



WorkCoverWA

## Workers' Compensation: A Guide for Employers



## WorkCover WA

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## About WorkCover WA

WorkCover WA is the government agency responsible for overseeing the workers' compensation and injury management scheme in Western Australia.

This includes monitoring compliance with the *Workers' Compensation and Injury Management Act 1981*, informing and educating workers, employers and others about workers' compensation and injury management, and providing an independent dispute resolution system.

This publication is current at August 2014

## Disclaimer

This publication contains information regarding workers' compensation and injury management. It is intended to provide general information only. You should not act or omit to act on the basis of anything contained herein. This brochure should be read in conjunction with the *Workers' Compensation and Injury Management Act 1981*. You should seek appropriate legal/professional advice about your particular circumstances.

For more information, visit the WorkCover WA website at [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au). Workers' compensation legislation is also available from the State Law Publisher website at [www.slp.wa.gov.au](http://www.slp.wa.gov.au).

# Managing **workers'** compensation

When workplace injuries occur there can be significant impacts on both the employer and the worker. Workers' compensation laws in WA aim to ensure that in the event of an injury, both parties are protected.

## Your guide to workers' compensation

This booklet is intended to assist employers in meeting their obligations under the *Workers' Compensation*

and *Injury Management Act 1981* (the Act) by outlining a three-step approach to effective workers' compensation insurance and claims management.

WorkCover WA also publishes a guide on injury management (*Injury Management: A Guide For Employers*), which together with this booklet, provides a comprehensive workers' compensation reference for employers. This and other supplementary resources for employers can be accessed from the WorkCover WA website ([www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)).

WorkCover WA's Advice and Assistance Unit (Tel: 1300 794 744) can also provide further information and clarification on topics addressed in this booklet.



# STEP 1

## Understanding Workers' Compensation

### Three Steps to Effective Workers' Compensation Management

#### Step 1: Understanding Workers' Compensation

##### The Workers' Compensation Scheme

- 1.1 What is workers' compensation? (pg 5)
- 1.2 Workers' compensation in WA (pg 5)

##### Workers' Compensation Insurance

- 1.3 What is workers' compensation insurance? (pg 6)
- 1.4 Why do you need it? (pg 6)
- 1.5 Who do you need to cover? (pg 8)
- 1.6 What will it cost? (pg 9)
- 1.7 What is an injured worker entitled to receive? (pg 10)

#### Step 2: Preparing Your Workplace

##### Getting Insured

- 2.1 Finding an insurer (pg 11)
- 2.2 Obtaining a quote (pg 11)
- 2.3 Selecting an insurer (pg 13)
- 2.4 Activating and maintaining your policy (pg 14)
- 2.5 What you can expect from your insurance provider (pg 15)

##### Other Obligations Under the Act

- 2.6 Injury management (pg 16)
- 2.7 Noise induced hearing loss (pg 16)

#### Step 3: Managing Claims

##### The Claims Process

- 3.1 Initiating a claim (pg 17)
- 3.2 Claim assessment (pg 18)
- 3.3 Claim outcomes (pg 19)

##### Managing Compensation

- 3.4 Making weekly payments (pg 21)
- 3.5 Managing medical accounts (pg 22)
- 3.6 Getting a second opinion (pg 22)

##### Return to Work and Injury Management

- 3.7 Maintaining employment (pg 23)
- 3.8 Returning to modified duties (pg 24)

##### Resolving disputes

#### Toolbox: Resources for Employers

## Understanding Workers' Compensation

### The Workers' Compensation Scheme

#### 1.1 What is workers' compensation?

Workers' compensation is financial compensation provided to workers who become injured or ill as a result of their work, and may include:

- weekly payments to cover loss of earnings
- lump sum payments in case of permanent impairment
- assistance with medical and related expenses; and
- workplace rehabilitation assistance to return to work.

Any worker who suffers a work-related injury or disease requiring medical treatment or time off work is entitled to claim workers' compensation.

#### 1.2 Workers' compensation in WA

The workers' compensation scheme in WA is administered by WorkCover WA in accordance with the Act, which has two main purposes:

- ensuring workplace injuries are managed in a manner that enables a worker's prompt and safe return to work following an injury; and
- ensuring an injured worker is compensated for lost wages, medical expenses and associated costs while they are unable to work.

The rights and obligations of employers, workers and other key parties in the scheme are defined under the Act. As an employer, your primary obligations include having:

- a current workers' compensation insurance policy covering all your workers; and
- a documented Injury Management System for your workplace.

You must also ensure, in the event of an injury, that a worker's compensation claim is managed in accordance with conditions outlined in the Act. Significant penalties apply for non-compliance.



## STEP 1

### Understanding Workers' Compensation

#### Workers' Compensation Insurance

##### 1.3 What is workers' compensation insurance?

Under WA's 'no-fault' workers compensation system, employers are liable to pay statutory compensation costs for an injured worker regardless of who was at fault. Workers' compensation insurance indemnifies employers against this liability - that is, costs and expenses arising from a workers' compensation claim are paid by the insurer.

##### 1.4 Why do you need it?

As well as being a compulsory requirement under the Act, having

insurance coverage for workers' compensation can protect your business from the financial and operational impact of workers' compensation claims.

