13 November 2017

Hotel Employers Mutual

GPO Box 4143

SYDNEY NSW 2001

|  |  |
| --- | --- |
|  |  |
| **Worker Name:** |       |
| **Employer:** |       |
| **Reference Number:** |       |
| **Date of Injury:** |       |

I,       *(full name)* do not wish to claim worker’s compensation for the abovementioned injury.

This will remain a notification only until such time as to further treatment or medical advice is sought. In the event of this occurring I will contact my direct employer or Hotel Employers Mutual as soon as possible.

|  |  |
| --- | --- |
| Signature: |       |
| Date: |      /     /      |

**Please complete and sign this document and return the form to Hotel Employers Mutual:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** info@hotelemployersmutual.com.au

**:** 02 8351 9495