



QBE Workers Compensation (VIC) Limited
Authorised Agent of the Victorian WorkCover Authority
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Victorian WorkCover Employer Transfer Form

If you wish to change from your current WorkCover 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.

WorkCover 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 WorkCover Premium	\$	Number of open claims			
Are there any related Companies/Businesses to be transferred?					
Preferred QBE Branch for Claims Management allocation:					
<input type="checkbox"/> Melbourne <input type="checkbox"/> Albury <input type="checkbox"/> Bendigo <input type="checkbox"/> Geelong <input type="checkbox"/> Knox <input type="checkbox"/> Mildura <input type="checkbox"/> Shepparton					
Email			Telephone		
Signature	<input type="text" value="X"/>			Date	<input type="text"/>
<input type="checkbox"/> 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 WorkCover matters:					
Intermediary					
Address				State	Postcode
Telephone		Fax		Email	
<input type="checkbox"/> 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					