In the event of a work-related injury, your insurance policy provides coverage of:

- statutory workers' compensation entitlements due to an injured worker; and
- legal costs, court fees and damages in the event that a common law claim is brought against you by an injured worker.



## Understanding Workers' Compensation

Your insurer will also be able to assist you in the management and administration of claims by:

- advising you on correct claims procedures
- estimating the cost of claims
- participating in the injury management process at your request, including facilitating communication between the treating medical practitioner and yourself
- assisting with return to work programs and identification of claims which may require workplace rehabilitation; and
- representing you through the conciliation and arbitration process when disputes occur.

### Important

Workers' compensation claims can cost businesses hundreds of thousands of dollars in legal costs, penalties and benefits payable to the injured worker. If you are uninsured and one of your workers sustains a work-related injury, you may be liable for:

- compensation to the injured worker, which can amount to hundreds of thousands of dollars
- legal costs, including court fees and any damages awarded to the worker in common law claims; and
- fines and penalties for failing to hold valid insurance.



## STEP 1

### Understanding Workers' Compensation



#### 1.5 Who do you need to cover?

A business must provide workers' compensation insurance cover for anyone it employs who fits the definition of a worker under section 5 of the Act. This includes:

- full-time workers on a wage or salary
- part-time, casual and seasonal workers

- workers on commission
- piece workers

*and in some circumstances:*

- contractors and sub-contractors
- working directors

If in any doubt as to your obligations to provide workers' compensation insurance for anyone you employ or engage, you should consult your insurance provider or seek legal advice.



## Understanding Workers' Compensation

**1.5.1 Covering contractors and sub-contractors**

It is important to accurately determine your insurance obligations with regard to contractors and sub-contractors as two or more parties may be jointly liable for insuring the workers employed to undertake a contracted task. For example, in a contractual chain involving an employer (the principal), a contractor and a sub-contractor, each party must have a valid workers' compensation policy covering any workers the sub-contractor may employ.

The WorkCover WA publication *A technical note on Contractors and Workers' Compensation* may assist you in clarifying your legal obligations in relation to contractors and sub-contractors.

**1.6 What will it cost?**

Premium rates for workers' compensation insurance will vary depending on:

- the industry in which you operate
- the amount of wages paid to your workers; and
- your claims history.

For more information on premium calculation, see page 13.



## STEP 1

### Understanding Workers' Compensation

#### 1.7 What is an injured worker entitled to receive?

Entitlements vary based on the circumstances of individual claims, but may include payments to compensate for:

- **Loss of earnings:** Payment amounts will differ depending on the worker's award type (industrial or non-industrial), and basis of employment (full-time, part-time or casual).
- **Medical expenses:** Reasonable expenses can be claimed for a range of treatments, including first aid and ambulance, medication, medical or surgical attendance, dental, physiotherapy, chiropractic, hospital and specialist treatments.
- **Workplace rehabilitation expenses:** Workplace rehabilitation is a specific service that may assist a worker in staying in or returning to work following an injury. For more information, see the WorkCover WA publication *Injury Management: A Guide for Employers*.
- **Travel and other expenses:** Reasonable travel expenses can be claimed for trips to and from rehabilitation and medical treatments. This entitlement may also include reasonable meals and accommodation expenses if the injured worker lives in a regional area.
- **Permanent impairment:** An additional range of benefits, including lump sum compensation payments, are available to workers who sustain permanent physical or psychological impairment as a result of their work-related injuries.

#### Prescribed Amount

Limits apply to the total amounts or value of compensation that an injured worker can receive for different entitlements over the life of their claim. Maximum amounts are adjusted annually based on the Australian Bureau of Statistics (ABS) Labour Price Index. For current amounts, speak to your insurer or see the Prescribed Amount schedule on the WorkCover WA website.

## STEP 2

### Preparing Your Workplace



#### Getting Insured

##### 2.1 Finding an insurer

A list of insurers approved to underwrite workers' compensation insurance is available from the WorkCover WA website. Some employers may prefer to use the services of an insurance broker to negotiate with an insurer on their behalf. The ***Insurance Brokers' Code of Practice*** (available from the WorkCover WA website) describes what you can expect when dealing with a workers' compensation insurance broker and the responsibilities of each party in the process.

##### 2.2 Obtaining a quote

To obtain a quote, you will need to provide the insurer or broker with:

- an estimate of gross annual wages for all your workers for the period of the policy
- a full description of the business activities undertaken at each workplace location
- the number of workers you employ; and
- details of your claims history (this can be obtained from your current or previous insurer).

## STEP 2

### Preparing Your Workplace

#### 2.2.1 Calculating your wages costs

It is important to accurately calculate your wages costs as the estimate you provide to the insurer will affect the premium applied to your insurance policy.

Wages include all salaries, remuneration, commissions, bonuses, overtime, allowances and other benefits paid to workers before tax. Termination, retirement

and retrenchment payments, as well as pensions and *compulsory* superannuation contributions do not have to be included in your calculations.

Providing an accurate estimate will reduce the need for significant adjustments at the end of the policy period. The insurer will ask you to sign a wages declaration form before your policy is issued.



