

COMPENSATION FOR WORKPLACE FATALITY - GUIDELINES FOR INSURERS/ SELF INSURERS

The *Guidelines for Insurers/ Self Insurers* provide information and guidance about the claims procedure and obligations with respect to workplace fatality claims.

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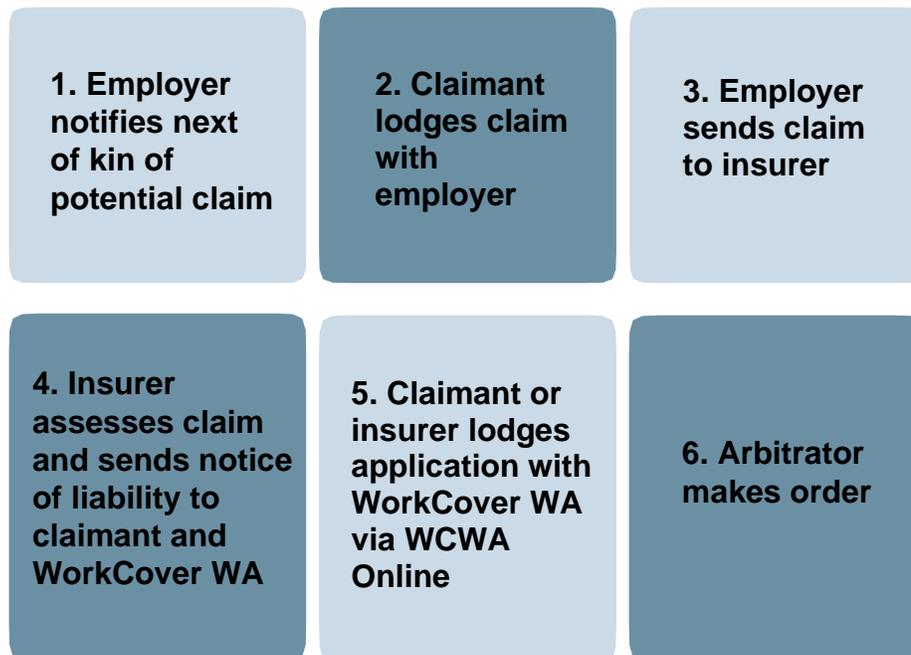
Part 1 Introduction

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 Act).

The following compensation may be claimed by dependant(s) (e.g., the worker's partner and/or children or where there is no dependent partner or child, a prescribed family member) 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)
- the worker's reasonable medical expenses resulting from the workplace injury prior to the worker's death (also available to non-dependants).

The key steps in the claim procedure are set out below.



Part 2 Pre claim procedure

Insurers and self insurers should ensure that potential dependants of deceased workers receive prompt advice about workers' compensation entitlements that may be available to them and the claim process.

The pre claim procedure for identifying potential claimants involves the following:

1. The relevant insurer, (through the deceased worker's employer) or self insurer, notifies the worker's next of kin.
2. A template letter is set out at Appendix 1. A copy of the *Workplace Fatality Compensation Claim Form* and *Guidelines for Claimants* are to be provided to the next of kin with the letter. Employers should also be informed by insurers that they have **five** working days to forward any subsequent claims to the insurer.
3. The insurer/self insurer notifies WorkCover WA after the next of kin has been notified.

Send correspondence to:

Communications@workcover.wa.gov.au

or

Manager Communications & Education
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

Insurer/self insurer checklist - pre claim procedure

- Notify worker's next of kin, through employer, of dependants' entitlements
- Send template letter and copy of *Workplace Fatality Compensation Claim Form* and *Guidelines for Claimants*
- Notify WorkCover WA when letter sent to next of kin

Part 3 Insurer/self insurer assessment of liability

Assessing liability - general

The *Workplace Fatality Compensation Claim Form* captures information and documents in order for insurers and self insurers to assess liability for the claim which involves checking:

- the person who died is a 'worker' and suffered an 'injury' as defined by the Act
- the cause of death and whether or not it resulted from an injury under the Act
- the person(s) named as 'dependant(s)' are the worker's partner, children or prescribed family member where no partner or child
- all dependants have been identified
- the compensation claimed and proportionate share of the lump sum corresponds with the Act.

