

StateCover Mutual Ltd Website Access

Authorisation Form

.....Council hereby authorises

Name.....

Position

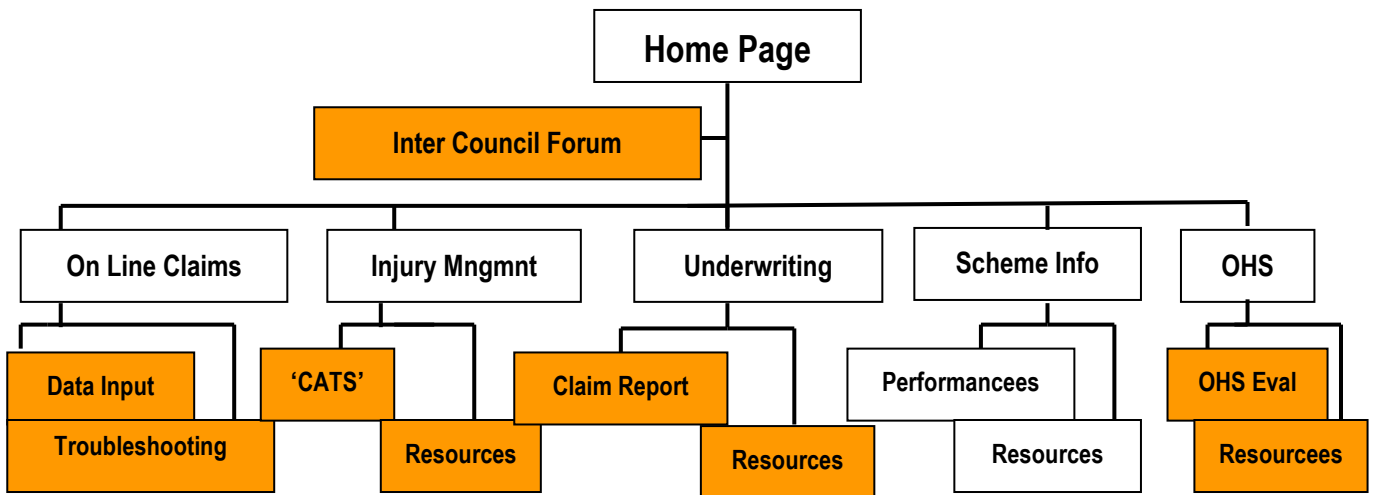
Contact number.....

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 – Rachel Baker 9262 6605

For StateCover Administration Only

Username: _____

Password: _____

Date entered: _____

Signed: _____