

Re-employment incentive scheme for employers (RISE) Wage reimbursement request form

Employers participating in RISE will receive a partial reimbursement of gross wages* for up to 6 months of employment.

To receive this reimbursement, employers should complete and return this form to their employee's claims agent. The reimbursement will be paid into your nominated bank account.

For further information about RISE please visit **www.rtwsa.com** or contact your claims agent.

For information about RISE wage reimbursements please contact your employee's claims agent.

Worker details

Name
Claim number
Commencement of paid employment date ____/____/____

Employer details

Name	Trading name
ABN	
Address	
Mailing address	
Phone number	Fax number
Email address	

Pay details

Please use one line for each week

Pay period START date*	Pay period END date	Gross wages** paid	Hours worked

*When claiming for the first pay period please confirm the date from which you are claiming reimbursement – DD/MM/YY.

**Gross wages must exclude allowances, overtime, superannuation, leave loading, bonuses, commissions and recoverable compensation.

Declaration

I declare that the information above is a true and correct account of the worker's employment commencement date, gross wages paid and hours worked.

Authorised person and title (PLEASE PRINT)	
Signature	Date

Please complete this form, attach evidence of gross wages paid and send to the workers claims agent for reimbursement:

EML

Phone: 08 8127 1100

Email: rise@eml.rtwsa.com

Postal address: GPO Box 2575, Adelaide SA 5001

Gallagher Bassett Services Pty Ltd

Phone: 08 8177 8450

Fax: 08 8177 8451

Email: rise@gb.rtwsa.com

Postal address: GPO Box 1772, Adelaide SA 5001

ReturnToWorkSA (EnABLE)

Email: enable@rtwsa.com

Phone: 13 18 55

Postal address: GPO Box 2668, Adelaide SA 5001
