



# Submission

Western Australian Workers' Compensation and Injury  
Management Act 2023 (Papers 1 – 19)

1 December 2023



## About QBE

QBE Insurance Group Limited is one of the few domestic Australian-based financial institutions to be operating globally, with operations in and revenue flowing from 37 countries.

Listed on the ASX and headquartered in Sydney, stable organic growth and strategic acquisitions have seen QBE Insurance (Australia) LTD (**QBE**) grow to become one of the world's top 20 general insurance and reinsurance companies, with a presence in all key global insurance markets.

As a global insurer, QBE believes that Australia must continually look to refresh its financial and regulatory systems to ensure the nation remains competitive with global financial markets, and attractive to investment.

As a member of the QBE Insurance Group, QBE operates primarily through an intermediated business model that provides all major lines of general insurance cover for personal and commercial risk throughout Australia.

QBE has a major presence in Australian statutory classes, providing insurance and specialist agency services in most jurisdictions throughout the country. QBE also has extensive experience in these areas in international jurisdictions. QBE is one of the licenced insurers currently providing Workers' Compensation Insurance in Western Australia.

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## Overview

In October 2023, Workcover WA announced the Workers' Compensation and Injury Management Amendment Bill had passed through both Houses of Parliament. The Bill was introduced to reform the *Workers' Compensation and Injury Management Act 1981*, based on the recommendations arising from WorkCover WA's *Review of the Workers' Compensation and Injury Management Act 1981: Final Report* in 2014.

QBE welcomes the opportunity to respond to the consultation papers and is committed to working closely with Workcover WA to deliver the objects of the *Workers Compensation and Injury Management Act (the Act)* and optimal outcomes to the Workers Compensation Scheme (*the Scheme*).

We note that supporting regulations and administrative instruments will be finalised before the proposed date of effect of 1 July 2024.

QBE's comments in relation to the Consultation Papers 1 – 19 are provided below.

### QBE Comment

Consultation Paper	WorkCover Recommendation	QBE comment
#1 Deemed workers and excluded workers	Deemed workers will include: Crown workers Religious clergy NDIS support workers (new) Excluded workers will include: Serving police officers Member of fishing vessel crew Contracted sporting contestants Casual not working for another person's trade or business Domestic workers Gig economy workers (new)	QBE agrees with the majority of the inclusions and exclusions to this category. We provide specific comment on the following items: <ul style="list-style-type: none"> <li>In principle, agree with deeming crown workers and religious clergy as per the 1981 Act.</li> <li>We note the inclusion of NDIS support workers as a new proposal. In principle, we agree that a self-managed NDIS participant who employs a NDIS support worker, should be deemed an employer and be required to have an employer's indemnity policy to cover such workers. However, we suggest consideration should be given to whether a NDIS participant who has no legal capacity or is under 18 years of age can be regarded as an employer.</li> <li>We suggest further consideration should be given to the employment of NDIS support workers who use platforms, as the law around the use of platforms is ambiguous and yet to be decided. QBE notes our recent experience with a particular employer who was adamant that people who use the platform are not employees.</li> <li>We agree with the exclusion of the various categories of worker as per the 1981 Act.</li> <li>We agree with WorkCover's stance to maintain a watching brief on developments in other States and federally on gig economy workers.</li> </ul>
#2 Presumptive Diseases	Rebuttable presumptions of injury to apply to list of prescribed diseases and occupations.	QBE agrees with this proposal.
#3 Claim form	Proposed changes to the claim form various	Regarding the new explanatory section relating to the deferred claims process, QBE suggests the consideration of amendment in the following terms: "provisional payments may become payable after 28 days". In the instance that a worker obtains a capacity for work certificate in that time (e.g. a final medical certificate is issued), provisional payments won't be payable for income compensation. If all expenses have

