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**Employer Incentive Scheme**

**Claim for Reimbursement Form**

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**Privacy Notice**

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by DVA for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

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This form is to enable eligible employers to claim the Employer Incentive Scheme (EIS).

This form must be submitted by the employer to DVA via email at rehabilitation@dva.gov.au

**Information about the Employer Incentive Scheme**

Incentive payments may be paid to an eligible employer where an employer is paying the client full wages and incapacity payments paid by DVA have ceased or been reduced in accordance with the client’s new earnings. Incentives are paid under subsection 37(4) of the *Safety, Rehabilitation and Compensation Act 1988* and subsection 51(5) of the *Military Rehabilitation Compensation Act 2004*. The employer incentives include:

**•**reimbursement of 75% of gross wages for the first three months of employment;

**•**reimbursement of 40% of gross wages for the second three months of employment; and a

**•**one offretention bonus of 10% of annual gross wages (up to a maximum of $2,000) if the employment is sustained beyond 12 months.

Gross wages exclude allowances, overtime, commissions and any compensation payments.

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| **Worker Details** |
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| **Worker Name** |  | **Date of Birth** | Click or tap to enter a date. |

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| **Employment details**  |
| **Only one claim period can be claimed at a time.***Provide details of the gross monthly wages paid to the employee. Documentary evidence of wages must also be attached.****First 3 months of employment***  |
|  | **Dates** | **Hours worked** | **Gross wages paid** |
| **Month 1** |  |  |  |
| **Month 2** |  |  |  |
| **Month 3** |  |  |  |
|  | **Total hours** |  |  |
|  | **Total gross wages paid** |  |  |
| **Total Amount Payable = 75% gross monthly wages for the first 3 months** |
| **Total amount payable** |  |

***Second 3 months of employment***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dates** | **Hours worked** | **Gross wages paid** |
| **Month 4** |  |  |  |
| **Month 5** |  |  |  |
| **Month 6** |  |  |  |
|  | **Total hours** |  |  |
|  | **Total gross wages paid** |  |  |
| **Total Amount Payable = 40% gross monthly wages for the second 3 months** |
| **Total amount payable** |  |

***Sustained employment beyond 12 months***

|  |  |
| --- | --- |
| **Will the employment be ongoing beyond 12 months?** | Choose an item. |
| **Please provide any relevant comments in relation to the answer you provided above** |
|  |

*Where you have answered yes above please complete the following information.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** |  | **Gross annual wages paid** |  |
| **Total Amount Payable = retention bonus of 10% of annual gross wages (up to a maximum of $2,000) if the employment is sustained beyond 12 months** |
| **Total amount payable** |  |

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| **Worker (employee) Performance**  |

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| **Please provide a statement describing the employee’s work performance.***Alternatively a statement can be attached.* |
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| **Employer Sign-Off** |
|  |  |  |  |
| **Employer contact name** |  |
| **Signature**  |  | **Date**  | Click or tap to enter a date. |

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