL appears correction of the data will be necessary.
6.	Inflated Actuarial Incurred Cost	N/A	N/A	For WorkCover WA Internal Use Only.
7.	Confirm Statutory Charges and Levies is \$0.00	CHECK	WC31	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
8.	Confirm Management Expenses is \$0.00	CHECK	WC31	If a CHECK appears, confirm the data is correct and provide an explanation in the Comments Box.
9.	Company Name Completed	FAIL	CHECKLIST	Please enter your Insurer Name at the top of the Checklist. (Name ALL Companies included)
10.	Date Report Generated	FAIL	CHECKLIST	Please enter the Date you generated your Report at the top of the Checklist.

11.	Insurer Number Completed	FAIL	CHECKLIST	Please enter your Insurer Number (e.g. 123) in the highlighted box at the top of the Checklist. (Not WorkCover Number - WCN)
12.	Name Completed	FAIL	CHECKLIST	Please remember to insert the name of the Authorised Person who prepared the returns at the bottom of the Checklist.
13.	Date Completed	FAIL	CHECKLIST	Please enter the Date the Authorised Person completed the forms at the bottom of the Checklist.
14.	Date of Revision Entered	CHECK	CHECKLIST	The date of Revision must be specified for revised submissions.

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