



**Workcomp Risk Management Pty Ltd**

5<sup>th</sup> Floor, 369 Royal Pde PARKVILLE 3052 Victoria, Australia  
A.C.N 007 370 916

Telephone: (03) 8346 8550 or 1800 330 136 Fax: (03) 9347 7572

E-mail: [support@workcomp.com.au](mailto:support@workcomp.com.au)

.....  
**Re: Appointment of WorkCover Insurance Advisers – Employer’s Authorisation**

I hereby authorise the employer representative listed above to request and receive information relevant to our claim and policy details.

**Employer Representative’s Privacy Agreement**

WorkComp Risk Management Pty Ltd agrees to:

- Comply with all privacy obligations that apply to the employer representative.
- Comply with all privacy obligations that apply to the above employer whether under the National Privacy Principles set out in the Privacy Act 1988 (Cth), 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.

We are aware that WorkComp Risk Management P/L and Armbro Insurance Brokers P/L may receive a fee directly from our WorkCover Agent, for the value added services they provide to us, as they ensure we receive timely and accurate WorkCover Services.

I declare the employer representative listed above has agreed to comply with all privacy obligations that apply to

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer Fax: \_\_\_\_\_

WorkCover

Current WorkCover Agent: \_\_\_\_\_ Employer No: \_\_\_\_\_

Email Address: \_\_\_\_\_

WE WISH TO: CONTINUE WITH THE ABOVE / TRANSFER TO: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

Kindly complete and fax, email or post to our Workcomp offices on the details above.