### Premium calculation

Premiums are calculated by insurers in four stages:

#### Stage 1:

The insurer determines the recommended premium rate for your industry and business activities, based on the Australian and New Zealand Standard Industrial Classification (ANZSIC) System.

#### Stage 2:

The recommended premium rate is multiplied by your estimated gross wages.

#### Stage 3:

The insurer may apply a discount at its discretion or a surcharge up to 75% depending on your risk profile. (A surcharge greater than 75% may be applied with prior approval from WorkCover WA.)

#### Stage 4:

Your premium is adjusted at the end of your policy period based on actual wages paid during the period, and any difference is refunded by, or paid to the insurer.

## 2.3 Selecting an insurer

While all workers' compensation insurance policies are based on a standard indemnity policy approved by WorkCover WA, there may be differences in premium cost and service inclusions between insurers.

In terms of cost, insurers can discount the recommended premium rates at their discretion or apply a surcharge up to 75% based on your individual risk profile. Insurers can also differ in terms of industry specialisation, administration and case management processes, flexibility and service levels. When selecting an insurer, you should consider which provider and policy conditions best meet the specific needs of your business.



## STEP 2

### Preparing Your Workplace

#### 2.4 Activating and maintaining your policy

To activate your policy, you will need to provide the insurer with a signed declaration of estimated wages and pay the premium. It is important that you familiarise yourself with the terms and conditions of your policy and clarify any issues with your insurer.

##### Appealing your premium

If you disagree with your premium, you can appeal against either:

- the industry classification applied to your business; or
- the premium adjustment made by the insurer.

Appeals must be lodged with WorkCover WA within one month of

the date you were informed of the classification or premium payable. You must pay the premium even if you intend to appeal. If your appeal is successful, the difference will be refunded to you.

##### What you can do to reduce your premium

Improving your workplace safety and injury management processes may help reduce your premium. Discuss the activities you can undertake to reduce your workers' compensation premium with your insurer. Some insurers provide risk management services to help you improve injury prevention and management practices in your workplace.



### Changes to your business

If there is a change in the number of workers you employ or the kind of work undertaken by your business, advise your insurer immediately as these changes may require a revision of your policy and premium.

### Wage adjustments

At the end of the policy period, you will need to submit a statement showing the actual value of wages paid during the period. Your insurer will adjust the premium accordingly, and apply the difference to your renewal premium.

### Important dates

Your insurer is required under the Act to provide notification of important dates and deadlines relating to your policy and claims and advise you when your policy is due for renewal. However, it is your responsibility as an employer to ensure that your policy remains current and valid.

## 2.5 What you can expect from your insurance provider

WorkCover WA works closely with the insurance industry to set and maintain best practice standards for insurance providers working within the workers' compensation scheme.

In addition to the terms and conditions outlined in your insurance policy, the ***Licensed Insurers Best Practice Guidelines*** aim to promote consistent standards for claims management across licensed workers' compensation insurers in WA.

If you use an insurance broker to manage your workers' compensation arrangements, a new ***Insurance Brokers' Code of Practice*** has been developed in consultation with the workers' compensation insurance industry to promote more effective interaction between insurance brokers and their clients. The Code outlines what employers can expect of their insurance broker and the roles and responsibilities of key parties when issuing or renewing a policy.

Both documents are available to download from the WorkCover WA website.

## STEP 2

### Preparing Your Workplace

#### Other Obligations Under the Act

##### 2.6 Injury management

It is compulsory under the Act for all employers to have a documented Injury Management System in place. This is a written procedure describing the steps that will be taken if there is an injury in the workplace. Employers may also be required to develop a written Return To Work Program for injured workers, in consultation with the workers' medical practitioner or insurer. For more information, refer to the publication ***Injury Management: A Guide For Employers***, which outlines a three-step approach to effective injury management.



##### 2.7 Noise induced hearing loss (NIHL)

If you employ anyone in noisy workplace environments, you may have further obligations in relation to noise induced hearing loss under the Act.

If a worker is likely to be exposed to noise levels about 90dB(A) over the course of a typical 8-hour workday, you must arrange and pay for the worker to undergo a baseline hearing test with a WorkCover WA-approved audiometric tester within 12 months of employment commencing.

As a guide, 90dB(A) is roughly equivalent to the noise from an idling heavy truck at a distance of one metre. Baseline hearing tests are also compulsory for workers who may experience noise levels above 140dB(lin), even for short periods.

For further information, refer to the WorkCover WA publication ***A Guide to Noise Induced Hearing Loss*** or visit the WorkCover WA website. A list of approved audiometric testers is also available from the website.

## STEP 3

### Managing Claims

#### The Claims Process

##### 3.1 Initiating a claim

The following steps should be taken following an injury at work:

- ☐ Apply first aid to the injured worker and report the injury in your incident reporting system
- ☐ Get the worker to see a doctor of their choice as soon as possible
- ☐ Ask the worker to obtain a First Certificate of Capacity from the treating doctor
- ☐ Provide the worker with a Workers' Compensation Claim Form and ask them to complete the workers' sections
- ☐ Obtain the completed Claim Form and First Certificate of Capacity from the injured worker
- ☐ Complete the employer's section of the Claim Form
- ☐ Take copies of both documents for your own and your worker's records
- ☐ Complete an employer report form provided by your insurer
- ☐ Submit the First Certificate of Capacity and Claim Form to the insurer within 5 days of receipt from the injured worker. A penalty of up to \$1,000 may apply if you fail to submit these documents within this time.



