

Australian Capital Territory

Workers Compensation Amendment Regulation 2022 (No 1)

Subordinate Law SL2022-4

The Australian Capital Territory Executive makes the following regulation under the [Workers Compensation Act 1951](http://www.legislation.act.gov.au/a/1951-2).

Dated 31 March 2022.

Andrew Barr

Chief Minister

Mick Gentleman

Minister



Australian Capital Territory

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made under the

[Workers Compensation Act 1951](http://www.legislation.act.gov.au/a/1951-2" \o "A1951-2)

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1 Name of regulation

This regulation is the *Workers Compensation Amendment Regulation 2022 (No 1)*.

2 Commencement

(1) This regulation (other than the following provisions) commences on the day after its notification day:

 section 6

 section 8

 section 11

 section 15.

Note The naming and commencement provisions automatically commence on the notification day (see [Legislation Act](http://www.legislation.act.gov.au/a/2001-14), s 75 (1)).

(2) The provisions mentioned in subsection (1) commence on 1 June 2022.

3 Legislation amended

This regulation amends the [Workers Compensation Regulation 2002](https://www.legislation.act.gov.au/sl/2002-20).

4 Section 3, note 1

substitute

Note 1 The dictionary at the end of this regulation defines certain terms used in this regulation, and includes references (signpost definitions) to other terms defined elsewhere in this regulation.

For example, the signpost definition ‘clinically relevant research—see section 6.’ means that the term ‘clinically relevant research’ is defined in section 6.

5 Division 9.1

substitute

Division 9.1 Licensing of licensed insurers

68 Application for insurer licence—Act, s 145J (a)

(1) An application for an insurer licence by an insurer (the applicant) must—

(a) include evidence of an authorisation under the [*Insurance Act 1973*](https://www.legislation.gov.au/Series/C1973A00076) (Cwlth), section 12 to carry on an insurance business in Australia; and

(b) if the applicant is applying for a corresponding licence—include evidence of the application; and

(c) if the applicant has a corresponding licence—include evidence of the licence and any conditions on the licence; and

(d) include evidence that the applicant has adequate reinsurance, or other arrangements in place, to cover the applicant’s future liability under the Act; and

(e) comply with any protocol relating to applying for a licence.

(2) The regulator may, in writing, require further evidence from an applicant that demonstrates the applicant—

(a) is financially and prudentially sound; or

(b) will be able to meet any obligations as an insurer under the Act in relation to injury management programs and personal injury plans.

(3) In this section:

corresponding licence means a licence under a State law that has the same effect, or substantially the same effect, as an insurer licence.

69 Criteria for issuing insurer licence—Act, s 145J (b)

The regulator may issue an insurer licence only if satisfied the applicant for the licence—

(a) is financially and prudentially sound; and

(b) if licensed, will—

(i) be able to meet the applicant’s existing and expected liabilities under the Act; and

(ii) be able to meet the applicant’s obligations as an insurer under the Act; and

(iii) comply with any conditions on the licence.

70 Particulars of insurer licence—Act, s 145J (b)

An insurer licence must state the following:

(a) the insurer’s name;

(b) if the insurer operates the insurance service under another name—the insurer’s other name;

(c) the insurer’s ABN or ACN.

6 Divisions 9.2 and 9.3

substitute

Division 9.2 Conditions on insurers

71 Insurer must have reinsurance—Act, s 145J (c)

It is a condition of an insurer licence that the insurer maintain reinsurance that is capable of meeting the insurer’s existing and expected liabilities under the Act.

72 Information about ability to meet liabilities etc—Act, s 145J (c) and (g)

(1) It is a condition of an insurer licence that the insurer give the regulator the following information, if requested in writing by the regulator:

(a) information about claims that have been made against the insurer under the Act;

(b) information to allow the regulator to assess—

(i) the insurer’s continuing ability to meet the insurer’s existing and expected liabilities under the Act; and

(ii) whether the insurer continues to be financially and prudentially sound; and

(iii) the insurer’s continuing ability to meet its obligations under the Act.

(2) Information requested from an insurer in writing by the regulator must be reasonably necessary for the performance of the regulator’s functions.

73 Insurer to provide information and pay costs of audit—Act, s 145J (c) and (f)

It is a condition of an insurer licence that for an audit under part 10A, the insurer—

(a) complies with the reasonable requirements of the person conducting the audit; and

(b) allows the person conducting the audit access to the information reasonably required to conduct the audit; and

(c) pays reasonable fees and reasonable expenses for the audit.

