

Form 1A

[r. 4(2)]

*Workers' Compensation and Injury Management Act 1981*

**ELECTION FOR SCHEDULE 2 INJURIES UNDER PART III DIVISION 2A**

(Section 31H)

Surname	<b>Mr/Mrs/Miss/Ms</b> <b>Bloggs</b>
Other Names	<b>Joseph Worker</b>
Address	<b>3/21 Street Lane</b> <b>HOMETOWN VX.</b> Postcode <b>1122</b>
Phone No.(H)	<b>9000 0000</b> (W) <b>9000 0001</b> (Mb) <b>0400 000 000</b>
Occupation	<b>Mechanic</b> (e.g. boiler maker, underground miner)
Main tasks or duties performed	<b>Repairing cars</b> (e.g. welding, drilling)
Employer at date of injury	<b>Enny Company Pty Ltd</b>
Address of employer	<b>1-2 Industrial Way</b> <b>COMMERCIALVILLE VX</b> Postcode <b>1112</b>

WORKER'S DECLARATION

Date of injury/injuries **07 July 2007**

Type of injury/injuries **Traumatic partial amputation of the left forefinger**

Degree of permanent impairment **90 %**

~~\* Before that impairment was suffered I had previously suffered a permanent impairment from a compensable personal injury by accident to that part or faculty of the body resulting in ..... degree of permanent impairment of that part or faculty.~~

I elect to receive compensation under the *Workers' Compensation and Injury Management Act 1981* Part III Division 2A which I anticipate should be the sum of **\$14,318.10** representing **90 %** of item **64** being **permanent impairment of the distal phalanx of the left forefinger**

(state the part or faculty of the body affected)

In making this election and upon an agreement being registered under Part III Division 7 of the Act or an award being made by a dispute resolution authority, I acknowledge that after registration or the making of the award:

- (1) I shall have no further entitlement to compensation under the Act for weekly payments arising out of that injury.
- (2) I shall have no further entitlement in respect of that injury subsequent to the date of this election, to payment of expenses under the *Workers' Compensation and Injury Management Act 1981* Schedule 1 clauses 9, 17, 18, 18A and 19 (that is, in general terms, medical or surgical, dental, physiotherapy or chiropractic advice or treatment, first aid and ambulance expenses, medical requisites, charges for attendance and treatment by way of injury management, charges for hospital treatment and maintenance, cost of artificial aids and travelling expenses).
- (3) I shall have no entitlement to further moneys upon any increase to the prescribed amount for this degree of permanent impairment the subject of this election.

Dated the 21st day of October 2008

JMBlogg

(Signature of worker)

in the presence of:

MBlogg

Mary Blogg, 3/21 Street Lane, Hometown VX 1122

(Signature and full names and address of witness)

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\*Delete if not applicable.

*[Form 1A inserted in Gazette 28 Oct 2005 p. 4913-14.]*