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EML VIC PTY LTD
93 606 104 910

Claims agent nomination

To change from your current workers compensation Agent, please complete this form and return it to EML via the email address above. You may lodge this form at any time. Transfers take effect on the 1st of each month. To ensure your policy is transferred at the earliest opportunity, this form must be lodged with EML by the 20th day of a given month.

PLEASE PRINT CLEARLY

Employer Name _____ Workcover Employer no. _____

Intermediary Name _____ Intermediary no. _____

Employer Address _____

_____ State _____ Postcode _____

Please transfer management of all premium/debt collection and claims relating to the above employer to:

EML VIC PTY LTD ABN 93 606 104 910

On behalf of WorkSafe Victoria a trading name of the Victorian WorkCover Authority

Are there any related companies/business to be transferred?

NO

YES

Name of Person Selecting Authorised Agent _____ Phone _____

Email _____ Position/ Title _____

Signature _____ Date _____

EMPLOYER'S AUTHORISATION

I hereby authorise the employer representative listed overleaf to request and receive information relevant to claim and policy details that apply to _____ ('the employer') I declare the employer representative listed overleaf has agreed to comply with all privacy obligations.

EMPLOYER REPRESENTATIVE'S PRIVACY AGREEMENT

_____ ('the employer representative') agrees to:

- Comply with all privacy obligations that apply to the employer representative.
- Comply with all privacy obligations that apply to _____ ('the employer'), whether under the National Privacy Principles set out in the Privacy Act 1988 (C/with), the Information Privacy Principles set out in the Information Privacy Act 2000 (Vic) and/or the Health Privacy Principles set out in the Health Records Act 2001 (Vic), even if the obligation does not otherwise apply to the employer representative.
- Only use and disclose personal information for the purpose of managing the claim identified above and not for any other purpose.
- Take all reasonable measures to ensure that personal information is protected against loss, unauthorised access, use, modification, disclosure or other misuse and that only authorised personnel have access to such personal information.
- Comply with any lawful direction of the employer in relation to any privacy obligation.

SIGNATURE

EMAIL

DATE

POSITION/ TITLE

GENERAL INFORMATION

- WorkSafe policies are effective for 12 months. Employers can change WorkSafe Agent on or at any time after the expiration of the 12 month period.
- Employers cannot change WorkSafe Agent where there is more than one premium instalment outstanding.
- Upon transfer, your choice of premium payment (e.g. monthly, quarterly) will remain the same unless EML is otherwise advised.
- Premium calculation is regulated by WorkSafe and changing Authorised Agent will not inhibit any debt or negotiations currently in place. EML will take over all such matters.
- Changing WorkSafe Agent will not inhibit any reclassification matters you may have outstanding. EML will resolve all such matters upon transfer.
- Outstanding Conciliations or Legal Proceedings will be reviewed and progressed by EML upon transfer.
- Upon transfer, any outstanding reimbursements will be actioned.
- All open and closed claim files will be automatically transferred to EML.
- If you need any assistance prior to the effective date of change, please contact EML on 1800 365 842 (toll free)