Note The Minister may approve a protocol about how a person who is subject to an audit must participate in the audit (see s 101 (2) (b)).

74 Information on working out premiums—Act, s 145J (c) and (e)

(1) It is a condition of an insurer licence that—

(a) on written request by the regulator, the insurer gives the regulator, in writing, any relevant information about how the insurer works out premiums for compulsory insurance policies; and

(b) the insurer must give information under paragraph (a) within the period stated in the request that is not less than 21 days after the day the regulator asked for the information.

(2) In this section:

relevant information means information the regulator is satisfied on reasonable grounds will help the regulator to decide whether premiums are being worked out in accordance with the principles for working out premiums under section 75.

75 Principles for working out premiums—Act, s 145J (c)

(1) It is a condition of an insurer licence that, in working out premiums, an insurer must—

(a) provide for sufficient (but not excessive) income from premiums to fully fund liabilities arising from policies of insurance to which the premiums relate; and

(b) ensure that premiums are structured to minimise, as far as reasonably practicable, the cross subsidisation of premium rating groups.

(2) For this section, there is sufficient income from premiums to fully fund the liabilities to which the premiums relate if the premiums are sufficient to do all of the following:

(a) fully fund claims liabilities arising from the insurance policies to which the premiums relate;

(b) pay all acquisition, policy administration and claims settlement expenses of the insurer;

(c) provide a profit margin after the payment of claims, costs and expenses that represents an adequate return on capital invested and compensation for the risk taken;

(d) provide for anything else that a prudent insurer should, in the circumstances, provide for;

(e) provide for contributions or other charges payable by the insurer under the Act.

(3) For subsection (2) (a), the amount of claims liabilities of the insurer does not include the treatment, care and support costs of a participant in the LTCS scheme.

Note LTCS scheme—see the [LTCS Act](http://www.legislation.act.gov.au/a/2014-11/default.asp), dictionary.

(4) An insurer is taken to have complied with subsection (1) (a) if the insurer provides for sufficient (but not excessive) income from premiums in accordance with actuarial advice about the liability arising from policies of insurance to which the premiums relate.

76 Time for information to be given—Act, s 145J (c) and (g)

(1) It is a condition of an insurer licence that any information required to be given to the regulator is given—

(a) within 14 days after the day the information is requested; or

(b) if a longer period is allowed by the regulator or provided for the giving of the information—within that period.

(2) This section does not apply to section 74 (Information on working out premiums—Act, s 145J (c) and (e)).

77 Record keeping by licensed insurers—Act, s 145J (d)

(1) It is a condition of an insurer licence that a licensed insurer must keep records about the licensed insurer’s policies, processes and decisions for the provision of an insurer service, in accordance with any protocol relating to the keeping of records.

(2) A record mentioned in subsection (1) must be kept for not less than 5 years after the day the record is made.

78 Action if rehabilitation provider’s approval suspended or revoked—Act, s 145J (c)

It is a condition of an insurer licence that the insurer must arrange for another rehabilitation provider to be responsible for a worker’s vocational rehabilitation under a personal injury plan if—

(a) the approval of the rehabilitation provider responsible for the worker’s rehabilitation under the plan has been suspended or revoked; and

(b) the insurer is responsible for the personal injury plan for the worker.

Division 9.3 Action against insurers

79 Notice of proposed action against licensed insurer

If the regulator proposes to take action (the proposed action) mentioned in section 80 (2) in relation to an insurer, or to cancel the insurer licence, the regulator must give the insurer written notice—

(a) stating the proposed action; and

(b) stating the grounds for the proposed action; and

(c) inviting the insurer to make written representations, within a stated period of not less than 14 days after the day the insurer is given the notice, about why the proposed action should not be taken.

80 Action other than cancellation of insurer licence—Act, s 223 (2) (h)

(1) This section applies to a licensed insurer if—

(a) the insurer—

(i) contravenes the [Act](https://www.legislation.act.gov.au/a/1951-2/), section 112 (Compliance by insurers, including DI fund) or another provision of the Act; or

(ii) is unable to meet the insurer’s existing and expected liabilities under the Act; or

(iii) no longer has unlimited reinsurance for a single event to cover the insurer’s expected liability under the Act; or

(iv) fails to comply with a condition on the insurer licence; and

(b) the regulator has given the insurer notice under section 79.

