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Checklist for Memoranda of Agreement and 92f Deeds Form 15C – Memorandum of Agreement

- Current Regulated Form 15C used (Original to be filed)
- Name & address of worker and employer completed
- Total lump sum entered in first paragraph
- Point 1, date of injury, completed
- Point 2 (a), (b) & (c) completed (if worker is currently 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) & \$ sum being paid (*Point 5(c) completed for injuries pre 14/11/05 & 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 consistent with 15C (include phone number and occupation if using Form 1A)
- Name of employer should be consistent with 15C (include employer address if using Form 1A)
- Contains correct date of injury which is consistent with Form 15C
- 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 & 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*)
- Deed is signed by *all* parties
- Court sealed Writ attached (copy must be clear)