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[Redacted]

[Redacted]

[Redacted]

[Redacted]

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Position title

Employed since (DD/MM/YYYY)

Other employment at the time of injury?

Yes

No



Please provide this application, completed in full and with all supporting information taken into account when reaching the agreement, to the insurer from when the workplace injury was notified to the insurer.

The worker or employer may withdraw this application by giving notice in writing to the insurer before it is determined.

Once this signed application for agreement form is provided to the insurer, the insurer is either to approve, or refuse to approve, the application for agreement from when the insurer receives the application.

The insurer is to approve the agreement if satisfied that the PIAWE amount reasonably reflects the worker's pre-injury earnings, and the agreement is fair and reasonable.

A worker or an employer may withdraw their agreement at any time by giving written notice to the insurer and the other party to the agreement.