		<p>been paid prior to 28 days, then no further payments are required.</p> <p>QBE suggests the following change to wording in the claim form: (iii) the <del>most serious</del> injury or disease <del>caused</del> <b>suffered</b></p> <p>QBE agrees with the industry (Insurance Council of Australia) position on the removal of the disclosure of previous claims:</p> <ul style="list-style-type: none"> <li>• section 506 WCIMA 2023 prohibits disclosure of information about any claim for compensation by the person <b>for the purpose of selection for employment</b>, but does not otherwise prohibit disclosure of such information for all persons;</li> <li>• disclosure by a worker of 'Other/Previous' claims on the general claim form serves a legitimate and valid purpose by enabling employers to seek contribution from prior employers for the purposes of the Act where an injury is attributable to more than one employment, and further, assists employers and insurers in legitimate investigations whether a new 'injury' has in fact occurred for the purposes of WCIMA 2023 (which is clearly the intent of WCIMA 2023 having reference to, for example, sections 28(2)(b) and section 34, which require prompt and honest notification of prior claims by a worker for their effective operation);</li> </ul>
<b>#4 Certificates of capacity</b>	<p>The form of the certificates of capacity will not be materially changed.</p> <p>New – who can issue a certificate of capacity.</p> <p>Certificates can be issued by a medical practitioner other than the worker's treating medical practitioner can issue a first certificate of capacity only in the following circumstances:</p> <ol style="list-style-type: none"> <li>1. if the worker is in a regional or remote area, or</li> <li>2. been admitted to hospital and received treatment from a medical practitioner who will not be providing ongoing primary medical treatment to the worker, or</li> <li>3. monitoring, reviewing and advising on the worker's condition and treatment on an ongoing basis</li> </ol>	<p>With respect to "who can issue a certificate of capacity", QBE agrees with points 1 and 2. We seek clarification on point 3: "monitoring, reviewing and advising on the worker's condition and treatment on an ongoing basis" and request further information on the possible circumstances in which this may arise.</p> <p>QBE also seeks clarification on the inclusion of "the worker chooses to use that certificate to accompany their claim for compensation". We consider that an employer may be prejudice should a worker choose not to use the certificate they have been issued.</p>
<b>#5 Liability decisions and provisional payments</b>	<p>There will be a new pended claims process to be known as deferral of a claim.</p> <p>The process will include:</p>	<p>QBE has no objection to the time frames proposed by WorkCover.</p>