WorkCover WA Advice and Assistance Officers may also assist claimants through the claims process and provide support if required. WorkCover WA's *Advice and Assistance Service* (phone number 1300 794 744) should be included on all communications with the claimant.

Claimants

A claimant 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. Alternatively, separate claims can be made: for example, by a former and current partner of the worker.

The claimant will be required to make a statutory declaration to the effect they have not omitted any relevant information including the names of any persons who may be dependent on the earnings of the deceased worker.

Cause of death and work relatedness

In most cases a death certificate should be sufficient to confirm death. Copies of medical, hospital or coroner's reports may be requested, and factual inquiries may be undertaken, if there are doubts the death resulted from a work related injury.

The consent authority in the claim form authorises medical practitioners, medical practices and hospitals to disclose to an insurer/ self 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.

Types of dependants

Partner

A partner is a current or previous spouse or de facto partner of the worker. A marriage certificate is sufficient evidence of a spousal relationship.

A 'de facto' relationship has the meaning given in the *Interpretation Act 1984*. Claimants should be asked to provide a statement and supporting particulars with respect to:

- 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
- the extent to which the relationship was recognised publicly or socially (include name and contact details of two people who can verify the existence of a de facto relationship).

Children

A person, of any age, is a child if the worker is a parent or step parent of the person (whether legally adopted or not). For each dependent child, the claimant should be asked to provide:

- a copy of the child's birth certificate or passport
- evidence of enrolment in full time education if the child is between 16 and 21
- evidence of guardianship or adoption, if the worker or the person claiming on behalf of any child is not the parent.

Prescribed family member

A prescribed family member can only access the lump sum if there is no dependent partner or child of the worker. A person is a prescribed family member if:

- the person is a parent of the worker
- the person is a step parent of the worker (whether the worker was legally adopted or not)
- the worker stands in the place of a parent to the person

- the person stands in the place of a parent to the worker
- the person is a sibling or half sibling of the worker
- the worker is a grandparent of the person, or
- the person is a grandparent of the worker.

Prescribed family members should be asked to provide evidence stating that they fit into one of the above categories and make a statutory declaration to the effect the worker died leaving no dependent partner (spouse or de facto) or children.

Financial dependency

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

- was wholly or in part dependent upon the earnings of the worker at the time of the worker's death, or
- 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.

Only dependants can access the lump sum and child's allowance. To show the claimant was wholly or in part dependent on the earnings of the worker at the time of death, claimants should be asked to provide with the claim form:

- 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 claimant(s) (if available)
- bank/financial statements that show the worker provided monetary support to the claimant(s). This may include: moneys transferred from the worker to the 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
- details of any distribution or profit paid to the worker or claimant(s) from any family trust.

The lump sum entitlement

If the death resulted from the workplace injury a lump sum entitlement (LSE) is payable to any partner, child or prescribed family member (where there is no dependent 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 lump sum entitlement is apportioned between them in accordance with the formula described in Table 1 on the following page.

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The full proportionate share of the lump sum will be payable regardless of whether the person is wholly or partially dependent on the worker's earnings. It removes the need (in most cases) of dependants having to prove their precise level of dependency and having their entitlement reduced where they receive a modest income themselves. Levels of dependency will only be considered where there is more than one partner.

Table 1: Apportionment of Lump Sum Entitlement

Item	Dependant(s)	Compensation
1	Partner: 1 Children: None	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 10% of the LSE.

Example 2 – Partner and former partner, no child

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

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 who was dependent on the worker's earnings at the time of the worker's death is only eligible to claim the lump sum entitlement 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. 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 allowance is additional to the child's proportionate share of any lump sum entitlement and is payable irrespective of the level of dependency (wholly or partially).

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 claim form should identify the children who were dependent on the worker's earnings at the time of death. The claimant should also be asked to provide:

- a copy of the child's birth certificate or passport
- proof of full time education if the child is between 16 and 21
- evidence of guardianship or adoption, if the worker or the person claiming on behalf of any child is not the parent.

N.B - the amount is payable if a child stops and then recommences full time study between the ages of 16 and 21.

