

Workers Compensation Claims and Policy Services

XXXX2009

Variation Notice

>>>>>

Nominal Insurer

And

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NOMINAL INSURER PROPOSED VARIATION NOTICE

Introduction

- 1.1 This Variation Notice is issued in accordance with Clause 10 of the Deed, and following the framework described in Schedule 7.
- 1.2 The Scheme Agent is required to provide these Project Services to implement the **(INSERT DETAILS)**.
- 1.3 This Variation Notice is subject to, and is issued in accordance, with the Deed.
- 1.4 For the avoidance of doubt, the Variation Notice forms part of the Deed.

Part A (Proposal)

(Guide Note: If the proposed Variation will vary the terms of the Deed, specifications or other Documents forming part of the Deed, draft amendments must be attached).

| | |
|---|--|
| Scheme Agent Identifier | [Insert Identifier] |
| Variation Notice number (to be allocated by the Nominal Insurer) | VNXXX [from variation notice register] |
| Originator | Nominal Insurer |
| Company | Nominal Insurer |
| Contact phone number | [Number] |
| Date submitted | [Date submitted by Nominal Insurer] |
| Date received | [Date received by Scheme Agent] |
| Proposed date of change | [Date] |
| Date of expiry of validity of Variation Notice | Contract Term |

Variation title

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Details of proposed change

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List any documents affected by this change

| Deed reference | Proposed change |
|----------------|-----------------|
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| | |
|-----------------|-------|
| Variation Name: | Date: |
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(Guide Note: The table must include any Deed, ODS Schedule changes that will be impacted as a result of this Variation).

Submitting Principal's endorsement:

| Name | Date |
|------|------|
|------|------|

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|-----------------|-------|
| Variation Name: | Date: |
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Part B (Implications)

Identify any risks if the proposed Variation was not accepted

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Identify any anticipated change(s) to service delivery performance

Guide note: This will include changes to KPI's, Corrective Action Plans, etc

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Provide any other relevant qualifications or comments

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Part C (Implementation)

Identify the means of implementing the proposed Variation

Guide Note: This may include details of any staged implementation, resources required from the other party

Provide the implementation plan and timetable for the proposed Variation

Guide Note: Include details of how the implementation will be managed, including resources, timeframes, milestones etc

Part D (Project Services)

Insert detailed description of deliverables, including specification.

Insert details of acceptance criteria and acceptance testing process.

Insert details of the timetable for delivery including detailed project plan showing key milestones, deliverables and acceptance testing.

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Insert details of payment amounts, milestones for payment and retention sums if applicable and describe liquidated damages.

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Confirm if clause 21.4 of the Deed applies to any New Contract Material, and if so, specify the terms of the licence and fees payable.

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Provide details of any items/resources to be supplied by the Nominal Insurer.

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Provide details of Applicable Standards, warranties and warranty periods.

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Provide details of any requirements for documentation, training and support.

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Part E (Fees)

Insert details of

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|--|--|
| Amount payable for cost of implementation of Variation, and a payment plan | |
| Variation to the Remuneration for on-going compliance | |
| Amount if any (up to \$10,000) if Sub-clause 10.8 of the Deed applies | |
| Costs in accordance with Sub-clause 21.4 of the Deed (if applicable) | |

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Part F (Execution)

This Variation is made in accordance with clause 10 of the Deed.

Approval Number: _____

SIGNED FOR AND ON)
BEHALF OF THE WORKERS)
COMPENSATION NOMINAL)
INSURER by the Chief)
Executive Officer of)
WorkCover [or authorised)
person with delegation)
authorised to sign on behalf of)
the Nominal Insurer] in the)
presence of:)

.....

.....
Witness Signature

.....
Print Full Name of Witness

.....
Position

.....
Date of signature

Execution by the Scheme Agent:

| | |
|-----------------|-------|
| Variation Name: | Date: |
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NOMINAL INSURER PROPOSED VARIATION NOTICE

The **COMMON SEAL** of.....

.....

(insert name of Scheme Agent)

A.C.N:

(insert Scheme Agent's A.C.N.)

was duly affixed hereto at

(insert name of City/ Town)

in the State of

(insert name of State / Territory)

(Corporate Seal)

.....

(signature of Director)

in the presence of.....

(insert name of Secretary or other permanent officer)

)

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(signature of Secretary or other permanent officer)

| | |
|-----------------|-------|
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