Victoria WorkSafe employer transfer form

QBE Workers Compensation (VIC) Limited – Authorised Agent for the Victorian WorkCover Authority ABN 99 060 159 757

If you wish to change from your current WorkSafe Agent, please complete this form and return it to QBE Workers Compensation (VIC) Limited or authorised intermediary. Transfers will not occur while past premium payments are outstanding.

This is an electronic form that can be completed online before printing.

This form is approved by the Victorian WorkCover Authority.

WorkSafe employer number					
Employer name					
Employer address		State		Postcode	

Please transfer management of all premium debt collection and claim(s) relating to the above employer to:

QBE Workers Compensation (VIC) Limited

Name of person selecting authorised agent			
Position in company/business			
Estimated WorkSafe premium	$	Number of open claims	

Are there any related companies/businesses to be transferred? ☐ Yes ☐ No

Preferred QBE Branch for Claims Management allocation:

○ Melbourne ○ Bendigo ○ Geelong ○ Glen Waverly ○ Shepparton

Email		Telephone	

Signature and declaration

Signature		**Date**	

☐ Yes, include me on your emailing list to receive QBE Connect® news via email

I authorise the intermediary stated below to act on my behalf for WorkSafe matters:

Intermediary					
Address		State		Postcode	
Telephone		Fax		Email	

☐ Yes, include the above broker/accountant/consultant on your emailing list to receive QBE Connect® news via email

Office use only

Intermediary ID	
Account manager	

Level 8, 628 Bourke Street, Melbourne Victoria 3000 Australia
GPO Box 4725, Melbourne Victoria 3001 Australia
telephone +61 3 9246 2444 • facsimile +61 3 9246 2322 • toll free 1800 817 820
visit us at: www.qbe.com/australia

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