## STEP 3

### Managing Claims

#### Reportable injuries

Under the provisions of the *Occupational Safety and Health Act 1984*, you must notify WorkSafe on 1800 678 198 if an injury is likely to prevent an employee from working for 10 consecutive days. A list of reportable injuries and diseases can be found at [www.commerce.wa.gov.au/worksafe](http://www.commerce.wa.gov.au/worksafe).

### 3.2 Claim assessment

It is not up to the employer to determine liability for a claim. Following receipt of documentation, a case manager allocated by your insurer may contact you, the injured worker and the treating doctor for further information to determine liability and payment entitlements. The insurer has up to 14 days to advise you and the worker of their decision.

#### 3.2.1 While a claim is being assessed

##### Medical expenses

An injured worker is responsible for covering the costs of medical treatment for their injury until a

decision on liability is made by the insurer. It is important that the worker keeps all payment receipts during this time. These costs will be reimbursed by the insurer if the worker's claim is accepted; however, you should advise the worker to check fees charged by treatment providers against the prescribed fee rates (published by WorkCover WA) as any 'gap' is not payable by the insurer or employer.

##### Optional leave payments

While awaiting a decision on a claim, you may wish to consider paying accrued leave, such as annual or sick leave, to an injured worker. It is important that you seek the worker's agreement before taking this action and advise the worker that:

- leave payments are not an alternative to workers' compensation
- accepting leave payments is voluntary and will not affect their workers' compensation entitlements in any way; and
- leave entitlements will be credited back to them if the claim is accepted.



### 3.3 Claim outcomes

Your insurer is required to advise you and the injured worker in writing within 14 days if a claim has been accepted, disputed or is still undecided (pending). The insurer will provide a claim number which should be quoted in all related correspondence.

- **Accepted** - Workers' compensation entitlements commence.

If a worker's injury prevents them from working, you must commence making income replacement payments (weekly payments) as soon as advised to do so by your insurer. Refer to the *Managing Compensation* section (page 21) for information on the payment process.

- **Disputed** - No compensation will be paid to the injured worker.

Your insurer will advise you and the worker of the reason. If the worker disagrees with the decision, they may approach the insurer to have the matter heard under the insurer's internal dispute resolution procedure. An application can also be made to WorkCover WA's Conciliation and Arbitration Services (CAS) for assistance with resolving the dispute.

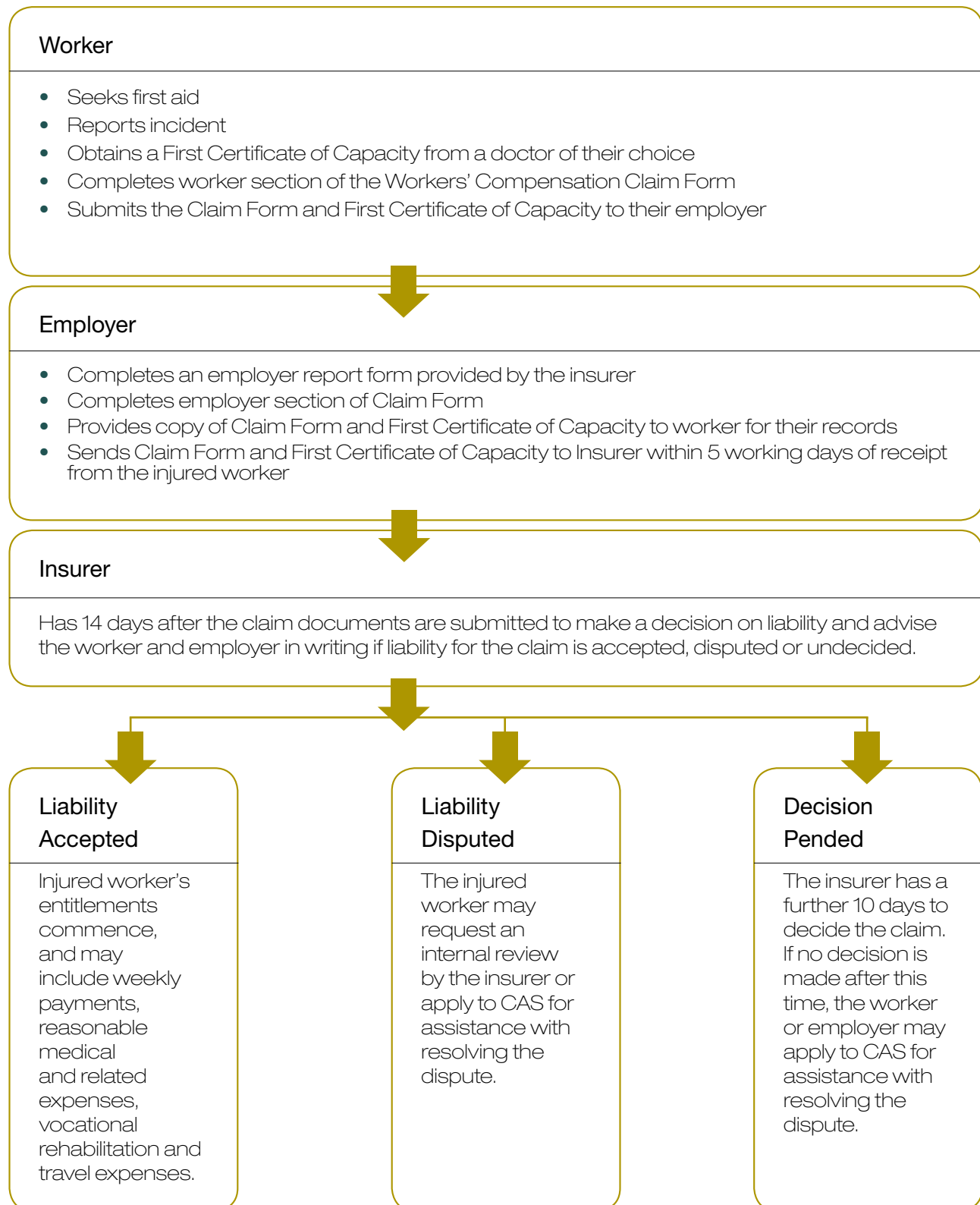
- **Decision Pending** - The claim is on hold pending further information.

