[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](http://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)