

WORKPLACE FATALITY COMPENSATION CLAIM FORM

Please see the attached Guidelines for Claimants for important information about completing this form.

1. CLAIMANT'S DETAILS

Given names:	<input type="text"/>	Surname:	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation:	<input type="text"/>
Mobile:	<input type="text"/>	Phone:	<input type="text"/>
Relationship to worker:	<input type="text"/>		
Residential address:	<input type="text"/>		
Email address:	<input type="text"/>		
Preferred language(s): <i>(if other than English)</i>	<input type="text"/>		

2. WORKER'S DETAILS

Given names:	<input type="text"/>	Surname:	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation:	<input type="text"/>
Residential address prior to death:	<input type="text"/>		

3. EMPLOYER'S DETAILS

Employer's name: <i>(including trading name)</i>	<input type="text"/>
Employer's address:	<input type="text"/>
Phone number:	<input type="text"/>

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4. DETAILS OF FATALITY

Date of injury: / / Date of death: / /
(if different)

Was the death a result of the workplace injury? Yes No

Cause of death:

Worker's duties/tasks when injury/accident occurred:

5. COMPENSATION BEING CLAIMED

1. Death resulted from injury:

- Lump sum entitlement - payable to dependant partner and/or children
- Child's allowance - payable for the benefit of each dependant child
- Funeral expenses
- Medical expenses] - payable to person who incurs expenses

2. Death did not result from injury:

- Lump sum entitlement - payable to dependant partner and/or children

6. DETAILS OF DEPENDANTS (Include any additional dependants on a separate page)

Documents attached to show dependency on earnings of worker at the time of death

Dependant 1

Name: Date of birth: / /

Address:

Relationship to worker:

Contact number:

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Dependant 2

Name: Date of birth: / /

Address:

Relationship to worker:

Contact number:

Dependant 3

Name: Date of birth: / /

Address:

Relationship to worker:

Contact number:

Dependant 4

Name: Date of birth: / /

Address:

Relationship to worker:

Contact number:

Dependant 5

Name: Date of birth: / /

Address:

Relationship to worker:

Contact number:

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Do you know of any other person who is dependent on the earnings of the worker and may be entitled to make a separate claim?

If yes, please provide any details attached on a separate piece of paper.

Yes No

7. CONSENT AUTHORITY

I hereby authorise any medical practitioner, medical practice or hospital to disclose to the worker's employer or the employer's insurer and WorkCover WA any information regarding the worker's medical history. However, I do not authorise the release or testing of human tissue samples or human tissue material of any kind or for any purpose.

Signature: Date: / /

Name of worker's general practitioner:

8. DECLARATION

Western Australia Oaths, Affidavits and Statutory Declarations Act 2005 Statutory Declaration

I, (insert name and address)
sincerely declare that all the information in the *Workplace Fatality Compensation Claim Form*, and any other attachment and supporting particulars are true and correct to the best of my knowledge.

To the best of my knowledge I have not omitted any information that may be relevant to my claim, including but not limited to the names of persons I believe may have been dependent on the earnings of the deceased worker.

This declaration is true and I know it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

at
(place)

(signature of authorised witness)

on / /
(date)

in the presence of

(name of authorised witness)

by
(signature of person making the declaration)

(qualification of authorised witness)

INSURER TO COMPLETE

Name of insurer/self-insurer:

Employer WCN:

Claim number:

Policy number:

WORKPLACE FATALITY COMPENSATION CLAIM FORM - GUIDELINES FOR CLAIMANTS

Issued under section 72E(3) of the Workers' Compensation and Injury Management Act 1981

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We understand it is a difficult time after losing a family member in a workplace accident. We encourage you to contact WorkCover WA's Advice and Assistance Line on **1300 794 744**.

These Guidelines are issued by WorkCover WA to provide:

- information about compensation for workplace fatalities;
- guidance about how to make a claim; and
- information about the documents that must accompany a claim.

April 2018

Part 1: Overview of workplace fatality claims

When a worker has died as a result of a work related injury a claim for compensation can be made by the worker's dependant(s) under the *Workers' Compensation and Injury Management Act 1981*.

The following compensation may be claimed by dependants (e.g. the worker's partner and/or children who are wholly or in part dependent upon the earnings of the worker at the time of the worker's death):

- a lump sum entitlement;
- a periodic child's allowance for dependent children;
- funeral expenses up to a statutory maximum amount (also available to non-dependants); and
- the worker's reasonable medical expenses resulting from the workplace injury prior to the worker's death (also available to non-dependants).