The insurer has a further 10 days to make a decision or the claim is deemed to be in dispute, and you or the worker may apply to CAS for assistance.



## STEP 3

### Managing Claims



The Claims Process - Roles and Responsibilities

## Managing Compensation

### 3.4 Making weekly payments

If a claim is accepted by the insurer, an injured worker is entitled to receive payments to compensate for lost earnings. These are known as 'weekly payments'; however, frequency of payments may be weekly, fortnightly or monthly, depending on how the worker is usually paid. While these costs are reimbursed by your insurer in accordance with your policy agreement, you are responsible for making these payments to the worker in advance.

Your insurer will calculate the weekly payment entitlements due to the worker and advise you of the correct

payment amount to make. You must commence making payments as soon as notified by the insurer and pay the worker on their usual payday. Penalties apply if you fail to make these payments on time. Your insurer will advise you if and when changes should be made to weekly payments. Reimbursement arrangements should be discussed with your insurer.

If for any reason you are unable to make payments as directed, you should contact the insurer as soon as possible. If you cannot resolve the situation with your insurer, contact WorkCover WA's Advice and Assistance Unit.



## STEP 3

### Managing Claims

#### 3.5 Managing medical accounts

When seeing a medical provider for assessment or treatment, an injured worker will usually be required to make payment up front, although some providers may issue invoices for direct settlement by the insurer. All accounts and invoices should quote the claim number and be forwarded to the insurer as soon as possible to ensure prompt payment or reimbursement. Workers should be advised that fees paid in excess of the prescribed rates published by WorkCover WA will be at the worker's expense.

Depending on the claims management process agreed with the insurer, workers may liaise directly with the insurer for reimbursement or payment of accounts or the employer may do so on the worker's behalf. Employers are encouraged to manage medical accounts for the injured worker in accordance with the *Workers Compensation Code of Practice (Injury Management) 2005*.

#### 3.6 Getting a second opinion

A worker has the right to see a medical practitioner of their choice for treatment and management of a

work-related injury. However, if you disagree with a medical assessment or want a second opinion, you can request a medical review through your insurer.

Subject to the insurer's agreement, an appointment will be made for the injured worker to see an independent medical practitioner. If a worker fails to attend this appointment without a reasonable excuse, their ongoing weekly payment entitlements may be affected.

A worker cannot be required to attend a medical review at the insurer's request more than once over a two-week period or at any time other than during reasonable hours.





### Return to Work and Injury Management

An early return to work is the best possible outcome for an injured worker as workers become increasingly unlikely to return to work the longer they stay away. It is important for the employer to remain involved throughout the claims process and work together with the injured worker, the insurer and the treating medical practitioner to facilitate this outcome.

The worker's treating doctor will advise when the worker is able to return to work and any conditions they should observe on their return.

#### 3.7 Maintaining employment

You are obliged to maintain the injured worker's employment, keeping their original position available, for 12 months following an

injury. If on their return to work, the position is no longer available or the worker can no longer perform the role, you must provide the worker with a position that is comparable in status and pay, and that the worker is qualified and capable of performing.

If you wish to terminate the worker's employment during the 12 month period, you must give the worker and WorkCover WA 28 days notice of your intention to do so. WorkCover WA may undertake further investigation to determine if there has been a breach of your legislative obligations in relation to maintaining the worker's employment.



## STEP 3

### Managing Claims

#### 3.8 Returning to modified duties

If the nature of the worker's injury is likely to require modifications, restrictions or a permanent change to their duties, the doctor may indicate the need for a documented Return to Work Program, to be developed by the employer in consultation with the injured worker. An Approved Workplace Rehabilitation Provider (AWRP) may also be appointed to assist with the worker's case management, retraining and job placement as required. Detailed information is available in the publication *Injury Management: A Guide For Employers*.

