

Pre-injury Average Weekly Earnings (PIAWE) Form



State Insurance
Regulatory Authority

Workers Compensation Act 1987

Note: this form is to be used for workers with a date of injury **on or after 21 October 2019**.

This form may be used to supply the information required to determine a worker's pre-injury average weekly earnings (PIAWE). It can be completed by a worker and their employer (separately or together) and upon completion should be forwarded to the insurer to enable them to calculate the weekly payment payable to a worker.

Workers can also complete this form if they wish to apply for an alteration of their weekly payments in accordance with section 42(1) of the *Workers Compensation Act 1987* (1987 Act). This form will support their application and should be forwarded to the insurer together with any supporting documents.

What is PIAWE and how is it calculated?

PIAWE is used to calculate the amount of weekly payment compensation a worker is entitled to receive following a work injury.

See Clause 2, Schedule 3 to the 1987 Act

PIAWE is generally the weekly average of a worker's gross earnings over the 52-week period prior to the injury (subject to some exceptions noted below).

PIAWE is based on the sum of the amounts paid or payable for:

- earnings for the hours the worker worked and/or was on paid leave
- allowances and loadings (including for shift and overtime)
- piece rates and commissions
- the value of non-monetary benefits (only where a worker is no longer entitled to the use of that benefit following injury).

Compulsory employer superannuation contributions, compensation payments for loss of earnings and payments made without obligation by the employer (for example, discretionary bonus payments) are **not** considered income for the purposes of calculating PIAWE.

See Clause 6, Schedule 3 to the 1987 Act

The 52-week period over which PIAWE is calculated may be adjusted where a worker:

- has been continuously employed with their employer for less than 52 weeks
- had a financially material change to earnings which is ongoing in nature (for example, a promotion or change in hours)
- received no earnings from work for at least seven consecutive calendar days due to the taking of unpaid leave
- received a financially material reduction in earnings between 23 March and 14 June 2020 (first prescribed period) due to the COVID-19 pandemic*
- was employed for less than four weeks. PIAWE may be calculated based on the weekly average of the earnings the worker could reasonably have expected to earn during that employment (if it were not for the injury) for the period of 52 weeks after the injury.

*If after the end of the first prescribed period, no earnings were paid/payable to the worker for at least two days this period may be extended. This extension would end on the day before earnings were paid or payable, or on 27 September 2020 – whichever is sooner (second prescribed period). **Note:** Excluded days may or may not be usual work days for the worker

See Division 2 and Division 3, Part 4 of the Workers Compensation Regulation 2016

For workers who had been employed by two or more employers at the time of injury, the weekly earnings for each of the jobs are taken into consideration for the purposes of calculating PIAWE.

Note: There is a prescribed minimum PIAWE of \$155.00. There is a maximum weekly compensation amount payable, which is adjusted on 1 April and 1 October each year. See the [Workers compensation benefits guide](#) for the latest figure.

Claim number

Section 1: Employer details

Employer name

Policy number

Section 2: Worker details

Given name(s)

Surname

Date of injury (DD/MM/YYYY)

Date of birth (DD/MM/YYYY)

Occupation

Employed since (DD/MM/YYYY)

Has there been any **ongoing** change in the workers earnings circumstances in their pre-injury job at any time during the 52 weeks prior to the date of injury? (e.g. promotion, change in working hours)

Yes

No

If yes, what date did this occur? (DD/MM/YYYY)

What was the nature of the change?

Employment type (at the time of the injury):

Full time

Part time

Casual

Self-employed

Other

Is the worker an Apprentice/Trainee who is subject to annual increments until they become qualified?

Yes

No

If yes, what is the name of the Award, or the type of training being undertaken?

If yes, what is the date of their next increment?
(DD/MM/YYYY)

On what date should they become qualified?
(DD/MM/YYYY)

Section 3: Wage information

Is the worker paid:

Weekly

Fortnightly

Monthly

Dates relating to the last pay cycle:

Start pay cycle (DD/MM/YYYY)

End pay cycle (DD/MM/YYYY)

Average hours worked per week*

*If there has been a change in the earnings circumstances for the worker (see section 2), the amounts included in the following section should reflect the earnings circumstances since this change:

Gross hourly rate

Gross earnings per week*

*Earnings include commissions (but not discretionary payments), piece rates, allowances and loadings (including for shift and overtime) and the portion of any COVID-19 subsidy payment (for example the JobKeeper payment) received for work performed.

Section 3 continued over...

Were any payments made without obligation by the employer (for example, discretionary bonus payments) in addition to gross earnings? If so, please provide the value of the payments that were made in the 52 weeks prior to the date of injury.

Changes in earnings due to the COVID-19 pandemic

During the period 23/3/20 and 14/6/20, was the worker 'stood down' from employment, or did they work fewer hours or receive a lower rate of pay due to the COVID-19 pandemic?

Yes No

If yes, please indicate gross average earnings per week during the period

If the worker was receiving no earnings on and from 15/6/20 due to the COVID-19 pandemic, please indicate the date earnings once again were paid or became payable (DD/MM/YYYY)

Section 4: Leave

In the 52 weeks prior to the date of injury, was any unpaid leave taken by the worker resulting in the worker being without earnings for 7 consecutive days or more?

Yes No

If yes, please provide the dates (or attach records)

Section 5: Non-monetary benefits

For workers who were provided with non-monetary benefits as part of their remuneration package, please indicate which benefits were received, and whether the worker retained the use of the benefit after the injury. It is only necessary to complete the amount per week if the benefit was not retained by the worker after the injury. The amount per week should be completed using either the taxable value as a fringe benefit (if applicable) or the amount reasonably payable during the 52 weeks before the date of injury. If superannuation is salary sacrificed, please do not include the superannuation guarantee contribution amount paid by the employer.

Benefit	Benefit retained post injury?		If no, \$Amount/week
	Yes	No	
Use of a motor vehicle	Yes	No	
Residential accommodation	Yes	No	
Health insurance	Yes	No	
Education fees	Yes	No	
Other*	Yes	No	

*Also include here any item/s as part of a salary package for which the value is not already included in gross earnings. For workers who retain the use of a benefit, it is important to notify the insurer if, in the future, the worker is no longer entitled to have use of the non-monetary benefit.

Section 6: Other employment

Did the worker have more than one employer at the time of injury?

Yes No

If yes, please provide the following:

Employer name	Date <small>(DD/MM/YYYY)</small> commenced	Earnings per week	Address	Contact name	Telephone

Section 7: Reasons for requesting an alteration of weekly payments (if applicable)

This section is completed in support of applications in accordance with section 42(1) of the 1987 Act.
Please state the reasons for the request for alteration to your weekly payments.

Section 8: Declaration

I have read the information provided in this form. I declare that the information I have supplied in this form, and any attachment/s to this form, is true and correct and that no information has been suppressed or omitted from this submission to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

I am the:

Worker

Employer

Other (please specify)

Name

Signature

Date (DD/MM/YYYY)