AUTHORITY TO ACT

The Claims Manager

WorkCover Queensland

PO Box 10119

Brisbane Qld 4000

**RE: Letter of Authority to Act.**

**Policy Number****: Please insert**

**Employer Name: Please insert**

Dear Sir/Madam,

Place accept this letter as an authority for Racing Queensland Board T/A Racing Queensland delegates to act as the agent and representative of (**Employer Name**) in regard to all matters related to the above mentioned WorkCover policy held by **(Employer Name)**, including discussing with WorkCover all current and past claims and obtaining information on premiums and claims data as required.

This authority applies to all communications with WorkCover, including via the WorkCover Connect employer portal.

Thank you for your ongoing cooperation and should you have any questions please do not hesitate to contact me.

Yours faithfully

**(Employer Name)**