



How Does the Claims Process Work?

What to do when an accident occurs

- The worker should be encouraged to seek medical attention from a medical practitioner of their choice as soon as possible and obtain a First Medical Certificate.
- The employer should then provide the injured worker with a Workers' Compensation Claim Form (2B), which they complete. This form is available from the insurer or WorkCover WA if the employer is unable to provide it.
- When the First Medical Certificate and completed Workers' Compensation Claim Form (2B) are received by the employer, the employer's section of the form should be completed and the date which they were received by the employer should be recorded.
- The employer should detach the front cover of the Workers' Compensation Claim Form (2B) and give it to the worker as this provides helpful information.
- The employer should send the form and certificate to the insurer within three working days.
- Establish a return to work program (if the worker's doctor indicates that one is required).

Insurer responsibilities

The insurance company must assess the claim and advise the employer and injured worker in writing within 14 days of receiving the claim, whether it is accepted, disputed or if they need more time to decide.

If the insurer fails to reply within 14 days, the worker becomes entitled to weekly compensation payments until a date determined by an arbitrator from WorkCover WA.

If the worker has not received notification or the first weekly payment within 17 days of lodging the claim, the matter is deemed to be in dispute and the worker may bring the matter to WorkCover WA's Dispute Resolution Directorate.

What to pay and when

When approval is granted by the insurer, the employer should determine the amount of the workers' compensation payments and begin making them without delay. The employer is required to pay the worker in the usual manner and frequency, unless notified by the insurer to cease payments.

The employer may pay accrued leave (annual or sick leave) to the injured worker while the claim is being assessed. However this is a voluntary option that must be approved by the worker and is not workers' compensation. If the claim is approved and payment from accrued sick leave entitlements has been made, these entitlements must be refunded to the employer and credited to the worker.

All accounts and invoices relating to medical treatment and other approved entitlements must be forwarded to the insurer as soon as possible.

Choice of medical practitioner

A worker may attend a medical practitioner of their own choice for treatment and management of their work-related injury.

Is the injured worker's job kept open?

If a worker attains a capacity for work within 12 months of the day they became entitled to weekly compensation payments, the employer must make the position they held available to them, if this is reasonably practical. If the position is unavailable or the worker is unable to perform that job, the employer must provide a similar position that the worker is qualified for and capable of performing and that is comparable in status and pay.

Should the employer wish to terminate a worker within the 12 month period, the worker and WorkCover WA must be given 28 days written notice of the employer's intent.

Simple guide to the claim process

Worker

- Seeks first aid.
- Reports incident.
- Obtains a First Medical Certificate from a medical practitioner of their choice.
- Completes, signs and submits a Workers' Compensation Claim Form (2B) and the First Medical Certificate to their employer.

Employer

- Completes employer section of the Workers' Compensation Claim Form (2B).
- Gives information tear-off section to worker.
- Sends Workers' Compensation Claim Form (2B) and First Medical Certificate to their insurer within three working days.
- Establishes a return to work program (if the worker's doctor indicates that one is required).

Insurer

- Has 14 days after the claim is made by the employer to make one of the following three decisions on liability.
- The insurer must notify the worker and the employer, in writing, of their decision and the reasons and legislative base for their decision.

Liability accepted	Liability disputed	Decision on liability unable to be made
<p>The injured worker's entitlements may include:</p> <ul style="list-style-type: none"> • weekly payments • medical expenses • vocational rehabilitation • travel expenses • a specialised retraining program (in special cases) • lump sum settlements where appropriate. 	<p>The injured worker may lodge an application at the Dispute Resolution Directorate to review the insurer's decision.</p>	<p>The insurer must notify the Dispute Resolution Directorate that liability has not been decided. If there is still no decision after a further 10 days, the claim is deemed to be in dispute and the worker may refer the matter to the Dispute Resolution Directorate.</p>

If the insurer does not respond after 14 days from receiving the claim, the worker becomes entitled to weekly payments of compensation until the Dispute Resolution Directorate orders, or the parties agree otherwise. The insurer is liable to indemnify the employer for these payments. Either the injured worker or the employer may refer the application to the Dispute Resolution Directorate.

Disclaimer

This fact sheet is intended to provide general information only. You should not act or omit to act on the basis of anything contained herein. You should seek appropriate legal/professional advice about your particular circumstances.