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.

The claimant should be asked to provide an invoice or quotation (or receipt where already paid) with the claim form.

N.B - funeral expenses can be paid without an order of an arbitrator.

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 (e.g. ambulance), hospital accommodation expenses, surgery and medical treatment.

The claimant should be asked to provide an invoice or quotation with the claim form.

N.B - medical expenses can be paid without an order of an arbitrator.

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 6 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. No child's allowance is payable.

Claimants should be asked to provide with the claim form:

- documents to show the worker had been in receipt of weekly compensation for at least 6 months
- documents to prove relationship with worker and dependency (same as documents listed above).

Insurer/ self insurer checklist - assessment of liability

- Insurer/ self insurer has assessed the claim as soon as practicable and has sufficient information on the following:
 - The person who died is a 'worker' and suffered an 'injury' as defined by the Act
 - The cause of death and whether or not it resulted from a work injury
 - All dependants have been identified and dependency on earnings of the worker verified
 - The compensation claimed and proportionate share of any lump sum corresponds

Part 4 Insurer/self insurer notification of liability

As soon as practicable after receiving the *Workplace Fatality Compensation Claim Form* insurers/self insurers must give the claimant and WorkCover WA the following approved notice, as relevant:

- notice that liability is accepted for workplace fatality (Appendix 2)
- notice that liability is disputed for workplace fatality (Appendix 3), or
- notice that additional information and/or documents are required to make a liability decision (Appendix 4).

Approved template notices are discussed in more detail below.

A copy of the notice is to be sent to WorkCover WA:

Send correspondence to:

Communications@workcover.wa.gov.au

or

Manager Communications and Education
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

Liability notice - accepted

Where liability is accepted the approved form must be sent to the claimant and WorkCover WA.

The notice is to set out clearly in a schedule the compensation payable to each dependant, as follows:

1. Lump sum compensation [delete if not applicable]

The lump sum entitlement of [*insert amount*] payable to [*name dependant, or if more than one dependant name each dependant and their respective share of the lump sum*].

2. Child allowance [delete if not applicable]

The child's allowance payable to [*name each dependent child*]

3. Funeral expenses [delete if not applicable]

Funeral expenses up to [*insert current maximum amount*]

4. Medical expenses [delete if not applicable]

The amount of [*insert amount of medical expenses incurred by claimant*] for [*insert name of worker*] medical expenses.

5. Lump sum compensation - death not a result of injury [delete if not applicable]

The lump sum entitlement of [*insert amount*] payable to [*name dependant, or each dependant of more than one and their respective share*].

It is important to identify each dependant and their respective entitlement in the notice as this will inform the arbitrator about the insurer or self insurer's position with regard to paying compensation. The notice informs the claimant that with their written consent (e.g. via email), the insurer/ self insurer may lodge an application for an order for payment with the Arbitration Service on their behalf.

Liability notice - disputed

Where liability is disputed the approved form must be sent to the claimant and WorkCover WA.

The notice should cite the provisions of the Act relied upon to dispute liability and give clear reasons, specific information and evidence relevant to the decision. The notice informs the claimant that if they do not agree with the decision, they can apply to have the matter determined by a WorkCover WA arbitrator and relevant contact details for further information.

Liability notice - more information or documents required

Where additional information or documents are required the approved form must be sent to the claimant and WorkCover WA.

This notice may apply, for example, where an insurer seeks a copy of a yet to be completed Coroner's report if the cause of death needs to be investigated further. In most cases, the information contained in WorkCover WA's *Guidelines for Claimants* (Part 4: Documents to attach) will minimise some of the delays that occur due to insufficient information being provided by the claimant.

The notice must identify the information or documents required and why they are relevant. If an insurer/ self insurer has requested information from a third party, a timeframe and priority for receipt of that information should be specified.

A decision on liability for the claim must be made as soon as practicable after receiving the information or document(s) listed in the notice. Wherever possible, the claim should be determined within 30 days of receipt by the insurer/ self insurer. Contact details for both the case manager and WorkCover WA's *Advice and Assistance Service* should be on the approved notice.

