Workers Compensation and Injury Management Act 2023

Intention to reduce or discontinue income   
compensation — Return to Work

## Worker

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

## Employer

|  |  |
| --- | --- |
| Name: |  |

## Claim

|  |  |
| --- | --- |
| Insurer: |  |
| Insurer claim number: |  |
| Date of injury: |  |

## Proposed Action

Your employer intends to make the following change to your income compensation due to your return to work:

|  |  |
| --- | --- |
| Reduce: |  |
| Discontinue: |  |
| Date of proposed action: | | |  |

## Return to work

|  |  |
| --- | --- |
| Date of return to work: |  |
| Position: |  | |
| Capacity: | Full  Partial | |

## Compensation to be paid

|  |  |
| --- | --- |
| Current income compensation: | $ |
| Proposed income compensation: | $ |

**Declaration**

**I confirm that you have returned to work in the position described above and that all information provided in this notice and any attachments are correct and complete.**

**I am authorised to complete and sign this declaration.**

**Penalties may apply for illegally reducing or discontinuing a worker’s income compensation**

|  |  |  |  |
| --- | --- | --- | --- |
| Authorised person signature: |  | Date: |  |
| Authorised person name: |  | | |
| Authorised person position: |  | | |

**Note**: Prior to making this declaration an employer or insurer must have evidence of the worker’s return to remunerated work which may include pay slips, or correspondence from the worker or employer or a notice provided by the worker under section 32 of the *Workers Compensation and Injury Management Act 2023*.

This approved form cannot be used to reduce or discontinue compensation on the basis of medical evidence about a worker’s capacity for work. Section 64 of the Act requires CN3 to be given in these circumstances.

## Further information

If you wish to dispute an aspect of this decision, the matter can be reconsidered under our internal dispute resolution process. Information on this process is available by contacting the person below.

The decision can also be disputed through WorkCover WA’s Conciliation and Arbitration Services.

Advice or assistance on workers compensation claims and disputes can be provided by WorkCover WA Advisory Services on 1300 794 744 or [www.workcover.wa.gov.au](https://www.workcover.wa.gov.au/), trade unions, or legal practitioners.

## Notice Details

|  |  |
| --- | --- |
| Notice issued by: |  |
| Email address: |  |
| Phone number: |  |
| Web: |  |