



LOSS OF EARNINGS REPORT REQUEST

This data form can be used to request a calculation report into the value of earnings lost due to a workplace or road injury, etc. This information may be needed for compensation purposes.

Contact Details:

Contact Name			
Firm			
Address			
Post Code		State	
Telephone		Fax	
Email			

Injured Party's Details:

Name	
Date of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Accident	
Start Date of Loss	
End Date of Loss	(eg date age 65)
Discount To	(eg today's date)
Accident Type	<input type="checkbox"/> Work <input type="checkbox"/> Road <input type="checkbox"/> Other _____
Jurisdiction	(eg Vic, Qld)
Discount Rate % p.a.	



Salary Information:

Please list annual earnings for each year of the loss. For the first and last years, please indicate earnings for a part year.

Earnings are		<input type="checkbox"/> Gross <input type="checkbox"/> Net of Tax and the Medicare Rebate					
Year	Amount (\$)	Year	Amount(\$)	Year	Amount(\$)	Year	Amount(\$)

Assumptions:

Unless requested otherwise for future loss of earnings, we assuming earnings increase in line with AWOTE, and average mortality. If requested, we can make an adjustment for average work participation.

Comments:

Fees:

The fee for this report is \$440 including GST. An invoice will be forwarded with the report.

FAX TO: (03) 6224 7119 EMAIL: brian@netactuary.com.au