(2) After considering any written representations made by the insurer within the period for representations stated in the notice, the regulator may—

(a) do 1 or more of the following:

(i) order the insurer to pay to the Territory a financial penalty of not more than $1 000;

(ii) impose a condition on the insurer licence of the insurer (for example, by including a condition providing for increased supervision of the insurer by the regulator);

(iii) censure the insurer;

(iv) order the insurer to take remedial action; or

(b) suspend the licence for not longer than the period.

(3) The regulator must tell the insurer in writing about the decision—

(a) if the decision is to take action other than suspension—by giving the insurer a reviewable decision notice; or

Note The requirements for reviewable decision notices are prescribed under the [*ACT Civil and Administrative Tribunal Act 2008*](http://www.legislation.act.gov.au/a/2008-35).

(b) if the decision is to suspend the insurer licence—in accordance with section 82 (Effect of regulator suspension or cancellation of insurer licence—Act, s 145J (h)).

(4) In this section:

proposed action—see section 79.

81 Cancellation of insurer licence—Act, s 145J (h)

(1) This section applies to an insurer licence if—

(a) a matter mentioned in section 80 (1) (a) applies to the insurer; and

(b) either—

(i) the regulator has taken action under section 80 (2), but the matter continues or is repeated; or

(ii) the regulator considers immediate action is required because of a serious circumstance; and

(c) the regulator gives notice under section 79 that the regulator proposes to cancel the licence.

(2) After considering any written representation made by the insurer within the period for representations stated in the notice, the regulator may—

(a) take action under section 80 (2); or

(b) cancel the insurer licence.

(3) For subsection (1) (b) (ii), a serious circumstance includes a circumstance in which the insurer—

(a) fails to establish an injury management program under the [Act](https://www.legislation.act.gov.au/a/1951-2/), section 88 (Insurer to establish etc injury management program); or

(b) fails to give effect to an injury management program under the [Act](https://www.legislation.act.gov.au/a/1951-2/), section 89 (Insurer to give effect to injury management program); or

(c) fails to establish a personal injury plan for an injured worker under the [Act](https://www.legislation.act.gov.au/a/1951-2), section 97 (Personal injury plan for worker with significant injury); or

(d) contravenes a direction under the [Act](https://www.legislation.act.gov.au/a/1951-2), section 114 (Unreasonableness in stopping payment); or

(e) fails to comply with the regulator’s notice, or gives details that are false or misleading in a material respect, under the Act, section 164 (Provision of information to Minister).

(4) The regulator must tell the insurer, in writing, about the decision—

(a) if the decision is to take action other than suspension or cancellation—by giving the insurer a reviewable decision notice; or

Note The requirements for reviewable decision notices are prescribed under the [*ACT Civil and Administrative Tribunal Act 2008*](http://www.legislation.act.gov.au/a/2008-35).

(b) if the decision is to suspend or cancel the insurer licence—in accordance with section 82.

82 Effect of regulator suspension or cancellation of insurer licence—Act, s 145J (h)

(1) If the regulator decides to suspend or cancel an insurer licence, the regulator must give written notice of the decision, including when the suspension or cancellation takes effect, to the insurer who holds the licence.

Note The regulator’s notice must comply with the requirements of the [Act](https://www.legislation.act.gov.au/a/1951-2), s 199A.

(2) A suspension or cancellation must not take effect earlier than 7 days after the day the insurer is told about the decision.

(3) Subject to the [Act](https://www.legislation.act.gov.au/a/1951-2), section 146 (Effect of cancellation or suspension of insurer licence), if the regulator suspends an insurer licence, the insurer is, during the suspension—

(a) taken not to be a licensed insurer; and

(b) disqualified from applying for a licence as an insurer.

(4) The regulator may, at any time, by written notice to the insurer, end or reduce the period of suspension of the insurer licence.

83 When does cancellation make previous insurance policies not compulsory insurance policies?—Act, s 146 (3)

(1) If an insurer licence is cancelled, a compulsory insurance policy issued before the cancellation is taken not to be a compulsory insurance policy only if a reason for the cancellation is the winding‑up of the insurer.