If a worker was receiving compensation at the time of death but the death did not result from a workplace injury, compensation may also be payable to dependants in specific circumstances. The meaning of 'Dependant' and related terms are defined in the Appendix.

Determination of the claim

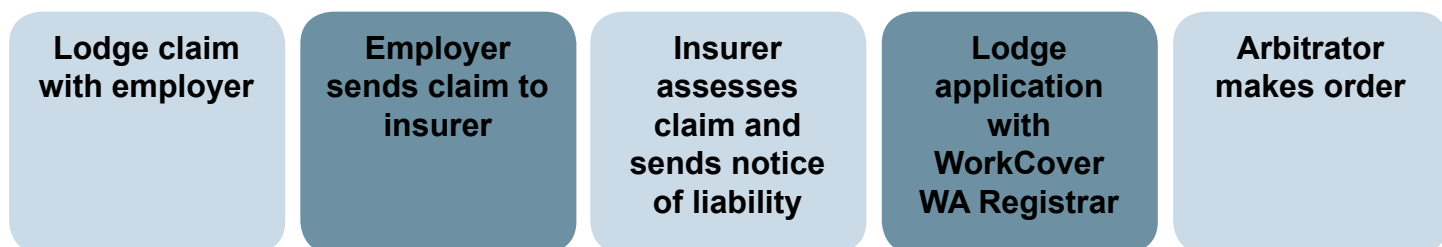
Workers' compensation insurers are required to assess claims from dependents and notify claimants about whether their claim is accepted or disputed (or whether additional documents or information is required) as soon as practicable.

There are a number of documents insurers need to enable them to assess the claim. The required documents are described in these Guidelines and assist to determine:

- the cause of death;
- the relationship to the deceased worker; and
- the dependence on the deceased worker's earnings.

The claim must also be lodged with WorkCover WA for final determination by an Arbitrator.

Figure 1 - Claim process



Par2: Types of compensation

Lump sum entitlement

If the death resulted from the workplace injury a lump sum entitlement (LSE) is payable to any partner or child who was dependent on the earnings of the worker at the time of death. If there is more than one dependent partner and/or child the LSE is shared between them in accordance with the formula described in Table 1.

Table 1: Apportionment of Lump Sum Entitlement

Item	Dependant(s)	Compensation
1	Partner: 1 Children: 0	100% of the LSE to the partner
2	Partner: 1 Children: 1	90% of the LSE to the partner 10% of the LSE to the child
3	Partner: 1 Children: 2 to 5	5% of the LSE to each child Balance of the LSE to the partner
4	Partner: 1 Children: 6 more	75% of the LSE to the partner 25% of the LSE divided equally between the children
5	Partner: 2 or more Children: None	100% of the LSE divided so that each partner receives an amount proportionate to the loss of financial support suffered by that partner.
6	Partner: 2 or more Children: 1	90% of the LSE divided between the partners so that each partner receives an amount proportionate to the loss of financial support suffered by that partner. 10% of the LSE to the child
7	Partner: 2 or more Children: 2 to 5	5% of the LSE to each child Balance of the LSE divided between the partners so that each partner receives an amount proportionate to the loss of financial support suffered by that partner.
8	Partner: 2 or more Children: 6 or more	75% of the LSE divided between the partners so that each partner receives an amount proportionate to the loss of financial support suffered by that partner. 25% of the LSE divided equally between the children
9	Partner: None Children: 1	100% of the LSE to the child
10	Partner: None Children: 2 or more	100% of the LSE divided equally between the children

Example 1 – Partner and one child

If there is one dependent partner and one dependent child, the partner will receive 90% of the LSE and the child will receive 10% of the LSE.

Example 2 – Partner and former partner

If there is a current and former dependent partner (e.g. former partner receiving spousal maintenance) the LSE will be divided so that each partner receives an amount proportionate to the loss of financial support they have suffered.

Where there is a former and current dependent partner each should specify the proportionate loss of financial support and ideally agree the respective proportion of the lump sum each will receive.

Example 3 – No partner or child, but a dependent family member

A prescribed family member (see Appendix for definition) who was dependent on the worker's earnings at the time of the worker's death is only eligible to claim the LSE if the worker dies leaving no dependent partner or child.

