

StateCover Mutual Ltd Website Access

Authorisation Form

.....Council hereby authorises

Name.....

Position

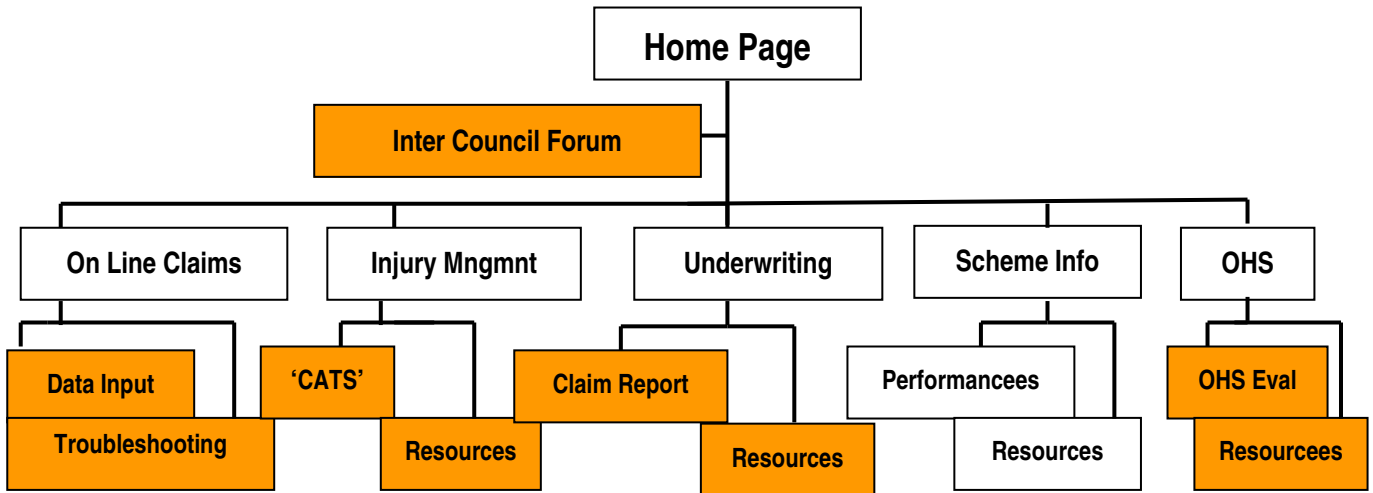
Contact number.....

Email

to access the following areas of the StateCover Mutual Ltd website.

Inter Council Forum page	Yes / No
On line Claims (includes access data input & on line reports)	Yes / No
Injury Management (includes access to CATS)	Yes / No
Underwriting (access to premium financial data including monthly reports)	Yes / No
OHS (includes access to Evaluation)	Yes / No

Please note: Confidential information regarding Council financial details and individual claim details will be accessible via the coloured pages indicated in the diagram below.



Please provide a password to the individual indicated above.

Signed : Position..... Date.....

Fax return to StateCover – Jacqui Marshall 9262 6605

For StateCover Administration Only

Username: _____

Password: _____

Date entered: _____

Signed: _____