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Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Group Self-insurer Licence Application

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for an application for a group self-insurer licence under section 245(2)(a) and section 246 of the *Workers Compensation and Injury Management Act 2023* is **Group Self-insurer Licence Application** in Appendix 1.

The **Group Self-insurer Licence Application** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form LA7 – v1 [D2024/137803].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

25 June 2024



This form is to be used by an employer when applying for a group self-insurer licence in the Western Australian workers compensation scheme if it is intended the licence will extend to 1 or more related entities of the employer.

The Application for Self-insurer Licence Guidelines (the Guidelines) must be read prior to completing this form. The Guidelines set out the matters taken into consideration in determining an application for a self-insurer licence including:

- criteria for the grant of a licence
- operational conditions that must be complied with
- how an application is made and what information needs to be provided in an application.

This application is made under sections 245 and 246 of the Workers Compensation and Injury Management Act 2023 (the Act).

SECTION A – APPLICANT DETAILS

Note: The employer entity below will be the licence holder if a group self-insurer licence is granted.

Legal entity name:

.....

ABN:

.....

Trading name (if applicable):

.....

Registered address:

.....

Principal place of business in Western Australia:

.....

Total number of workers employed in Australia

(Must be at least 500 workers):

.....

Proposed start date of self-insurance:

.....

SECTION B – APPLICATION REQUIREMENTS

The following matters are taken into consideration by WorkCover WA in determining an application for a self-insurer licence:

- the licence criteria for the grant of a self-insurer licence
- operational conditions that will be imposed by WorkCover WA when the licence is granted

The onus is on the applicant to satisfy WorkCover WA as to any matter that is relevant to the grant of a self-insurer licence including demonstrating to WorkCover WA the licence criteria are met and demonstrating the ability to comply with operational conditions.

Having regard to the self-insurer licence criteria and conditions set out in the Guidelines provide the following information and documents to support the application:

1. Corporate details

- a. a written statement from the Chief Executive Officer (or equivalent) outlining the reasons why the applicant is seeking to be approved, and its suitability to become a group self-insurer
- b. details of the group corporate structure
- c. nature of the business undertakings of the applicant.

2. Related entity details

- a. full legal entity name and ABN of each related entity to be included in the group licence
- b. nature of the business undertakings of each related entity.

3. Organisational expertise and capacity details

A copy of the organisational structure detailing:

- a. the primary accountable position within the organisation if a group self-insurer licence is granted
- b. senior staff member(s) who will be responsible for claim management including their relevant qualifications and experience
- c. an estimated average number of claims managed per claims officer
- d. senior staff member(s) who will be responsible for injury management and return to work coordination, and their relevant qualifications and experience (unless outsourcing of claim management is sought and approved by WorkCover WA).

4. Business plan

Provide a business plan with detailed information about the applicant's commitment to:

- a. preventing work-related injuries and disease
- b. maintaining a high standard of claim and injury management practices
- c. maintaining resources in Western Australia to fulfil legislative and operational obligations
- d. developing and maintaining internal resource capability in claim and injury management (unless outsourcing of claim management is sought and approved by WorkCover WA).
- e. a strong governance and corporate culture in safety and injury management.

5. Information, claim and injury management system details

- a. how information management systems are used by the applicant
- b. claims administration facilities and systems for handling workers compensation claims, including secure and private record keeping
- c. injury management system and policies and procedures that comply with legislative requirements and best practice.

6. Outsourced claims management functions (if applicable)

- a. legal entity name and ABN of proposed contracted agent(s)
- b. the resources of the agent(s) to ensure claim management and communication with workers will be undertaken effectively, and the legislative obligations and functions of the applicant will be met
- c. the skills, qualifications, and experience of the contracted agent(s) relevant to the Western Australian workers compensation scheme
- d. information security and confidentiality controls
- e. arrangements for provision of information to WorkCover WA
- f. complaint management and dispute resolution
- g. if applicable, a copy of the outsourcing agreement.

7. Workers compensation claims experience details

- a. total number of workers employed by the applicant and by each related entity for the current financial year, and estimate for the next financial year (see **Attachment 1**)
- b. aggregate remuneration paid to workers by the applicant and each related entity for the current year, and estimate for the next financial year (see **Attachment 1**)
- c. the premium rating classification(s) (see WorkCover WA's Industry Classification Order) that apply to the applicant's business operations and for each related entity (see **Attachment 1**)
- d. name of workers compensation insurer(s) for the past five years
- e. an actuarial assessment of outstanding claims liability for the group (both the applicant and all related entities), including a schedule showing the claims history (incidence and claims costs) and return to work experience for the past five years
- f. the nature and type of any complaints relating to workers compensation claims for the past five years
- g. self-insurer status in any other Australian State or Territory, and consent granting WorkCover WA access to information on claim and injury management performance from these jurisdictions.

8. Financial statements and annual reports

- a. copies of the applicant's audited financial statements (relevant to the financial indicators in the Guidelines) for the past five years
- b. copies of the applicant's annual report for the past five years.

9. Securities

Provide a commitment that the applicant will provide a bank guarantee as required under section 250 of the Act (refer to the Guidelines). The level of the bank guarantee is the greater of:

- 150% of the central estimate of the outstanding claims liabilities (rounded up to the next \$100,000) based on the actuarial assessment (see point 7e); or
- \$2 million

10. Insurance

A copy of certificate of currency for the group's common law and catastrophic injury insurance. The insurance cover is to be a minimum of \$50 million for any one claim or series of claims arising from a single event, with the retention amount of \$1 million.

11. Contribution to statutory funds

Provide a commitment that the applicant will make contributions as and when required by the Act to WorkCover WA's General Account and Default Insurance Fund, and Insurance Commission's Motor Vehicle and Workplace Accidents (Catastrophic Injuries) Fund.

WorkCover WA will provide details of how to make the contributions upon granting a licence.

12. Data submissions

Provide details demonstrating the applicant's capacity in data collection and supply of accurate, complete, and timely information, including provision of data in accordance with data directions issued by WorkCover WA.

SECTION C – APPLICANT DECLARATION

1. The authorised officer of the applicant must complete the statement below.

Name:

.....

Position:

.....

Phone:

.....

Email:

.....

Signature:

.....

Date:

.....

2. Check here to:

- certify all information provided in this application is true and correct to the best of your knowledge
- undertake to supply any other information required by WorkCover WA in assessing this application
- acknowledge a group self-insurer licence, if granted, is subject to compliance with the Act, the *Workers Compensation and Injury Management Regulations 2024*, the licence criteria, and any licence conditions imposed by WorkCover WA
- acknowledge the holder of a group self-insurer licence, if granted, is jointly and severally liable for any self-insurer liability of an employer that arises while the employer was a self-insurer covered by the group self-insurer licence.

Please submit the completed form and attachments via email to records@workcover.wa.gov.au OR via post to Regulatory Services Division, WorkCover WA, 2 Bedbrook Place, SHENTON PARK WA 6008.

For more information, contact the WorkCover WA Advice and Assistance Service on 1300 794 744.

ATTACHMENT 1 – INDUSTRY AND WORKFORCE DETAILS

1. Details of the applicant:

Premium Rating Classification	Number of workers		Total remuneration (\$)	
	Current financial year	Estimate for next financial year	Current financial year	Estimate for next financial year

2. Details of each related entity to be included in the group self-insurer licence:

Legal entity name & ABN	Premium Rating Classification	Number of workers		Total remuneration (\$)	
		Current financial year	Estimate for next financial year	Current financial year	Estimate for next financial year