Insurer/self insurer checklist - liability notice

- Insurer/self insurer has assessed the claim as soon as practicable
- Liability notice is given to claimant and WorkCover WA in the approved form
- If additional information or documents are required these are specified in the notice. If seeking information from a third party, a timeframe is specified on the notice.

Part 5 Determination of claim by arbitrator

The legislation provides for a single and expedited pathway into WorkCover WA's Arbitration Service so that an arbitrator can determine the claim and make orders about the compensation payable to dependants. The conciliation process does not apply.

Compensation is only payable following an order of an arbitrator (other than claims for funeral expenses and/or medical expenses only). This applies regardless of whether the claim is accepted or disputed by an insurer or self insurer.

Where a claim is accepted the arbitrator will often make orders for payments of compensation with the consent of the parties.

Where the claim is disputed the arbitrator will seek to resolve each issue in dispute as quickly as possible and will then make orders.

A claimant can make an application for the claim to be determined by an arbitrator at any time. Usually, an application would be made after the claimant receives the liability notice from the insurer or self insurer. However, if the employer fails to forward the claim and/or a liability decision is not made within 30 days and the claimant believes a decision should reasonably have been made in that time, the claimant can lodge an application with the Arbitration Service without a liability notice.

Claims for funeral and/or medical expenses can be paid without an order of an arbitrator. Specific orders are not required for these expenses.

Insurer/self insurer provision of documents to support determination of claim

Liability accepted

Where an insurer/self insurer accepts liability for the claim, the claimant is required to make an application to the Arbitration Service for an order to pay compensation. An *Application for Arbitration – Workplace Fatality* will need to be completed by the claimant and lodged with the Arbitration Service along with the claim form, insurer's liability acceptance notice and related documents as listed in WorkCover WA's *Guidelines for Claimants* (Part 4: Documents to attach).

Insurers/self insurers may, with the written agreement of the claimant, lodge an *Application for Arbitration – Workplace Fatality* on behalf of the claimant.

Arbitration Service registry staff will contact the lodging party for any outstanding documents required to facilitate acceptance of the application. It is expected this documentation will be provided within 3 days of a request.

The normal Arbitration rules for lodging a reply do not apply to accepted claims.

Liability disputed

Where an insurer/ self insurer disputes liability the claimant can make an application to the Arbitration Service for the issues in dispute to be resolved. An *Application for Arbitration – Workplace Fatality* will need to be completed by the claimant and lodged together with the claim form, insurer's liability disputed notice and related documents as listed in WorkCover WA's *Guidelines for Claimants* (Part 4: Documents to attach).

The normal Arbitration rules apply to disputed claims.

Arbitrator orders about the lump sum

The Arbitrator's orders will specify who gets what portion of the lump sum with reference to the table in Schedule 1A of the Act and shown in Part 2 above.

The powers of an Arbitrator provide flexibility for the entitlement to be paid to dependants as the Arbitrator sees fit. Generally, the Arbitrator's orders will specify whether the lump sum is to be paid directly to the dependant or not. This usually depends on whether the dependent is an adult or a child.

For example, where a dependent is the partner of the worker the payment may be made directly to the dependant partner. Where dependent children are involved, the Arbitrator may order that the entitlement be held in trust for the dependent child, until the child reaches the age of 18. WorkCover WA commonly acts as trustee in such situations.

Arbitrator orders about the child's allowance

The child's allowance is a periodic payment intended to assist with the maintenance and care of children until the age of 16 or the age of 21 if in full time study.

The orders provide for amounts in respect of the child's allowance to be paid to WorkCover WA by the insurer or self insurer weekly or at such intervals as are specified in the order. The child's allowance will always be paid into WorkCover WA's Trust Account.

It is common practice for WorkCover WA to invoice insurers quarterly for the employer's liability to pay the child's allowance, and orders may specify payments to be made at different intervals to suit the claimant.

The legislation clarifies that no payment is to be made in advance of a periodic payment or by way of commutation. This is to prevent the periodic child's allowance from being advanced and exhausted before the child attains the age of 16 or 21 (if in full time study).

Arbitrators have discretion to order payment of the child's allowance to a child between the ages of 16 and 21 even if the child is not in full time study, if circumstances justify it.

