**Your Business**

Address Line 1

Address Line 2

Address Line 3

**Insurer Name**

Address Line 1

Address Line 2

Address Line 3

Thursday 31 August 2023

**RE: LETTER OF APPOINTMENT**

**Client Name PTY LTD – (Employer / Policy Number 111111111)**

Dear Sir / Madam,

Please also be advised we appoint ABILITY GROUP Pty Ltd to assist us in managing our workers compensation arrangements. This correspondence provides ABILITY GROUP Pty Ltd our authorisation to obtain relevant information regarding our policy/s to assist us in reviewing our workers compensation arrangements. Relevant information includes, but is not limited to;

* Policy/premium information
* Claim Summary Reports as well as specific claims information and summaries
* General correspondence

Please update your systems to note ABILITY GROUP on your systems for workers compensation respectively as well as provide them your cooperation in supporting us moving forward.

Yours faithfully,

Your Name

Your Title