

If you wish to change your current WorkCover Agent to Gallagher Bassett Services Workers Compensation VIC Pty Ltd, please complete this form and send it to the Sales & Client Services team:

Email wcv@gbtpa.com.au
Fax (03) 9297 9010
Post Locked Bag 3570 GPO
Melbourne VIC 3001

For any queries by phone, please contact the team on **(03) 9297 9000**

Company Details

WorkCover Employer Number

Legal Name of Company

Company Address

Authorised Signatory

Name

Position/Title

Phone

Email

Signature

Date

Please transfer management of all Premiums/Debt collection and Claims relating to the abovementioned company to
Gallagher Bassett Services Workers Compensation Vic Pty Ltd ACN 100 375 620
Authorised Agent of the Victorian WorkCover Authority

Are there any related companies or businesses to be transferred? Yes No
If yes, please complete a separate form for each entity.

Employer Authorisation

I hereby authorise the intermediary to request and receive information relevant to (tick all that apply)
claim and/or policy details

that apply to ('the employer').

I declare the intermediary has agreed to comply with all privacy obligations that apply to the abovementioned employer.

Signature

Date

Name

Position/Title

Intermediary Privacy Agreement

("the intermediary") agrees to:

- Comply with all privacy obligations that apply to the intermediary.
- Comply with all privacy obligations that apply to ('the 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 intermediary.
- 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.

Signature

Date

Name

Position/Title

Email