(2) The compulsory insurance policy stops being a compulsory insurance policy 7 days after the day the cancellation takes effect.

7 Division 10.1

substitute

Division 10.1 Issue of self-insurer licence by regulator

84A Application for self-insurer licence—Act, s 145U (a)

(1) An application for a self‑insurer licence by an employer (the applicant) must contain or be accompanied by the following:

(a) if the applicant is applying for a corresponding self‑insurer licence—include evidence of the application;

(b) if the applicant has a corresponding self‑insurer licence—include evidence of the self-insurer licence and any conditions on the licence;

(c) evidence that the applicant has unlimited reinsurance for a single event to cover the applicant’s existing and expected liability under the Act;

(d) a copy of the applicant ’s audited financial statements (or, if it is not available, equivalent information) for each of the previous 3 years;

(e) an actuarial report in accordance with subsection (3);

(f) a guarantee from an authorised deposit-taking institution in favour of the DI fund for the guaranteed amount in a form that complies with any protocol relating to applying for a licence;

Note The guaranteed amount is defined in s (4).

(g) evidence that the applicant has in place an occupational health and safety management system that complies with any Australian or New Zealand standards in relation to safety mentioned in a protocol relating to applying for a licence;

(h) any other information or evidence mentioned in a protocol relating to applying for a licence.

(2) The regulator may, in writing, require further evidence from an applicant that demonstrates the applicant—

(a) is financially and prudentially sound; or

(b) will be able to meet any obligations as an insurer under the Act in relation to injury management programs and personal injury plans.

(3) For subsection (1) (e), the actuarial report must contain an estimate of the following information as if the applicant were a licensed self‑insurer at the time of the application:

(a) the applicant’s existing outstanding liability in relation to compensable injuries;

(b) the applicant’s expected liability each year for the 2-year period beginning on the day the applicant applies for the licence;

(c) the total expected payments in satisfaction of the applicant’s liability for compensable injuries likely to be made each year for the 2-year period beginning on the day the applicant applies for the licence.

(4) For subsection (1) (f), the guaranteed amount is the greater of—

(a) $1 000 000; and

(b) an amount calculated by an actuary to be the estimate of outstanding claims liability at the balance date, plus a prudential margin of 50%.

(5) In this section:

corresponding self-insurer licence means a self-insurer licence under a State law that has the same effect, or substantially the same effect, as a self-insurer licence under the Act.

84B Criteria for issuing self-insurer licence—Act, s 145U (b)

The regulator may issue a self-insurer licence to the applicant only if satisfied—

(a) the applicant for the licence—

(i) is financially and prudentially sound; and

(ii) if licensed, will—

(A) be able to meet the applicant’s existing and expected liabilities as a self-insurer under the Act; and

(B) be able to meet the applicant’s obligations as a self‑insurer under the Act in relation to injury management programs and personal injury plans; and

(C) be able to comply with the applicant’s health and safety duties under the [*Work Health and Safety Act 2011*](http://www.legislation.act.gov.au/a/2011-35); and

(D) comply with the conditions on the self-insurer licence; and

(b) the issue of the self-insurer licence will not adversely affect the operation of the workers compensation scheme under the Act.

8 Divisions 10.2 and 10.3

substitute

Division 10.2 Self-insurer licence conditions

85 Licensed self-insurer to have reinsurance—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer maintain unlimited reinsurance for a single event to cover the self-insurer’s existing and expected liability under the Act.

86 Information about workers compensation, vocational rehabilitation and occupational health and safety—Act, s 145U (c)

(1) It is a condition of a self-insurer licence that the employer give the regulator information, requested in writing by the regulator, about workers compensation, vocational rehabilitation and occupational health and safety related to the employer.

(2) Information requested from a self-insurer in writing by the regulator must be reasonably necessary to allow the regulator to assess the employer’s continuing suitability to be a licensed self‑insurer.

87 Record keeping by licensed self-insurers—Act, s 145U (d)

(1) It is a condition of a self-insurer licence that the employer must keep records about the employer’s policies, processes and decisions for the provision of an insurer service, in accordance with any protocol relating to the keeping of records.

(2) A record mentioned in subsection (1) must be kept for not less than 5 years after the day the record is made.

