

EMPLOYER CALCULATION OF NORMA WEEKLY EARNINGS – NON-CASH BENEFIT FOR USE UNDER THE NT RETURN TO WORK ACT

This calculation form is based on the provisions of Section 49 of the NT Return to Work Act ("the Act"). CGU will generally rely on an employer's calculation however it may be necessary for CGU to re-calculate the Normal Weekly Earnings figure depending on the individual circumstances of the injured worker. Where this is required, we will notify you on receipt of the calculation.

Claim details						
Worker's name			Claim I	No		
Date of injury D D / M M / Y	D	ate of birth DD/		Date commencem		
Employer calculation						
Earnings components						Value (Weekly)
Base pay / Weekly wages						\$
Over-award payment						\$
Allowances						
If you believe an allowance falls into one of these categories, but is named	Climate	e allowance				\$
differently in your company, please write	District	allowance				\$
the name of the allowance next to the corresponding allowance on this form	Leading hand allowance					\$
(Note: The Act does not include	Qualific	cation allowance				\$
any other allowance)	Service grant					\$
Shift allowance*		\$	Overtime*	\$	TOTAL	\$

*Only included where worked in a regular and established pattern in the 6 months immediately prior to the date of injury and calculated as an average weekly amount of overtime worked in the 12 months period prior to the injury.

If the worker has been employed for less than 6 months at the time of the injury, regard shall be had to the overtime or shift work worked by the worker during the period of their employment and whether normally they would have worked overtime or shift work had they not been injured.

Please supply detailed, pay by pay, wage records to support the inclusion of any overtime or shift allowance for a full 52 week period immediately prior to the date of injury.

Non-cash benefits
The Act provides that a worker is entitled to the value of any electricity, meals or accommodation, provided to the worker by an employer in a form other than
an amount of money paid or credited to the worker. The value to be included above is the value of the benefit to the worker, not the cost to the employer or
any other cost of providing the said benefit to the worker

	Accommodation	Meals	Electricity	TOTAL				
Value (Weekly)	\$	\$	\$	\$				

If non-cash benefits are included in the calculation, please supply supporting evidence such as any contract of employment, modern award, or other agreement which stipulates the terms and conditions around the provision of these benefits.

Completion details		
I confirm that the details provided above are true and accurate. Signature of employer	Name	
	Position / Title	
	Date:	
Notes: Please complete and submit at the time any new claim is made, or To claim reimbursement for weekly compensation paid, please com		

of Weekly Compensation (www.cgu.com.au).

If you have any gueries about the calculation, please contact your Claims Consultant

on telephone number (08) 8924 0300 or via e-mail at workerscompclaims@iag.com.au

Insurer Insurance Australia Limited ABN 11 000 016 722 AFSL 227681 trading as CGU Workers Compensation