

REQUEST FOR CHANGE OF AUTHORISED AGENT Transfer Form



To change from your current agent, please complete this form and return it to:

Allianz Australia Workers Compensation (Victoria) Limited via email
vic_wc_bdm@allianz.com.au or by facsimile on (03) 8615 8128.

Thank you for choosing Allianz Australia Workers' Compensation (Victoria) Limited.

Employer WorkCover Number

Employer Name

Street Address

Postcode

Please transfer management of all premium/debt collection and claims relating to the above employer to:

Allianz Australia Workers' Compensation (Victoria) Limited ACN 059 835 791

Are there any related companies/businesses to be transferred?

Yes No

(Please ensure a form is completed for each one. Copies of this form are acceptable.)

Which Allianz office would you prefer to manage your account?

Melbourne Geelong Moe

Name of duly authorised employee from the employer only

Phone

Position in business/company

Signature

Date

OFFICE USE ONLY											
Intermediary No.		Date Received		BDM		Premium (\$)					
Current Agent		Team Assigned		BAM Assigned		Open		Closed		Minor	

EMPLOYER AUTHORISATION & EMPLOYER REPRESENTATIVE PRIVACY AGREEMENT



Employer details	
Employer WEN	
Employer Name	
Employer Address	
This authorisation and agreement covers the following information:	
All claims information	
All premium information	
Or, Worker details as below:	
Claim number	
Worker name	
Employer Representative Details	
Representative name	
Company name	
Company address	

EMPLOYER'S AUTHORISATION

I hereby authorise the employer representative listed above to request and receive information relevant to this claim or employer for a period of 12 months from the date of this declaration, or until revoked.

I declare the employer representative listed above has agreed to comply with all privacy obligations that apply to [insert employer name] _____

Signature of Employer		Date	
Name			
Position			

EMPLOYER REPRESENTATIVE'S PRIVACY AGREEMENT

_____ ("the employer representative") agrees to:

- Comply with all privacy obligations that apply to the employer representative.
- Comply with all privacy obligations that apply to _____ ("the employer"), whether under the Australian Privacy Principles set out in the Privacy Act 1988 (Cth), the Information Privacy Principles set out in the Privacy and Data Protection Act 2014 (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/s identified above and not for any other purpose.
- Only use and disclose the data provided for the specific scope of services requested by the employer.
- 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 of Employer Representative		Date	
Name			

ALLIANZ AUSTRALIA WORKERS' COMPENSATION (VICTORIA) LTD.

ABN 98 059 835 791. ACN 059 835 791. As an agent for WorkSafe Victoria. A trading name of the Victorian WorkCover Authority. Level 5, 360 Elizabeth Street Melbourne VIC 3000. Mailing Address: GPO Box 80 Melbourne VIC 3001. Phone: 1800 240 335. Visit: allianz.com.au

Disclaimer: This agreement will expire 12 months from the date of employer authorisation or until revoked.