#### Resolving disputes

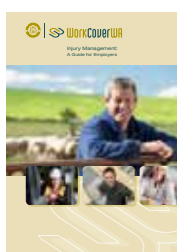
If a dispute occurs that cannot be resolved by you or your insurer, an application can be made to WorkCover WA's Conciliation and Arbitration Services (CAS) for assistance with resolving the dispute. CAS provides a fair and cost-effective system for resolving disagreements over workers' compensation or injury management issues. For more information, refer to the publication *What happens if there is a dispute?*, available from the WorkCover WA website.



# Toolbox: Resources for Employers

WorkCover WA produces a range of publications and other resources to assist employers and their workers in meeting their workers' compensation obligations under the Act. All publications and forms can be accessed at [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au) or by calling WorkCover WA's Advice and Assistance Unit on 1300 794 744.

## Publications



### **Injury Management: A Guide for Employers**

Detailed information, templates and strategies on developing injury management systems and return to work programs in accordance with the Act.



### **A technical note on Contractors and Workers' Compensation**

Detailed information to clarify liability and legal obligations in relation to contractors and sub-contractors.



### **Insurance Brokers' Code of Practice**

A best practice guide and reference for insurers and employers when dealing with a workers' compensation insurance broker.



### **Workers' Compensation and Injury Management: A Guide for Workers**

A comprehensive guide to assist injured workers' through the compensation process, injury management and return to work.



### **A guide to Noise Induced Hearing Loss**

Important information for employers and workers exposed to high noise levels in their workplace environments.



### **What happens if there is a dispute?**

A guide to resolving disputes that may arise between the various parties in the workers' compensation process.

## Forms

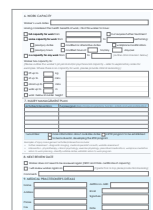
To make a claim against your workers' compensation insurance, you will need to provide your insurer with a completed Workers' Compensation First Certificate of Capacity and a Workers' Compensation Claim Form within 5 working days of receipt from the injured worker. A penalty of up to \$1,000 may apply to an employer who fails to submit the documents within this time.

### 1. Workers' Compensation Claim Form

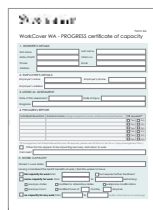
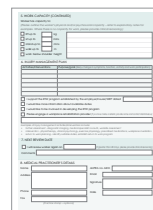
A thumbnail image of the Workers' Compensation Claim Form, showing a yellow header and various sections for employer and worker details.

A WorkCover WA Prescribed Form to be completed when you wish to lodge a claim for a work injury. You must complete the Employer Details section of the form, ensure that the injured worker completes all relevant sections of the form, and record the date the form was lodged by the worker.

### • First Certificate of Capacity

A thumbnail image of the First Certificate of Capacity form, showing a blue header and sections for medical and capacity information.A second thumbnail image of the First Certificate of Capacity form, showing a different section with checkboxes and text fields.

### • Progress Certificate of Capacity

A thumbnail image of the Progress Certificate of Capacity form, showing a blue header and sections for medical and capacity information.A second thumbnail image of the Progress Certificate of Capacity form, showing a different section with checkboxes and text fields.

### 2. Workers' Compensation Certificates of Capacity

Medical forms prescribed by WorkCover WA for completion by the injured worker's treating doctor. The information provided in these certificates is critical to the outcome of a claim, as it confirms the nature of the worker's injury and indicates the requirement for time off work, and the likely return-to-work date.

### • Final Certificate of Capacity

A thumbnail image of the Final Certificate of Capacity form, showing a blue header and sections for medical and capacity information.

Samples of the Workers' Compensation Claim Form and First Certificate of Capacity are included in this publication. Additional copies can be downloaded from the WorkCover WA website.

## Workers' Compensation Claim Form

### Insurer please complete

Insurer name  Estimated time off work:

Claim number  ☐ less than one day

ANZSIC Code  ☐ 1-4 work days (inclusive)

Policy number  ☐ 5-9 work days (inclusive)

WorkCover number  ☐ 10-20 work days (inclusive)

Has employer contacted medical practitioner? ☐ Y ☐ N ☐ more than 20 work days

☐ fatality

Date form received from employer

DATE STAMP

ASCO (office use only)

### Employer please complete

Name of policy holder/employer:

Trading as (if different to above):

Address:  Postcode:

Contact person name:  Phone No:  Email:

Address of injured worker's usual workplace or base:  Postcode:

Major activity of workplace (eg sheep farming, plumbing):

Date employer received the completed claim form from the injured worker:

Date employer received First Certificate of Capacity from the injured worker:

Date employer sent the claim form and Certificate(s) of Capacity to insurer:

