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## ***Workers Compensation and Injury Management Act 2023***

### **APPROVED FORM [s. 496]**

#### **Common Law Election**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a common law election to retain the right to seek an award of damages for the purposes of section 421(1)(b) and (10) of the Act and regulation 120(1) of the *Workers Compensation and Injury Management Regulations 2024* is **Common Law Election** in Appendix 1.

**Common Law Election** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CL1 – v1 [D2024/36858].

CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

26 March 2024

**APPENDIX 1**

*Workers Compensation and Injury Management Act 2023*

**COMMON LAW ELECTION**

**Worker**

Name: .....  
Address: .....  
Date of birth: .....  
Phone number: .....  
Email address: .....

**Employer**

Name: .....  
Address: .....  
ABN: .....  
Contact person: .....  
Phone number: .....  
Email address: .....

**Claim**

Insurer: .....  
Insurer claim number: .....  
Date claim made: .....

**Injury**

Date of injury: .....  
Description of injury: .....

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**WHOLE OF PERSON IMPAIRMENT ASSESSMENT**

Note: the assessment **must** be lodged with the election.

Degree of permanent whole person impairment as assessed by Approved Permanent Impairment Assessor: ..... %

## APPENDIX 1

### Dust disease

(Complete either 1 or 2 in this section only if worker has a dust disease)

1. Degree of permanent whole person impairment as assessed by Dust Disease Medical Panel: \_\_\_\_\_ %
2. Degree of permanent whole person impairment for a dust disease agreed by the worker and employer \_\_\_\_\_ %  
at least 15%  Yes  No  
at least 25%  Yes  No

### Notice

An election cannot be withdrawn after the Director registers it and a subsequent election cannot be made in respect of the same injury or injuries.

Registration of an election may affect your entitlement to statutory compensation under the *Workers Compensation and Injury Management Act 2023*.

You should seek appropriate independent advice before lodging this form.

### Worker statement

(If the election is signed personally by worker)

I have been advised of the consequences of registering an election and understand that registration of an election may affect my entitlement to statutory compensation. I request that the Director register this election.

Signed by worker: \_\_\_\_\_

Worker name \_\_\_\_\_

Date: \_\_\_\_\_

### Legal representative statement

(If the election is signed by worker's legal representative on behalf of the worker)

I have advised the worker of the consequences of registering an election and have been instructed by the worker to sign the election and request, on the worker's behalf, that the Director register this election.

Signed by representative: \_\_\_\_\_

Representative name: \_\_\_\_\_

Law firm: \_\_\_\_\_

Date: \_\_\_\_\_