Child's allowance

A periodic child's allowance is payable for the care and maintenance of each child who was dependent on the worker's earnings at the time of the worker's death. This amount is additional to the child's proportionate share of the LSE. This allowance is paid into a trust account managed by WorkCover WA and paid to each dependent child weekly, or at intervals determined by an arbitrator.

The allowance is payable to each dependent child:

- until the child attains the age of 16; or
- until the child attains the age of 21 and is in full time study.

The claim form should identify the children who were dependent on the worker's earnings at the time of death.

Funeral expenses

There is a maximum amount payable for funeral expenses which is indexed each financial year. The amount is payable to the worker's dependent partner or the person who has incurred the cost of the worker's funeral.

Medical expenses

The cost of the worker's medical expenses incurred in relation to the injury prior to their death can be claimed by the person incurring the expenses.

This may include emergency transportation, hospital accommodation expenses, surgery and medical treatment.

Injured worker's death not a result of workplace injury

Where an injured worker's death did not result from a workplace injury, compensation may be payable in specific circumstances.

An entitlement is payable to the dependent partner and/or children (apportioned between them if more than one) in the following circumstances:

- the worker had been in receipt of weekly compensation payments for at least six months prior to their death;
- no order for redemption had been made or settlement recorded for the worker's claim; and
- the worker's death did not result from the injury.

The amount payable is the sum of one year of weekly payments based on the worker's total incapacity for work.

Part 3: Completing the claim form

Section 1 – Claimant’s details

Fill in the claimant’s details

This might be the dependent partner, legal guardian of any dependent children or other dependent family member.

Compensation for two or more claimants can be the subject of one claim. This enables all potential claimants to be identified on one form (for example, a partner and all children). Alternatively separate claims can be made if dependants are not known to each other (for example a current and former partner).

Make sure you include details of all claimants including dependent partner, former dependent partner(s) and dependent children.

Section 2 and 3 – Worker and Employer details

Complete details of the deceased worker and employer

Section 4 - Details of Fatality

Complete the details about the fatality

Tick YES if the fatality was a result of a workplace accident/ injury, or NO if it was not

Briefly describe the cause of death and the worker’s tasks or duties when the accident occurred

Fill out the date of injury

The date of injury in most cases will be the date of the accident that caused the death of the worker.

In relation to certain diseases the date of injury might be when the person was first diagnosed and certified with an incapacity for work by a medical practitioner.

Section 5 - Compensation claimed

Identify the compensation being claimed

Please refer to Part 2 above ‘Types of compensation’ before ticking the relevant boxes.

Section 6 – Details of Dependants

- Complete section 6 for each spouse, de facto partner or child who was dependent on the worker's earnings at the time of death.**

It is important the claim form identifies each dependant and their relationship with the deceased worker (e.g. husband, wife, de facto partner).

At the time of making the claim the claimant must indicate whether there is any other person dependent on the earnings of the worker (not mentioned in section 6) who may be entitled to make a separate claim. For example, an ex-partner.

Section 7 – Consent authority

- Sign the consent authority**

The consent authority authorises medical practitioners, practices and hospitals to disclose to an insurer relevant information about the worker's medical history. This will only be relevant where the cause of death may be unclear. The consent given does not authorise the release or testing of human tissue samples or human tissue material of any kind or for any purpose.

- Provide name of worker's GP**

This enables contact with the relevant treating medical practitioner familiar with the worker's medical history.

Section 8 – Statutory declaration

- Complete the declaration**

The Statutory Declaration must be signed and dated attesting that the information in the claim form and attachments provided to support the claim are true and correct. It is an offence to make a false claim or statement or for any person to fraudulently obtain or attempt to obtain any benefit under the *Workers' Compensation and Injury Management Act 1981*.

The Statutory Declaration must be made and witnessed before one of the following persons:

Academic (post-secondary institution), Accountant, Architect, Australian Consular Officer, Australian Diplomatic Officer, Bailiff, Bank Manager, Chartered secretary, Pharmacist, Chiropractor, Company auditor or liquidator, Court officer (Judge, magistrate, registrar or clerk), Defence Force officer (Commissioned, Warrant or NCO with 5 years continuous service), Dentist, Doctor, Electorate Officer (State), Engineer, Industrial organisation secretary, Insurance broker, Justice of the Peace, Lawyer, Local government CEO or deputy CEO, Local government councillor, Loss adjuster, Marriage Celebrant, Member of Parliament (State or Commonwealth), Minister of religion, Nurse, Optometrist, Patent Attorney, Physiotherapist, Podiatrist, Police officer, Post Officer manager, Psychologist, Public Notary, Public Servant (State or Commonwealth), Real Estate agent, Settlement agent, Sheriff or deputy Sheriff, Surveyor, Teacher, Tribunal officer, Veterinary surgeon Or, Any person before whom, under the Statutory Declarations Act 1959 (Cth), a Statutory Declaration may be made.