	<p>Making a liability decision or issuing a deferred decision notice within 14 days of receipt of a claim</p> <p>If a liability decision is not made within 28 days of receipt of a claim, provisional payments (PPs) will commence for all deferred claims</p> <p>If a liability decision is not made within 120 days from receipt of a claim, the claim is deemed to have been accepted.</p> <p>PPs can commence prior to the provisional payments day but are not to be regarded as without prejudice payments.</p> <p>New forms have been drafted for all liability decisions, provisional payment notice and claim accepted – shared liability.</p> <p>New coding for PPs has been proposed.</p>	<p>QBE agrees with the proposal to allow payment of Provisional Payments (PPs) before the PP Day.</p> <p>With respect to the new forms:</p> <ol style="list-style-type: none"> <li>1. <b>Claim accepted form</b> <ol style="list-style-type: none"> <li>a. We suggest the inclusion of an extra field for date of recurrence/aggravation in the initial part of the form to make it clear what is being claimed - either the initial injury or a recurrence/aggravation of the initial injury.</li> <li>b. The wording regarding the liability decision in the claim form is not clear. This may create confusion as to what is being agreed to be paid:  <i>In relation to the above claim: 1. We accept the employer is liable to compensate you for the injury; and 2. We accept/ do not accept [delete if not applicable] the employer is liable for payment of income compensation for incapacity for work resulting from the injury.</i> </li> </ol> <p>QBE suggest alternative wording for the employer/insurer to choose from 2 options being:</p> <ol style="list-style-type: none"> <li>i. <i>We accept the employer is liable to compensate you for the injury or recurrence for reasonable medical and health expenses (and other expenses where applicable) only; or</i></li> <li>ii. <i>We accept the employer is liable for compensate you for payment of income compensation for incapacity for work resulting from the injury plus reasonable medical and health expenses, workplace rehabilitation and miscellaneous expenses, where applicable.</i></li> </ol> </li> <li>2. <b>Claim not accepted form</b> <ol style="list-style-type: none"> <li>a. QBE suggest the inclusion of an extra field for date of recurrence/aggravation is included.</li> </ol> </li> <li>3. <b>Deferred decision notice form</b> <ol style="list-style-type: none"> <li>a. QBE suggest the inclusion of an extra field for date of recurrence/aggravation</li> <li>b. In relation to the following paragraph regarding medical and health expenses, we suggest specifying the limit as follows:  <i>If a liability decision notice on this claim is not given by [state provisional payments date], provisional payments of income compensation and reasonable medical and health expenses up to a limit of \$ _____ [5% of relevant medical expenses general limit amount] will be made.</i> </li> </ol> </li> <li>4. <b>Provisional payment notice</b></li> </ol>
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		<p>a. QBE suggest the following wording and formatting changes to increase the clarity of this notice:</p> <p><i>A decision on whether liability is to be accepted for this claim is not able to be made within the time allowed and provisional payments will now be paid until a decision on liability is made.</i></p> <p><i>Provisional payments to be paid</i></p> <p><i>The following provisional payments will be made:</i></p> <ul style="list-style-type: none"> <li>• <i>Provisional income compensation payments will commence on the next usual pay day with the first payment including payments accrued from the date of incapacity. If a certificate of capacity is issued by your treating medical practitioner, income compensation payments will cease.</i></li> <li>• <i>Reasonable medical and health expenses up to a cap of \$X [5% of relevant medical expenses general limit amount]. Please provide the claim number above to the health provider or practitioner for these expenses to be paid.</i></li> </ul> <p><i>If the claim is accepted compensation payments will continue uninterrupted. If the claim is not accepted, provisional payments will cease when a decision is made.</i></p> <p>QBE queries whether the list of new coding provided is exhaustive. We note the omission of the code for <i>investigations</i> and <i>miscellaneous</i> to cover travel and interpreter compared to the current list of WorkCover codes.</p> <p>With respect to the transitional provisions relating to claims that are pended prior to the Act commencement day, QBE adopts the ICA submission namely that:</p> <ol style="list-style-type: none"> <li>1. After a period of 10 days following a form 3C notice being issued, the claim is deemed to be in dispute (s57A (3) f the 1981 Act). QBE's interpretation is that these claims have been "decided" due to the operation of that section.</li> <li>2. The requirement to commence provisional payments on all claims that have not been "decided", as proposed in the consultation paper, will require reopening of any claim that has not had a formal liability decision, to issue a formal notice. This will create additional administrative burden for insurers and self-insurers and confusion for all stakeholders. Is there a predetermined period prior to the commencement day that Insurers will be required to search for such claims?</li> <li>3. We request that the regulations provide that any claim that has been pended prior to the commencement day be deemed to be in dispute and that provisional payments be applicable only to claims that are deferred following the commencement day.</li> </ol>
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<p><b>#6 Injury Management &amp; RTW</b></p>	<p>RTW CC's – not more frequently than 4-weekly unless required by medical practitioner. During normal business hours.</p> <p>What <u>can't</u> be discussed in CC's</p> <ul style="list-style-type: none"> <li>• challenging the treating medical practitioner's diagnosis, medical assessment findings or certified capacity for work</li> <li>• discussing matters relating to liability for the claim including how the injury happened, whether it is a new injury or recurrence of a pre-existing condition, or challenging the worker or medical practitioner on factual grounds</li> <li>• discussing any matters relating to the worker's medical condition for which an employer or insurer has the right to initiate a medical examination of the worker under s. 180 of the <i>WCIMA23</i>.</li> </ul>	<p>In relation to RTW CCs, QBE make the following observations:</p> <ol style="list-style-type: none"> <li>1. QBE is concerned by the construction of the section "Matters that can be discussed" and "Matters that cannot be discussed". We understand the intent of these sections, to ensure that any inappropriate behaviour is not tolerated at case conferences, however, the current wording will limit the collaboration and flow of injury management information that achieve positive recovery outcomes. <ul style="list-style-type: none"> <li>• The current suggested language is limiting and may operate to the detriment of a large number of stakeholders that do the right thing.</li> <li>• Doctors often request a case conference as a best practise platform to discuss their concerns with treatment plan compliance and patient motivation. Doctors will also ask stakeholders about referral networks to ensure their patient receives the best care by practitioners that are happy to work in the personal injury scheme. Doctors often wish to discuss the outcomes of IME reports with all stakeholders present so that everyone is on the same page about the treatment and RTW plans. The current dot points do not allow for any of the above.</li> <li>• Additionally, the current wording is inconsistent with the wording in other consultation papers / regulations. For example, "An approved WRP is required to: provide advice on the best pathway to recovery, engage with a worker's treating medical practitioner and inform treatment plans, certificates of capacity and RTWPs"</li> </ul> <p>This would imply that treatment forms an important part of a case conference agenda, not to challenge treatment unnecessarily but to ensure the best possible healthcare outcomes for the worker.</p> </li> <li>2. QBE strongly suggests expanding the "Matters to be discussed" to allow for holistic injury management as opposed to limiting discussion return to work. Discussing a patient as a whole – biopsychosocial - is best practise and evidence-based. This current form does not allow for such a discussion which may impact outcomes negatively.</li> <li>3. QBE hold concern regarding the "Persons who may attend" section. There are a number of important stakeholders missing from this list, including allied health practitioners (which is an inclusion in the schedule of fees, allowing them to charge for case conferences). Interpreters appear to be omitted as well.</li> </ol>
<p><b>#7 Assessment of Permanent Impairment</b></p>	<p>There is no intention to make significant changes to the assessment framework</p> <p>New – a special assessment is able to be made if the worker is not at MMI if:</p>	<p>QBE requests further information regarding the elected period of 18 months, especially for medical and health expenses. Should the medical and health expenses exceed the limit prior to 18 months, would an assessment still be required?</p>



