

Agent for the NSW WorkCover Scheme ABN 83 564 379 108/003

Claims

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WORKERS COMPENSATION ACT 1987

Calculating pre-injury average weekly earnings

If an injured worker is unable to perform his or her pre-injury job, or suitable alternative duties, as a result of a work-related injury or illness, any weekly compensation that might be payable is calculated by reference to the worker's pre-injury average weekly earnings (PIAWE).

The PIAWE is the average of weekly earnings over the 52 week period prior to the injury (subject to some exceptions noted below).

The calculation of earnings must take into account any periods of paid leave, but must not include any periods of unpaid leave.

The main component of PIAWE will be the worker's ordinary earnings, which are for each week:

- If the worker is paid on the basis of ordinary hours worked in a week, the sum of the amounts paid or payable for:
 - o earnings for the hours the worker worked or was on paid leave in that week
 - overtime and shift allowances (but only for calculating compensation in the first 52 weeks of incapacity)
 - piece rates 0
 - commissions
 - the value of non-pecuniary benefits (eg residential accommodation, use of a motor vehicle, health insurance, or education fees)
 - any salary sacrifice arrangement.
- In any other case, the sum of the amounts paid or payable for:
 - the actual earnings of the worker (including paid leave in that week)
 - overtime and shift allowances (but only for calculating compensation in the first 52 weeks of incapacity)
 - piece rates
 - commissions
 - the value of non-pecuniary benefits (eg residential accommodation, use of a motor vehicle, health insurance, or education fees)
 - o any salary sacrifice arrangement.

If a worker has been employed for at least four weeks but less than 52 weeks, the PIAWE is calculated over the actual period of continuous employment with the employer prior to injury, but not including periods when the worker did not work or was not on paid leave.

If a worker has been employed for less than four weeks, the PIAWE is calculated on the basis of the average ordinary earnings the worker could reasonably have expected to earn in that employment (if it were not for the injury) for the period of 52 weeks after the injury.

If immediately before the injury the worker was not a full time worker, but at the time of injury had been seeking full time employment and had been, in the previous 78 weeks, predominantly a full time worker, the PIAWE is calculated as the average ordinary earnings with all employers over that 78 week period, but not including periods when the worker did not work or was not on paid leave.

For workers who had been employed by two or more employers at the time of injury there are special ways of calculating the PIAWE and these are set out in a table in schedule 3 of the WC Act.

Note: There are prescribed minimum and maximum rates of weekly compensation which are adjusted from time to time.



Calculating pre-injury average weekly earnings Claim number PIAWE calculation form This form has been developed to ensure that all relevant earnings information is provided to insurers where a worker has sustained an incapacity as a result of their employment and has an entitlement to weekly payments. The information will assist the insurer to calculate the correct benefit payable in accordance with the provisions of the WC Act. Injured workers can apply for an alteration of their weekly payments in accordance with section 42(1) of the WC Act, and will need to complete this form in support of their application. Please forward this form to your insurer together with all documents supporting information provided on the form. 1. EMPLOYER DETAILS Employer name Policy number 2. WORKER DETAILS Worker name Date of birth (DD/MM/YYYY) Employed since (MM/YYYY) Employment type: Full time Part time Casual Other 3. WAGE INFORMATION Ordinary hours worked per week Ordinary gross hourly rate \$ Ordinary gross earnings per week \$ Are any of the following paid on top of the ordinary gross earnings? Please provide the value of the payments for the 52 weeks prior to the date of injury. Shift allowances \$ Overtime Commission \$ Piece rates Has there been any change in working hours/rates in the 52 weeks prior to the injury? This could include promotion, reduction in working hours etc. Yes No Brief description of change Date of change (DD/MM/YYYY) 4. LEAVE In the 52 weeks prior to the date of injury was any leave taken? Yes No Paid annual leave (weeks) Paid other leave (weeks) Unpaid leave (weeks) 5. NON-PECUNIARY BENEFITS Were any of the following non-pecuniary benefits received as part of pay? Please state the monetary value of the non-pecuniary benefits, including the Fringe Benefits Tax value, in the 52 weeks prior to the date of injury. Use of a motor vehicle Date commenced \$ Residential accommodation Date commenced Health insurance Date commenced Education fees Date commenced Will the worker be retaining use of any of these non-pecuniary benefits while they are unable to work? If yes, please list each item.

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6. SALARY SACRIFICE
Is any part of the weekly wage payment directed to another party (also known as salary sacrifice)? Yes No If yes, please supply details:
Type
 REASONS FOR REQUESTING AN ALTERATION OF WEEKLY PAYMENTS (to be completed by injured workers in support of applications in accordance with section 42(1) of the WC Act 1987)
Please state the reasons for the request for alteration of weekly payments.
8. OTHER EARNING DETAILS (to be completed by injured workers in support of applications in accordance with section 42(1) of the WC Act)
Do you have a second employer? If yes, please provide the following:
Employer name
Employer address
Unit number/Street number/Property number (include Lot or DP number if applicable)
Street name
Suburb State Postcode
Contact person
Contact person
Employed since (DD/MM/YYYY)
9. DECLARATION
I have read the information provided in this form. I declare that the information I have supplied in this form, and any attachment to
this form, is true and correct and that no information has been suppressed or omitted from this report to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.
State name
Role (if not the injured worker)
Signature Date (DD/MM/YYYY)

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