



NOTES FOR APPLICANT

- Complete this form to apply to the Director under section 322 of the *Workers Compensation and Injury Management Act 2023* for an order for an insurer to make payment where the employer was previously directed to do so by a Conciliator via an interim compensation direction.
- Pursuant to rule 33 of the *Workers Compensation and Injury Management Conciliation Rules 2024*, this Application can only be made 14 days after the day on which the payment was due to be made by the employer.
- A copy of the Interim Compensation Direction must be lodged with this application.
- WorkCover WA provides an electronic document system (EDS) for the lodgement of applications and documents related to disputes called **WorkCover WA Online**. Unless a party is exempt from using the EDS, all documents must be lodged via WorkCover WA Online. Exempt parties can also use the EDS if they wish. Registration as a user of WorkCover WA Online is easy and can be done via our website.
- Further information is available in the **Guide to the Workers Compensation Conciliation Service** and can be found on our website or by contacting WorkCover WA's Advice and Assistance line on 1300 794 744.

NON-EXEMPT APPLICANT (worker represented by a legal practitioner or authorised agent)

An Application for Order for Insurer to Make Payment must be lodged using the EDS in accordance with the *Workers Compensation and Injury Management Conciliation Rules 2024*.

EXEMPT APPLICANT (unrepresented worker)

- You can register to lodge your Application for Order for Insurer to Make Payment using WorkCover WA Online or you can download and complete this form digitally or print this form, complete and sign manually.
- Once you have completed your application, we advise that you keep a copy including any supporting information for your records.
- Exempt applicants can lodge your Application for Order for Insurer to Make Payment by:

Email

conciliation@workcover.wa.gov.au

In Person

WorkCover WA
2 Bedbrook Place
Shenton Park, WA 6008
(Monday to Friday 8am to 4:30pm)

Post

**Workers Compensation Conciliation Service
WorkCover WA**
2 Bedbrook Place
Shenton Park, WA 6008

SECTION A - CASE DETAILS

1. Case number
2. Applicant
3. Respondent
4. Insurer

SECTION B - REASONS FOR APPLICATION

5. A payment direction in this matter was made by a Conciliator on
6. The Respondent has failed to make the payment(s) required under the payment direction Yes
7. The Applicant has made the following attempts to obtain payment from the Respondent and has advised the insurer/self-insurer of non-payment (*provide details and copies of emails or other correspondence*)

8. The Applicant is applying for the order 14 calendar days after the day on which the payment was due Yes
9. The Applicant declares they have not received the payment(s) required under the direction of the Conciliator Yes

SECTION C - SIGNATURE

Signature

Name

Date