	<p>if, after the expiry of the period of 18 months after the day on which a claim for compensation is made by a worker, an APIA notifies the worker, employer and insurer that the worker's condition has not stabilised to the extent required for an assessment of the worker's degree of permanent impairment to be made.</p> <ul style="list-style-type: none"> <li>• a request is made for a special assessment in the approved form</li> <li>• the purpose of the special assessment is for an assessment of the degree of impairment in order to make an election to pursue common law damages (s. 421 of the WCIMA23), or for an increase in medical and health expenses beyond the standard limit under s. 78 of the WCIMA23.</li> </ul> <p>Regulated procedures and forms – new but not drafted</p>	<p>In principle, we agree with the intended regulations outlined on page 4, subject to a detailed review of the final provisions. .</p> <p>QBE agree with combining AMS forms 5 and 6 into the new Assessment of Degree of Permanent Impairment – Report and Certificate form.</p>
<b>#7.1 Guidelines for the evaluation of permanent impairment</b>	Revised guidelines for the evaluation of permanent impairment	<p>QBE agree to the revisions, with the following exceptions:</p> <ul style="list-style-type: none"> <li>• We note minor formatting errors in Table 4.3 Pelvic Fractures – see 3 (iii) and 5.</li> <li>• We also note the incorrect addition of 8% for acetabulum fracture (as already refers to evaluate based on Range of motion) and the incorrect addition of 8% for 6) Fractures of the coccyx.</li> </ul>
<b>#8 Approval of Permanent Impairment Assessors</b>	Change of name from AMS to APIA Contains Approval Criteria, Operational Conditions, Application forms	Agree
<b>#9 Medical and Health Expenses compensation</b>	<p>Aim is to consolidate current services into one place with no intention to prescribe any additional health services, treatment modalities or health professions.</p> <p>Regulations will <u>not</u> provide principles for determining whether a service is “reasonably necessary” at this stage</p>	Agree
<b>#10 Dust Disease</b>	<p>New – separate claim form for dust diseases</p> <p>Dust Disease Medical Panel instead of IDMP</p> <p>3 questions for determination by DDMP</p> <p>New procedure for lump sum</p> <p>New forms</p>	Agree
<b>#11 Settlements</b>	<p>New settlement regime includes:</p> <ul style="list-style-type: none"> <li>• No limitation on when a settlement can be entered into</li> </ul>	QBE agree with the substance of the rules for lodgement and rejection criteria.

