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

**APPROVED FORM [s. 496]**

**Workplace Fatality Liability Decision Notice – Accepted**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a liability decision notice given under section 138(5),(3)(a) and section 139(4),(2)(a) of the *Workers Compensation and Injury Management Act 2023* is **Workplace Fatality Liability Decision Notice – Accepted** in Appendix 1.

The **Workplace Fatality Liability Decision Notice – Accepted** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form DN8 – v1 [D2024/105176].

CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

27 May 2024

*Workers Compensation and Injury Management Act 2023*

**WORKPLACE FATALITY LIABILITY DECISION NOTICE – ACCEPTED**

**Claimant**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Worker**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
ABN \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address: \_\_\_\_\_

**Claim**

Insurer: \_\_\_\_\_  
Insurer claim number: \_\_\_\_\_  
Date of injury: \_\_\_\_\_  
Date of death: \_\_\_\_\_  
Date claim given to insurer: \_\_\_\_\_  
Date of notice: \_\_\_\_\_

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## LIABILITY DECISION

In relation to the above claim we accept the employer is liable to pay compensation following the death of the above named worker. The specific compensation entitlements for which we accept liability are set out in the schedule to this notice.

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 lodged before the required compensation order can be made. The application can be lodged via WorkCover WA Online ([online.workcover.wa.gov.au](http://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.

## Further Information

**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](http://www.workcover.wa.gov.au).**

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## Notice Details

Notice issued by:

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Email address:

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Phone number:

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Web:

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## Schedule 1 – Compensation

### Dependant Lump Sum Entitlement – Partner/ Children

Accept liability for dependant lump sum entitlement (DLSE) for partner(s)/children:  Yes  No

If yes, name of dependant(s) and their proportionate share of the DLSE:

<b>Applicable item #</b> <i>(from DLSE Table in Act)</i>	<b>Name of dependent partner(s)/ children</b>	<b>Proportionate share of DLSE</b>
		\$
		\$
		\$
		\$
		\$

If no, provide reason: .....

### Dependant Lump Sum Entitlement – Extended Family Member

Accept liability for dependant lump sum entitlement (DLSE) for extended family member(s):  Yes  No

If yes, name of dependent extended family member(s) and their share of the DLSE which is reasonable and proportionate to the loss of financial support suffered and does not exceed the DLSE:

<b>Applicable item #</b> <i>(from DLSE Table in Act)</i>	<b>Name of dependent extended family member(s)</b>	<b>Reasonable &amp; proportionate share of DLSE</b>
		\$
		\$
		\$
		\$
		\$

**Allowance for eligible dependent children**

Accept liability for eligible dependent child allowance:  Yes  No

If yes, name of each eligible dependent child:

	Name of each eligible dependent child
1.	
2.	
3.	
4.	
5.	

If no, provide reason: .....

**Funeral expenses**

Accept liability for funeral expenses:  Yes  No

If yes, amount payable: \$ .....

If no, provide reason: .....

**Medical and health expenses**

Accept liability for medical and health expenses incurred by worker and paid by applicant:  Yes  No

If yes, amount payable: \$ .....

If no, provide reason: .....

**Lump sum entitlement for death not resulting from injury**

Accept liability for lump sum entitlement for death not resulting from injury:  Yes  No

If yes, aggregated amount payable: \$ \_\_\_\_\_

Calculation of worker's aggregated amount	Name of eligible dependant(s)	Portion of the aggregated amount payable
		\$
		\$
		\$
		\$
		\$

If no, provide reason: \_\_\_\_\_