Part 4: Documents to attach

It is important to attach the following documents to enable the claim to be determined as quickly as possible.

Documents about cause of death

- Death Certificate.
- in some circumstances an insurer may request copies of any autopsy report, a Coroner's report or ambulance, hospital or other medical records.

Documents about relationship with worker

- **For a marriage** – the marriage certificate.
- **For a de facto relationship** – a statement and supporting particulars (indicated below) about:
 - how, when and where the person and worker first met;
 - the duration of the relationship and level of commitment to a shared life;
 - the extent to which the person and worker supported each other financially, physically and emotionally and when this level of commitment began;
 - the living arrangements including whether the person and worker resided together and the nature and extent of common residence (attach details of living arrangements);
 - financial aspects of the relationship including joint ownership of a house or joint names on a lease, correspondence addressed to the couple at the same address, details of financial commitments such as bank statements, and any joint liabilities (attach copies);
 - any joint responsibility for the care and support of children; and
 - the extent to which the relationship was recognised publicly or socially (include name and contact details of 2 people who can verify the existence of a de facto relationship).
- **For each dependent child**
 - the child's birth certificate or passport;
 - evidence of enrolment in full time education if the child is between 16 and under 21; and
 - evidence of guardianship or adoption, if the worker or the person claiming on behalf of any child is not the parent.
- **For a prescribed family member**
 - evidence the person is a prescribed family member as described in the Appendix; and
 - a Statutory Declaration to the effect the worker died leaving no dependent partner (spouse or de facto) or children.

Documents about financial dependency

To show the claimant was wholly or in part dependent on the earnings of the worker at the time of death attach:

- records of income received from employment, investments or business over a two year period prior to the death of the worker, for the deceased worker and claimant(s);
- tax returns for the two year period prior to and including the worker's death, for the worker and the claimants (if available);
- bank/ financial statements that show the worker provided monetary support to the claimant(s). This may include: moneys transferred from worker to claimant or between accounts; payments for shared property or living expenses such as utilities, food, lodging, clothing, education, medical and dental care, recreation, transportation and other necessities;
- copies of any relevant legal order or voluntary arrangement setting out the amount to be paid for child support or spousal/de facto maintenance; and
- details of any distribution or profit paid to the worker or claimant(s) from any family trust.

Documents about funeral expenses

- invoice and/ or quotations for funeral expenses incurred or likely to be incurred.

Documents about medical expenses

Only attach if claiming medical expense.

- invoices that relate to the worker's medical attendance, transportation and treatment incurred for the workplace injury prior to their death.

Documents if the death did not result from the injury

Only attach if the worker's death did not result from the workplace injury/accident.

- documents to show the worker had been in receipt of weekly compensation for at least six months; and
- documents to prove the claimant's relationship with the worker and dependency (same as documents listed above).

Documents about other potential claimants

- If applicable, attach contact details of any other person dependent on the earnings of the worker (not mentioned in section 6 of the claim form) who may be entitled to make a separate claim.

Appendix: Defined terms

Dependant

A person who is a partner, child or prescribed family member is a dependant if the person:

- (a) was wholly or in part dependent upon the earnings of the worker at the time of the worker's death; or
- (b) would have been wholly or in part dependent upon the earnings of the worker at the time of the worker's death if the injury had not occurred.

Partners, children and prescribed family members

(1) A person is a partner if:

- (a) the worker is the spouse or de facto partner of the person; or
- (b) the worker has previously been a spouse or de facto partner of the person.

(2) A person, of any age, is a child if:

- (a) the worker is a parent of the person; or
- (b) the worker is a step-parent of the person (whether the person was legally adopted by the worker or not), and children has a corresponding meaning.

(3) A person is a prescribed family member if:

- (a) the person is a parent of the worker; or
- (b) the person is a step-parent of the worker (whether the worker was legally adopted or not); or
- (c) the worker stands in the place of a parent to the person; or
- (d) the person stands in the place of a parent to the worker; or
- (e) the person is a sibling or half-sibling of the worker; or
- (f) the worker is a grandparent of the person; or
- (g) the person is a grandparent of the worker.