	<ul style="list-style-type: none"> <li>• Registration and approval by Director</li> <li>• Use of s92F Deeds is banned</li> <li>• Online lodgement with strict criteria for rejection if incomplete settlement forms</li> <li>• Director may reject if there are errors in the settlement forms or supporting documents</li> <li>• If the Director decides not to register a settlement agreement, the matter will be referred to an Arbitrator</li> <li>• New forms</li> </ul>	<p>We agree to the proposed forms subject to the following:</p> <ol style="list-style-type: none"> <li>1. Settlement agreement – we suggest the name of the person signing on behalf of the employer be included in the form as a means of identifying if the person had authority to sign on behalf of the employer;</li> <li>2. PI notice – agreement on degree of permanent impairment and further assessment forms. We suggest aligning both the settlement agreement and the employer signing clause (pages 20 and 22 of the paper), including employer or representative signature and the name of the person signing on behalf of the employer.</li> </ol> <p>The new Act does not appear to simplify the process for PI Assessment. It is proposed that the Injured Person would obtain the first PI assessment, however, in practice, the insurer obtains the first assessment. The new Act does not allow for this scenario and we query whether 3 assessments will be needed in order to comply with s105?</p> <ol style="list-style-type: none"> <li>1. Employer obtains an assessment,</li> <li>2. The worker disagrees and gets their own assessment,</li> <li>3. The employer within a 28-day period must notify the worker that they disagree and then request a further assessment (s105(2)).</li> </ol> <p>We anticipate the regulations may address this scenario by allowing the first assessment obtained by the employer to be used in the event the worker obtains their own assessment to comply with s105(2)?</p> <p>With respect to the limit on the amount that a claim can be settled for, we query whether this includes a s217 (new s52) extension or extension of the medical entitlement above the general limit?</p>
<b>#12 Workplace Rehabilitation Services</b>	<p>New - List of prescribed workplace rehab services (WRS)</p> <p>New – when workplace rehabilitation is reasonably necessary and list of relevant considerations for making such a decision</p> <p>New – approved WRP tasks and duties</p> <p>New – circumstances for termination of WRS</p> <p>New – workers must be given the right of choice of a WRP</p>	<p>Agree</p> <p>Does WorkCover intend to publish an emailable list of WRPs to enable employers to comply with this regulation?</p>
<b>#13 Approval framework for WRPs</b>	<p>Substance is intended to be similar to the 1981 Act</p> <p>New - instrument of approval, list of criteria for approval, operational conditions for WRPs</p>	<p>Agree</p>

#14 Licensing Framework for insurers	New – criteria for grant of licence and operational conditions for licensed insurers	Agree with one suggestion: QBE suggest that 28 days (rather than 7) would be a more practical timeframe for Insurers to advise of notification of changes to Board, systems and processes.
#15 Licensing framework for self-insurers		Agree
#16 Workers compensation insurance policies	<p>New – amended employers indemnity policy</p> <p>New – remuneration guidelines</p> <p>New – quick guide to remuneration inclusions and exclusions</p> <p>New – detailed guide to remuneration inclusions and exclusions</p> <p>New – Adjustable premium policies</p> <p>New – information required to issue policy or provide quote.</p> <p>New – Refusal of indemnity</p> <p>New – limit on claims for declared acts of terrorism (increased limit to \$100M</p> <p>New – Cancellation – unpaid premiums</p>	<p>Comments on the prescribed form of workers' compensation policy:</p> <ol style="list-style-type: none"> <li>1. The preamble refers "Employment, which is not defined the policy. QBE suggests that this term is defined in the Definitions section to avoid confusion, particularly for the lay person. This definition should also then carry through to other sections of the form, such as that regarding Liability for compensation.</li> <li>2. In the definition of worker in subparagraph (c), substitute "whom" for "which" and the same should be done in subparagraph (c)(ii) under Exclusions applicable to Damages only.</li> <li>3. In <i>Condition 3 Notice of Injuries</i>, "receives" should be changed to "receive".</li> <li>4. In the section relating to <i>information required to issue policy or provide quote</i>: Clarification is requested regarding the rights and actions and insurer could take if information stipulated is not provided.</li> <li>5. Regarding the section "<i>If the employer is a principal or contractor, records of aggregate payments, made to contractors, including the dates of payment and the amounts. For example: labour only; labour and materials; labour materials and plant; or labour and plant</i>", clarification is sought as to if the records of aggregate amount if the requirement is an aggregate of wage component or total contract value.</li> <li>6. Remuneration declaration Section references ANZSIC 2016, should read ANZSIC 2006.</li> <li>7. Definition under remuneration – under "housing" - the statement: "Accommodation provided to an employee in a remote area may be exempt." - further clarification requested to confirm what 'may be exempt'? Clarity is sought for what constitutes a remote area and in what circumstances exemptions may apply.</li> <li>8. Under the section "Exclusions" on p6, it is stated that the regulations will provide that an employer is not required to obtain or</li> </ol>