### Worker please complete

Surname: <input type="text"/>	D.O.B. <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female
Other names: <input type="text"/>	Preferred language (if not English) <input type="text"/>
Address: <input type="text"/>	At the time of the injury I was working as a:
Suburb/City/Town: <input type="text"/> Postcode: <input type="text"/>	<input type="checkbox"/> direct employee <input type="checkbox"/> sub contractor
Email: <input type="text"/>	<input type="checkbox"/> working director <input type="checkbox"/> visa worker
Daytime contact phone no: <input type="text"/>	<input type="checkbox"/> contractor <input type="checkbox"/> other
Occupation (eg first class welder) <input type="text"/>	<input type="checkbox"/> employee of contractor If other, please specify: <input type="text"/>
Main tasks/duties performed (eg welding of high pressure steam pipes) <input type="text"/>	
<input type="checkbox"/> full time (F) <input type="checkbox"/> part time (P) <input type="checkbox"/> permanent (P) <input type="checkbox"/> temporary (T) <input type="checkbox"/> casual (C)	

### Other Employment

If more than one employer, please attach details on separate sheet

Do you have any other job? ☐ Y ☐ N If yes, please give details:

Employer name:  Phone no:  Hours per week:

### Occurrence details

Attach separate sheet if more space is required

Day of occurrence: eg Monday <input type="text"/>	Date of occurrence: <input type="text"/>	Time of occurrence: <input type="checkbox"/> AM <input type="checkbox"/> PM
At what address did the occurrence happen? <input type="text"/>		
Did you have to stop working? <input type="checkbox"/> Y <input type="checkbox"/> N	If so when? Date: <input type="text"/>	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Were you: <input type="checkbox"/> working – at your normal workplace <input type="checkbox"/> on work break – at normal workplace <input type="checkbox"/> working – away from normal workplace <input type="checkbox"/> on work break – away from normal workplace <input type="checkbox"/> working – road traffic accident commuting/journey <input type="checkbox"/> other duty status	Describe the occurrence. Include: (i) What action was involved (ie fall, struck by object) <input type="text"/> (ii) What object/machine/substance was involved (ie fumes, door frame) <input type="text"/> (iii) The most serious injury or disease caused (ie fracture, burn, abrasion) <input type="text"/> (iv) The bodily location of the injury or disease (ie upper arm, eye) <input type="text"/>	WorkCover WA Staff Only Mechanism <input type="text"/> Agency <input type="text"/> Nature <input type="text"/> Bodily location <input type="text"/>

## Worker please complete

### Occurrence report – Describe how it happened

Attach separate sheet if more space is required

Where did the occurrence happen? (ie store room, machinery shop)

What were you doing at the time of the occurrence?

What were the normal working hours for that day? Starting time: ☐ AM ☐ PM Finish time: ☐ AM ☐ PM

When did you first report the occurrence? Date: \_\_\_\_\_ Time: ☐ AM ☐ PM

Who did you report the occurrence to?

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No: \_\_\_\_\_

If you didn't report the occurrence immediately, please state the reason if any:

Please provide the name and daytime contact phone number of witnesses of the occurrence:

1. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Medical help/history – this occurrence

Attach separate sheet if more space is required

When did you first seek medical attention? Date: \_\_\_\_\_ Time: ☐ AM ☐ PM

If not immediately, please state the reason: \_\_\_\_\_

Was the part of the body affected by this occurrence healthy before this occurrence? ☐ Y ☐ N

If not, please give details: \_\_\_\_\_

Is the present injury completely related to this occurrence? ☐ Y ☐ N If not, please give details: \_\_\_\_\_

Please give details of any similar injury prior to this occurrence: \_\_\_\_\_

Name and contact details of your usual medical practitioner and any health provider who has treated you for a similar injury:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone no: \_\_\_\_\_

### Other/Previous claims

Attach separate sheet if more space is required

Are you claiming compensation from any other source? ☐ Y ☐ N If yes, from whom? \_\_\_\_\_

Have you had any similar or related workers' compensation claims? ☐ Y ☐ N If yes, please give details: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Name of insurer (if known): \_\_\_\_\_ Type of injury or disease: \_\_\_\_\_

### Worker's declaration

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief. I take notice that, under the provisions of section 59(2) of the *Workers' Compensation and Injury Management Act 1981*, I am required to notify my employer in writing within 7 days if I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

Dated this: \_\_\_\_\_ day of: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of worker \_\_\_\_\_ Signature of witness \_\_\_\_\_

Consent authority (to be signed at the option of the worker) I authorise any doctor who treats me (whether named in this certificate or not) to discuss my medical condition, in relation to my claim for workers' compensation and return to work options, with my employer and with their insurer.

Dated this: \_\_\_\_\_ day of: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of worker \_\_\_\_\_ Signature of witness \_\_\_\_\_

### Consent authority – to be signed at the option of the worker

I consent to my employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers' compensation claim, including determining liability and whether my claim is true. This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim. My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer's insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the *Workers' Compensation and Injury Management Act 1981*. I have read all the information on this form regarding the consent authority and I consent to the Insurer dealing with my personal information in the manner described.

Signed \_\_\_\_\_ Witness signature \_\_\_\_\_

Print your name \_\_\_\_\_ Witness print name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON EITHER THE DECLARATION OR THE CONSENT AUTHORITIES MAY DELAY A DECISION BY THE INSURER ON YOUR CLAIM**





# WorkCover WA - FIRST certificate of capacity

## 1. WORKER'S DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>		

## 2. EMPLOYMENT DETAILS

Worker's job title	<input type="text"/>	Employer's name	<input type="text"/>
Employer's address	<input type="text"/>		

## 3. CONSENT AUTHORITY

I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with my employer, insurer and other medical or allied health professionals for the purpose of my claim for workers' compensation and return to work options.

