

Employer Transfer Request Form

If you wish to change your current WorkCover Agent to Gallagher Bassett Services Workers Compensation Vic Pty Ltd, please complete this form and post it to the Sales and Marketing team at the above address.

Please note that the Victorian WorkCover Authority stipulates that a transfer will only be successful if there is no outstanding premium debt and you have been with your current Agent for 12 months. Successful transfers will become effective at the first of each month, with the lodgement of the form being received 10 working days prior to the end of the month.

Company Details

WorkCover Employer Number _____

Legal Name of Company _____

Company Address _____

Suburb _____ Postcode _____

Please transfer management of all Premiums / Debt collection and Claims relating to the above Employer to Gallagher Bassett Services Workers Compensation Vic Pty Ltd.

Authorised Signatory

Name _____

Position in Company _____

Phone No _____ Fax: _____

Email _____

Signature _____ Date _____

Please note that this form is not valid unless signed by a duly authorised employee who has responsibility for their company's WorkCover policy.

Are there any related Companies / Businesses to be transferred? Yes / No (please circle)
 If yes, please ensure to complete a separate form for each entity.

Intermediary Details *(if applicable)*

Intermediary Company Name _____

Intermediary Number *(if applicable)* _____ Contact Person _____

Phone Number _____ Email _____