Insurer/self insurer checklist - arbitrator's compensation orders

- If the dependant's claim is accepted, the insurer or self insurer has offered to lodge the arbitration application form on behalf of the claimant, including:
 - The *Workplace Fatality Compensation Claim Form*
 - The notice of liability accepted, including the attached pro forma schedule of the compensation accepted and all critical evidence in support of the claim.

Part 6 Discharging child allowance liability

The Act provides a mechanism for insurers/ self insurers to discharge the full liability of the child's allowance by making a single payment to WorkCover WA, rather than making quarterly payments to WorkCover WA for up to 21 years.

This may be a convenient option in order to finalise the claim. The methodology for calculating the discharge amount is set out in regulations and will always be based on the assumption the child attains the age of 21. In the event the liability is discharged and the dependent child does not pursue full time study to 21 years, the proportion of funds not paid to the dependant will be transferred to the WorkCover WA General Account.

An application to pay the full child's allowance to WorkCover WA and discharge the liability can be made when, or at any time after, the compensation order to pay the child's allowance is made by the arbitrator.

An application to discharge the child's allowance can be made in writing to:

FinanceTrust@workcover.wa.gov.au

Attn: Chief Finance Officer

or

The Chief Finance Officer
WorkCover WA
2 Bedbrook Place
SHENTON PARK WA 6008

Insurer/self insurer checklist - arbitrator's compensation orders

- If the insurer or self insurer intends to discharge the child's allowance the insurer or self insurer has written to the Chief Finance Officer when, or at any time after, the compensation order is made to pay the child's allowance

Part 7 Common law fatality claims

The Act (section 92) prevents recovery of both damages and workers' compensation entitlements (double recovery).

It is possible a claimant receiving compensation as a dependant has a common law action on foot under the *Fatal Accidents Act 1959* or *Law Reform (Miscellaneous Provisions) Act 1941* for an injury causing the death of the worker.

The Act requires that in paying or otherwise applying or dealing with trust moneys of a dependant, WorkCover WA must have regard to, and take into account, any judgement or settlement under which damages are payable to the dependant. The judgment or settlement may give directions to WorkCover WA as to how trust moneys of a dependant are to be dealt with.

Where insurers are a party to the common law claim the above requirements should be considered prior to any settlement negotiations.

Insurers/ self insurers should also remind claimants (or their representatives) of the requirement to notify WorkCover WA if an action for damages is commenced or judgement is given or settlement takes place in an action under the *Fatal Accidents Act 1959* or *Law Reform (Miscellaneous Provisions) Act 1941* for an injury causing the death of the worker. The form of the notice is at Appendix 5.

Insurer/self insurer checklist - common law fatality claims

- Where insurers are a party to any common law action under the *Fatal Accidents Act 1959* or *Law Reform (Miscellaneous Provisions) Act 1941* for an injury causing the death of a worker, the insurer or self insurer engages with WorkCover WA to discuss how trust moneys are to be dealt with prior to any settlement or judgment.
- Insurers/self insurers remind dependants (or their representatives) receiving compensation of the requirement to notify WorkCover WA if an action for damages is commenced or judgement is given or settlement takes place in an action under the *Fatal Accidents Act 1959* or *Law Reform (Miscellaneous Provisions) Act 1941* for an injury causing the death of the worker.

Appendices

Appendix 1 - Pre claim letter from employer/insurer

Enquiries: **First Name Surname Direct Line:**

Name

Street or Postal Address Suburb STATE Postcode

Dear **Title Surname**

WORKERS' COMPENSATION AND SUPPORT FOR DEPENDANTS

We express our sincere condolences for the loss of **[name of deceased worker]** and understand it is a difficult time for all family members and friends.

This letter is to let you know that workers' compensation entitlements are payable to dependents of workers who die in work related accidents.

I have enclosed a claim form and guidance notes if you would like to learn more about the entitlements, eligibility and claim process.

We also encourage you to contact WorkCover WA's *Advice and Assistance Service* on 1300 794 744 if you have any queries or want assistance completing forms.

Alternatively, you may wish to contact the claims officer of our insurer on **[insert contact details of claims officer, modify if insurer sending direct to next of kin]**.