88 Action if rehabilitation provider’s approval suspended or revoked—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer must arrange for another rehabilitation provider to be responsible for a worker’s vocational rehabilitation under a personal injury plan if—

(a) the approval of the rehabilitation provider responsible for the worker’s rehabilitation under the plan has been suspended or revoked; and

(b) the employer is responsible for the personal injury plan for the worker.

89 Self-insurer to provide information and pay costs of audit—Act, s 145U (c) and (f)

It is a condition of a self-insurer licence that the self-insurer, for an audit under part 10A—

(a) complies with the reasonable requirements of the person conducting the audit; and

(b) allows the person conducting the audit access to the information reasonably required to conduct the audit; and

(c) pays reasonable fees and reasonable expenses for the audit.

Note The Minister may approve a protocol about how a person who is subject to an audit must participate in the audit (see s 101 (2) (b)).

90 Self-insurer to maintain bank guarantee—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer maintain a bank guarantee in accordance with section 84A (1) (f).

91 Self-insurer to maintain occupational health and safety management system—Act, s 145U (c)

It is a condition of a self-insurer licence that the employer maintain an occupational health and safety management system that complies with an Australian/New Zealand Standard on occupational health and safety referred to in a protocol relating to applying for a licence.

Division 10.3 Action against licensed self-insurers

92 Notice of proposed action against licensed self-insurer

(1) Before taking proposed action in relation to a self‑insurer, the regulator must give the licensed self-insurer written notice in accordance with subsection (2).

(2) Written notice to a self-insurer must state the following:

(a) the proposed action;

(b) the grounds for the proposed action;

(c) the self-insurer may make written representations, within a stated period of not less than 14 days after the day the self‑insurer is given the notice, about why the proposed action should not be taken.

(3) In this section:

proposed action means—

(a) action under section 93 (2); or

(b) action to cancel a self-insurer licence under section 95.

93 Action other than cancellation of self-insurer licence—Act, s 223 (2) (h)

(1) This section applies to a self-insurer if—

(a) the self-insurer—

(i) contravenes the [Act](https://www.legislation.act.gov.au/a/1951-2), section 112 (Compliance by insurers, including DI fund) or another provision of the Act; or

(ii) is unable to meet the self-insurer’s existing and expected liabilities under the Act; or

(iii) no longer has unlimited reinsurance for a single event to cover the self-insurer’s expected liability under the Act; or

(iv) does not have the guarantee from an authorised deposit‑taking institution mentioned in section 84A (1) (f); or

(v) fails to comply with a condition on the self-insurer licence; and

(b) the regulator has given the self-insurer notice under section 92.

(2) After considering any written representation made by the licensed self‑insurer within the period for representations stated in the notice, the regulator may—

(a) do 1 or more of the following:

(i) order the licensed self-insurer to pay to the Territory a financial penalty of not more than $1 000;

(ii) impose a condition on the self-insurer licence (for example, by including of a condition providing for increased supervision of the licensed self-insurer by the regulator);

(iii) censure the self-insurer;

(iv) order the self-insurer to take remedial action; or

(b) suspend the self-insurer licence for not longer than the period.

(3) The regulator must tell the licensed self-insurer, in writing, about the decision—

(a) if the decision is to take action other than suspension—by giving the licensed self-insurer a reviewable decision notice; or

Note The requirements for reviewable decision notices are prescribed under the [*ACT Civil and Administrative Tribunal Act 2008*](http://www.legislation.act.gov.au/a/2008-35).

(b) if the decision is to suspend the self‑insurer’s self-insurer licence—in accordance with section 95.

94 Cancellation of self-insurer licence—Act, s 145U (g)

(1) This section applies to a licensed self-insurer if—

(a) a matter mentioned in section 93 (1) (a) applies to the self‑insurer; and

(b) the regulator has taken action under section 93 (2), but the matter continues or is repeated; and

(c) the regulator gives notice under section 92 that the regulator proposes to cancel the self-insurer licence.

(2) After considering any written representation made by the licensed self‑insurer within the period for representations stated in the notice, the regulator may—

(a) do 1 or more of the things mentioned in section 93 (2); or

(b) cancel the self-insurer licence.

(3) The regulator must tell the self-insurer, in writing, about the decision—

(a) if the decision is to take action other than suspension or cancellation—by giving the self-insurer a reviewable decision notice; or

Note The requirements for reviewable decision notices are prescribed under the [*ACT Civil and Administrative Tribunal Act 2008*](http://www.legislation.act.gov.au/a/2008-35).

