

Website Access Authorisation Form

I request access to the following areas of the StateCover Mutual Limited website, for _____
 _____(name):

Access to:	Yes: <i>(Please tick if you require access to this area)</i>
Claims & Injury Management <i>(includes access to CATS reporting)*</i>	
Policy Management <i>(includes access to Policy Reports) *</i>	
OHS	
Online Claims <i>(includes access to claims lodgement & reports) *</i>	

** Access to these areas provides the user access to Council financial information and individual claim details*

Council: _____

Position: _____

Contact number: _____

Email: _____

I _____ from _____ Council authorise the above named employee to have access to the areas of the StateCover Mutual Website specified above.

Signed : _____ Position: _____ Date: _____

The above authorisation should be provided by the individual responsible for management/oversight of Workers Compensation within your Council

Please return the signed form to StateCover via email to feedback@statecover.com.au or fax to 9262 6605

StateCover Administration Only

Username: _____

Password: _____

Date entered: _____

Signed: _____