

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	Mr/Mrs/Miss/Ms
.....	
Other Names	
.....	
Address	
.....	
.....	
.....Postcode.....	
Phone No.(H).....(W).....(Mb).....	
Occupation	
(e.g. boiler maker, underground miner)	
Main tasks or duties performed	
(e.g. welding, drilling)	
Employer at date of injury.....	
Address of employer.....	
.....	
.....Postcode.....	

WORKER'S DECLARATION

Date of injury/injuries.....

Type of injury/injuries.....

.....

.....

Degree of permanent impairment.....

* 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 \$

..... representing % of item being

(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 theday of20.....

.....
(Signature of worker)

in the presence of:

.....
.....
.....

(Signature and full names and address of witness)

*Delete if not applicable.

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