There are also resources to support family members on WorkCover WA's website at www.workcover.wa.gov.au.

Yours sincerely

First Name Surname JOB TITLE

Date

cc WorkCover WA (communications@workcover.wa.gov.au)

Appendix 2 - Notice that liability accepted

[Address line]

Dear [insert name of claimant]

Compensation claim for workplace fatality

We are notifying you that we have accepted your claim for compensation following the death of [insert name of worker]. The compensation entitlements are set out in the schedule to this letter.

A WorkCover WA arbitrator is required to make orders before we can pay compensation to any dependants.

An application to WorkCover WA's Arbitration Service must be made before the compensation can be paid and can be lodged via WorkCover WA Online (online.workcover.wa.gov.au).

To support you with this process, and with your written consent, we can lodge the application on your behalf.

If you are legally represented your lawyer will lodge the application with WorkCover WA.

If you require assistance with the application process or have any questions, please contact WorkCover WA's *Advice and Assistance Service* on 1300 794 744 or visit www.workcover.wa.gov.au.

Yours sincerely

First Name Surname JOB TITLE

Date

cc WorkCover WA (communications@workcover.wa.gov.au)

Appendix 3 - Notice that liability disputed

[Address line]

Dear [insert name of claimant]

Compensation claim for workplace fatality

We are notifying you that we have not accepted liability in respect of *[some or all]* of the compensation claimed in relation to the death of *[insert name of worker]*.

This decision is based on:

[give clear reasons and specific information and evidence relevant to decision]

If you do not agree with this decision you can seek a review via our internal dispute resolution process by contacting *[insert name of case manager]* in the first instance.

You can also apply to have the matter determined by a WorkCover WA arbitrator by making an application to WorkCover WA's Arbitration Service via WorkCover WA Online (online.workcover.wa.gov.au).

If you are legally represented your lawyer will lodge your application with WorkCover WA.

If you need assistance with the application process or have any questions, please contact WorkCover WA's *Advice and Assistance Service* on 1300 794 744 or visit www.workcover.wa.gov.au.

You may wish to seek legal advice about your options from a legal practitioner or general advice about the process for determining the dispute from WorkCover WA's *Advice and Assistance Service* on 1300 794 744.

Yours sincerely

First Name Surname JOB TITLE

Date

cc WorkCover WA (communications@workcover.wa.gov.au)

Appendix 4 - Notice that additional information and/or documents are required to make a liability decision

[Address line]

Dear [insert name of claimant]

Compensation claim for workplace fatality

We are notifying you that we require additional information in respect of the compensation claimed in relation to the death of [insert worker's name].

The information we require is:

[specify information or documents and why they are relevant; if information from a third party has been requested specify timeframe and priority for receipt of that information].

We will make a decision on the claim as soon as practicable after receiving the information or document(s) listed above.

If you have any questions about the status of your claim or the documents we have requested please contact [insert name of relevant case manager]. For general advice please contact WorkCover WA's *Advice and Assistance Service* on 1300 794 744 or visit www.workcover.wa.gov.au.

Yours sincerely

First Name Surname JOB TITLE

Date

cc WorkCover WA (communications@workcover.wa.gov.au)

Appendix 5 - Notice regarding common law damages for workplace fatality

WorkCover WA
 2 Bedbrook Place
 SHENTON PARK
 WA 6008

This notice is given under section 72K(4) of the *Workers' Compensation and Injury Management Act 1981* relating to an action for damages for an injury causing the death of **[insert worker's name]** under the *Fatal Accidents Act 1959* or *Law Reform (Miscellaneous Provisions) Act 1941*.

Commencement of action for damages **[delete if not applicable]**

Name of plaintiff(s)/dependant(s) receiving compensation under Act	Name of employer/defendant(s)	Date action for damages commenced	Contact details of representatives

Judgment or settlement of action for damages **[delete if not applicable]**

Name of plaintiff(s)/dependant(s) receiving compensation under Act	Name of employer/defendant(s)	Date and reference No. for judgment or settlement	Contact details of representatives

Name and signature of person giving notice:	
Date:	