

Background

The New South Wales workers compensation and state privacy legislative regimes places strict obligations on how insurers share information with third parties. To ensure that Insurance and Care NSW (**icare**), acting on behalf of the Workers Compensation Nominal Insurer (the **Nominal Insurer**), remains compliant with its legislative obligations, icare/the Nominal Insurer requires employers and insurance brokers acting on their behalf to agree to the terms in this letter of appointment.

Authorisation

This is to certify that from

Date

Policy holder name (the **Employer**)

appoints

Broker name (the **Agent**)

Note: if the policies listed below apply to more than one entity and the person signing has authority to sign on behalf of the other entities, you can list each broker entity that the form applies to e.g. # entity and its subsidiaries listed below and those acquired after completion of this authorisation.

to act as their agent for the workers compensation insurance policy or policies specified in the Policies Table listed in this Letter of Appointment (the Policies) when dealing with icare/Nominal Insurer within the scope of the functions set out below.

It is acknowledged that the scope of the Insurance Broker's obligations and authority to act as agent for the Employer is always subject to the terms of the actual agreement in place with the Insurance Broker, which may be more limited than the scope of functions set out below.

The Employer further acknowledges and gives consent for the Insurance Broker to undertake the functions contemplated by this Letter of Appointment through sub-contractors or other service providers (subject to the Insurance Broker and sub-contractor or service provider signing a separate letter acknowledging that the sub-contractor or service provider also agrees to accept the terms of this Letter of Appointment as if they were Insurance Broker).

The Employer must notify icare within 5 business days of the cessation of an Insurance Broker's Appointment on their policy.

Functions

Subject to any limitation on the Insurance Broker's authority to act as agent for the Employer under any separate agreement, the Insurance Broker's functions are detailed below:

- 1. Policy management** - manage all aspects of the Policies, which may include accessing policy information, obtaining policy documents or making changes to the Policies, validating information (such as claims costs) relevant to the Policies;
- 2. Claims** - access and discuss claims information and claims data under the Policies, including for the purposes of claim and injury management and or injury prevention;
- 3. icare liaison** - liaise with icare to discuss issues not covered above.

Send your completed form to **wisupport@icare.nsw.gov.au**.
If you would also like to receive claims reports, please send your form to **wireporting@icare.nsw.gov.au**

Policies Table

Insert details of relevant policies to which this authority applies

Policy number	Policy name	ARBN	Grouping name/number (where applicable)

**Please go to page 3 to add more policies if required*

Insurance Broker Declaration

The Insurance Broker agrees to comply with:

- any obligations under the NSW workers compensation legislation (including the *Workplace Injury Management and Workers Compensation Act 1998* (NSW) and the *Workers Compensation Act 1987* (NSW));
- all obligations under the NSW privacy legislation (including the *Privacy & Personal Information Protection Act 1998* (NSW) and the *Health Records & Information Privacy Act 2002* (NSW), and
- all other privacy obligations imposed on it by law including but not limited to the *Privacy Act 1988* (Cth), and the Australian Privacy Principles set out in that Act

that would apply to the Employer if the Employer were to directly perform the actual activities being performed by the Insurance Broker as their agent that are within the scope of the functions outlined above applicable to the relevant Policies.

Authorisation

Authorisation on behalf of Employer

Employer representative signature

Employer representative name

Date

Authorisation on behalf of Insurance Broker

Insurance Broker representative signature

Insurance Broker representative name

Date

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