

## Checklist for Memoranda of Agreement and 92f Deeds

### Form 15C – Memorandum of Agreement

- Current Regulated Form 15C used (original to be filed)
- Name and address of worker and employer completed
- Total lump sum entered in first paragraph
- Point 1, date of injury, completed
- Point 2 (a), (b) and (c) completed (if worker is under 18 years, documents must be signed by legal guardian)
- Point 3, injury was, injury now is and how injury occurred, completed
- Point 4 completed (if \$0 insert \$0)
- Total Lump Sum is the same as sum on the front page of the 15C
- Prescribed amount is not exceeded for current financial year (*includes previous weekly payments*)
- Signed by worker and employer and witnessed (including stamp of legal rep. if applicable)

### Schedule 2

- Point 5(c) or 5(ca) completed incl. correct Item number, percentage, description of item number (including whether left or right) and \$ sum being paid (*Point 5(c) completed for injuries pre 14/11/05 and Point 5(ca) completed for injuries post 14/11/05*)
- Entitlement based on Prescribed Amount for financial year at date of Injury
- Current Regulated Election form attached (*Form 1 for pre 14/11/05 injuries or Form 1A for post 14/11/05 injuries*)
- Medical report attached, except if NIHL

### Election Form (Form 1 or Form 1A)

- Current Regulated Form 1 or Form 1A used (Form 1 for pre 14/11/05 injuries or Form 1A for post 14/11/05 injuries) (*Prescribed forms must not be altered*)
- Name & address of worker, name of employer and correct date of injury. All must be consistent with Form 15C (include worker phone number and occupation and employer address if using Form 1A)
- Clearly defines injury including left or right, percentage, Item number etc
- Signed and dated by worker and witnessed (*witness to write full name and address*)
- Schedule 2 \$ sum the same as at Point 5(c) or (ca) on Form 15C (not the total lump sum)

### Redemption (If Schedule 2 and Redemption combine with checklist for Schedule 2)

- Point 5(a)(i), (ii) or (iii) completed for redemption component
- Current Regulated Form 15D attached
- Form 15D signed and dated by worker, full name of worker shown in last paragraph

### Noise Induced Hearing Loss – As above for Schedule 2

- Original NIHL Election Form attached (Form 2CA, signed by WorkCover NIHL officer)
- Date of injury on Form 15C is the date of the Otorhinolaryngological assessment

### Medical Reports

- Clearly identifies whether it is a disability or impairment assessment
- Date of injury is consistent with date on 15C and Form 1/1A
- Includes Item number (Item 1-39 for disability reports & 40-82 for impairment assessments)
- States injury is permanent/Maximal Medical Improvement reached
- Report supports the percentage given
- Report is signed by doctor

### 92f Deed

- Original Deed to be filed
- Deed is dated (*Deed must be filed within 3 months of being executed by worker*) and signed by all parties
- Court sealed Writ attached (copy must be clear)