(b) if the decision is to suspend or cancel the self-insurer licence—in accordance with section 95.

95 Cancellation or suspension of self‑insurer licence by regulator—Act, s 145U (g)

(1) If the regulator decides to suspend or cancel a self-insurer’s self‑insurer licence the regulator must give written notice of the decision to the self‑insurer, including when the suspension or cancellation takes effect.

Note The regulator’s notice must comply with the requirements of the [Act](https://www.legislation.act.gov.au/a/1951-2), s 199A.

(2) A suspension or cancellation must not take effect earlier than 7 days after the day the self-insurer is told about the decision.

(3) If the regulator suspends a self-insurer licence, the self-insurer is, during the suspension—

(a) taken not to be a licensed self-insurer; and

(b) disqualified from applying for another self-insurer licence.

(4) The regulator may, at any time, by written notice to the self‑insurer, end or reduce the period of suspension of the self‑insurer licence.

9 Section 95A heading

substitute

95A Compliance audits—Act, s 145J (d) and (f) and s 145U (d) and (e)

10 Section 95A (1) (a) and (b), except note

substitute

(a) a licensed insurer; or

(b) a licensed self-insurer.

11 Section 95A (2), note

substitute

Note The person audited must comply with the requirements of the person conducting the audit (see s 73 and s 89).

12 Section 95A (3)

substitute

(3) In this section:

compliance audit means an audit of—

(a) compliance with the [Act](https://www.legislation.act.gov.au/a/1951-2) and this regulation; and

(b) for a licensed insurer—compliance with the conditions, under division 9.2, of a licence; and

(c) for a self-insurer—compliance with the conditions, under division 10.2, of a self‑insurer licence; and

(d) compliance with a relevant protocol approved under section 101.

compliance auditor means a person appointed under section 95C to conduct a compliance audit.

13 Section 95B heading

substitute

95B Financial audits—Act, s 145J (d) and (f) and s 145U (d) and (e)

14 Section 95B (1) (a) and (b)

substitute

(a) a licensed insurer; or

(b) a licensed self-insurer.

Note A fee may be determined under the [Act](https://www.legislation.act.gov.au/a/1951-2), s 221 for this provision.

15 Section 95B (2), note

substitute

Note The person audited must comply with the requirements of the person conducting the audit (see s 73 and s 89).

16 Section 95B (3)

substitute

(3) In this section:

financial audit means an audit of—

(a) financial and prudential soundness; and

(b) the ability to meet existing and expected liabilities under the Act.

financial auditor means a person appointed under section 95C to conduct a financial audit.

17 Section 95C

substitute

95C Appointment of auditors

(1) The regulator may—

(a) appoint a suitably qualified person as a compliance auditor to conduct compliance audits under section 95A; and

(b) appoint an auditor as a financial auditor to conduct financial audits under section 95B.

(2) A person appointed under subsection (1) must be appointed for not longer than 3 years.

Note For laws about appointments, see the [Legislation Act](http://www.legislation.act.gov.au/a/2001-14), pt 19.3.

18 Section 101 heading

substitute

101 Approved protocols for licensed insurers and licensed self-insurers—Act, s 223 (2) (k)

19 Section 101 (2) (b) and (c)

substitute

(b) how a person subject to an audit under part 10A must participate in the audit; and

20 Dictionary, note 2

insert

 ACT

 contravene

 fail

 penalty unit (see s 133)

 reviewable decision notice

21 Dictionary, note 3

insert

 asbestos-related disease

 compensable injury

 compensation

 cpi indexed (see s 20)

 DI fund manager

 disease

 imminently fatal asbestos-related disease

 injury management

 injury management plan

 nominated treating doctor

 personal injury plan (see s 85A)

 protocol

22 Dictionary, new definition of audit

insert

audit, under part 10A, means—

(a) a compliance audit conducted under section 95A; or

(b) a financial audit conducted under section 95B.

23 Dictionary, definitions

omit the definitions of

injury management

injury management plan

nominated treating doctor

personal injury plan

protocol

Endnotes

1 Notification

Notified under the [Legislation Act](http://www.legislation.act.gov.au/a/2001-14) on 31 March 2022.

2 Republications of amended laws

For the latest republication of amended laws, see [www.legislation.act.gov.au](http://www.legislation.act.gov.au/).

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