Worker's signature	<input type="text"/>	Print name	<input type="text"/>
		Date	<input type="text"/>

## 4. WORKER'S DESCRIPTION OF INJURY

Date of injury	<input type="text"/>
What happened?	<input type="text"/>
Worker's symptoms	<input type="text"/>

## 5. MEDICAL ASSESSMENT

Date of this assessment	<input type="text"/>
Clinical findings	<input type="text"/>
Diagnosis	<input type="text"/>
The injury is consistent with worker's description of how injury occurred <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> uncertain	
The injury is: <input type="checkbox"/> a new condition <input type="checkbox"/> a recurrence of a pre-existing condition	

## 6. WORK CAPACITY

Worker's usual duties

Having considered the health benefits of work, I find this worker to have:

- ☐ **full capacity for work** from  ☐ but requires further treatment
- ☐ **some capacity for work** from  to  performing:
- ☐ pre-injury duties ☐ modified or alternative duties ☐ workplace modifications
- ☐ pre-injury hours ☐ modified hours of  hrs/day  days/wk
- ☐ **no capacity for any work** from  to  (outline clinical reason below)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

<input type="checkbox"/> lift up to	<input type="text"/>	kg	
<input type="checkbox"/> sit up to	<input type="text"/>	mins	
<input type="checkbox"/> stand up to	<input type="text"/>	mins	
<input type="checkbox"/> walk up to	<input type="text"/>	m	
<input type="checkbox"/> work below shoulder		height	

## 7. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal (likely change in symptoms, function, activity and work participation)

I would like: ☐ more information about available duties ☐ a RTW program to be established  
☐ to be involved in developing the RTW program

Examples of injury management activities/interventions include:

- further assessment - diagnostic imaging, medical specialist consults, worksite assessment
- intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation
- return to work planning - identify suitable duties, establish return to work program

## 8. NEXT REVIEW DATE

- ☐ Worker does not need to be reviewed again (FIRST and FINAL certificate of capacity)
- ☐ I will review worker again on  (if greater than 14 days, please provide clinical reasoning)

Comments

## 9. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Signature	<input type="text"/>
Fax	<input type="text"/>	Date	<input type="text"/>

(Practice stamp – optional)

# CHECKLIST FOR EMPLOYERS

Insurance	✓
Obtain and maintain insurance cover for the full amount of the liability to pay workers' compensation or damages to <u>all</u> workers.	
Ensure that the premium is paid within the terms of credit provided by the insurer or broker.	
All information provided to the insurer or broker is true and correct and provided in a timely manner. There is an ongoing duty of disclosure to provide accurate information i.e. wage declarations (actual/estimate), number of workers etc. <i>Knowingly providing false information is an offence. WorkCover WA can recover unpaid premiums from employers.</i>	
Have a valid certificate of currency for workers' compensation insurance cover, issued by the insurance office, available for inspection at their principal place of business in Western Australia (some exceptions apply in cases where it is not possible to do this).	
Cooperate with WorkCover WA inspectors to ensure you have appropriate cover. <i>Penalties apply for not cooperating fully with an inspector.</i>	
Claims Process	✓
Submit a completed workers' compensation claim form and First Certificate of Capacity to the insurer within <b><u>five working days</u></b> of receiving them from the injured worker.	
Compensation	✓
<p>Pay compensation payments on a worker's usual pay day:</p> <ul style="list-style-type: none"> <li>• within 14 days of being notified by the insurer that the claim is accepted; or</li> <li>• as soon as the 14 day limit an insurer has to make a decision expires even if no notification has been received from the insurer; or</li> <li>• if ordered to do so by an arbitrator or directed to do so by a conciliation officer.</li> </ul> <p>Payments of compensation cannot be discontinued or reduced other than in accordance with the legislation. <i>Failure to make compensation due is an offence and a fine applies for each payment not made when due.</i></p>	
Injury Management	✓
Have a documented injury management system (a written description of the steps you will take if there is an injury in the workplace). This must include contact details for the person who will have day-to-day responsibility for the injury management system.	
<p>Establish and implement a Return to Work Program as soon as practicable after:</p> <ul style="list-style-type: none"> <li>• the treating doctor indicates in writing that one is required; or</li> <li>• the worker's treating doctor signs a Certificate of Capacity indicating the injured worker has either a partial capacity for work or a total capacity for work but not for their pre-injury position.</li> </ul>	
<p>Keep an injured worker's position available for 12 months from the day they become entitled to receive compensation. Workers are entitled to either:</p> <ul style="list-style-type: none"> <li>• return to their pre-injury position; or</li> <li>• if the same position is not available or they do not have the capacity to work in that position, another position for which they are qualified and capable of performing which is comparable in status and pay to their pre-injury position.</li> </ul>	
Notify an injured worker and WorkCover WA, 28 days prior to dismissing a worker, if they intend to dismiss them within 12 months of the entitlement to payment of compensation.	



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[www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)

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