

# PAYMENT SCHEDULE

## EXISTING OR NON-TRANSITIONED CLAIMS

Employer:  Policy Number  Claim number:

Worker name:  Claim Advisor:  Cost centre:

Period claimed		Incapacity			Duration of incapacity			Date returned to work	Medical Certificate date of coverage	Hourly rate - basic Award Rate or comparable?	Total amount owing
From	To	Totally unfit	Partial (suitable duties)		Weeks	Hours	Mins.				
			Working	Not working							
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		
/ /	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				/ /	/ /		

Further comments:

Signature  Date:

Note:  
 Maximum payable by GIO is the Section 35 limit (indexed 1 April and 1 October each year) Payments will reduce once 26 weeks of benefits are paid.  
 (If Award is greater than Section 35 limit then Section 40 calculations are to be made using Section 35 limit)  
 Amount claimed for Workers Compensation cannot exceed the Basic Award Rate or statutory rate – whichever is applicable and noting Section 35 limits.  
 “Make up pay is the difference between comparable average gross weekly earnings and the amount actually earned”  
 When claiming time lost for treatment; individual dates and hours of time lost are to be indicated.