		<p>keep a workers compensation policy for 1) war or 2) industrial diseases. We seek clarification for item (2). Section 596 of the new Act states in relation to employment on or after the commencement of the new Act, liability in relation to dust disease will be covered by a licenced Insurer. This is inconsistent with the statement under the Exclusions notation in the consultation paper.</p>
<b>#17 Stopping or reducing compensation</b>	<p>New forms</p> <ul style="list-style-type: none"> <li>- Form 1: Written consent of worker to reduce, suspend or discontinue income compensation</li> <li>- Form 2: Reducing or discontinuing income compensation: return to work</li> <li>- Form 3: Reducing or discontinuing income compensation: medical evidence</li> <li>- Form 4: Worker declaration when not residing in Western Australia</li> <li>- Form 5: Warning Notice – worker declaration when not residing in Western Australia</li> <li>- Form 6: Confirmation of worker's custody or imprisonment</li> </ul>	<p>QBE provides the following comment regarding the new forms:</p> <ol style="list-style-type: none"> <li>1. Form 1: We find the word “either” to be a bit confusing as there is no “or” in the choices of reduce, suspend or discontinue. We suggest there be an “or” or delete “either” in the choice of reduce, suspend or discontinue in form 1. This should be carried through to forms 2 and 3 when choosing between “reduce” or “discontinue”.</li> <li>2. Forms 4, 5 and 6* – agree, with one comment (below)</li> <li>3. *Form 6: Confirmation of worker's custody or imprisonment form. QBE suggest an alternative option be considered in the event completion of the form is not forthcoming from the relevant government authority, namely the authority can either complete the form or in the alternative, written confirmation from the relevant authority providing, in substance, the information specified in the Form, will be acceptable.</li> </ol> <p>QBE queries how service of the forms will need to be made? We seek confirmation that service by email be acceptable.</p>
<b>#18 Catastrophic workplace injuries</b>	<p>New regime for ICWA to manage workers who are catastrophically injured</p> <p>New forms</p> <p>New – to be funded by a new levy on insurers</p>	<p>In relation to the forms in attachments 1 and 2, if a claim is accepted within 7 days, are both forms required for submission to ICWA? Is this able to be addressed by the Regulations that in the event that the claim is accepted within 7 days then only one form e.g. form 2, must be sent to ICWA?</p> <p>We seek clarification regarding the scenario where an injured worker may be accepted into the CIS scheme as an interim participant but is subsequently rejected. Can the worker access medical and other expenses under their workers' compensation claim? Will there be a time limit on how long they have to access any workers' compensation benefits if they are no longer eligible for the CIS scheme?</p>



		QBE request that the time within which ICWA has to notify insurers that a worker has been accepted into the CIS scheme be regulated.
<b>#19 Common law</b>	New regime for threshold requirements before issuing a common law claim – must obtain an impairment assessment and elect to retain the right to seek damages New regime for dust disease common law claims New forms	QBE agree to these changes, with further information sought regarding Attachment 3 – Memorandum of terms of common law settlement, as outlined below.  <b>Memorandum of terms of common law settlement:</b> Further information regarding the level of detail required by WorkCover regarding the terms of settlement is requested. At this stage, it is unclear whether a dollar amount, settlement breakdown or other aspects of the deed are necessary inclusions in this section.

## Conclusion

QBE appreciates the opportunity to respond to Consultation Papers 1 - 19. As detailed above, QBE is agreeable to many of suggested reforms as proposed.

To assist QBE understand how we can best help our injured workers to bring their lives back together after an accident, we have identified sections of the new Act that require further consideration:

1. Claim form: we have suggested wording changes as detailed in #2 above, and concerns regarding removal of the disclosure of previous claims.
2. Settlement: PI procedure – the Act appears to require 3 assessments, which we suggest is repetitious
3. Transitional regulations for provisional payments on pended claims: QBE hold concern that these will create additional administrative burdens on insurers.
4. Injury management: case conferencing, as currently proposed, may limit collaboration between key stakeholders and affect injury management outcomes.
5. Insurance Policy: QBE have suggested several wording changes to this section, as at #16 above.

We trust that our recommendations assist the reviewers. Please do not hesitate to contact [REDACTED]

[REDACTED] if we can provide any further clarification or assistance.



