Workers Compensation and Injury Management Act 2023

Workplace Fatality Compensation Claim Form

Please see attachment for required information and documents.

1. CLAIMANT'S DETAILS

Given names: | Surname:

Date of birth: __/__/____ | Occupation:

Phone number:

Relationship to worker:

Residential address:

Email address:

Preferred language(s):
(if other than English)

2. WORKER'S DETAILS

Given names: | Surname:

Date of birth: __/__/____ | Occupation:

Residential address:
(prior to death)

3. EMPLOYER'S DETAILS

Employer's name:
(including trading name)

Employer's address:

Employer's ABN: | Phone number:

4. DETAILS OF FATALITY

Date of injury: ☐☐/☐☐/☐☐☐☐ Date of death: ☐☐/☐☐/☐☐☐☐

Was the death a result of a workplace injury? Yes ☐ No ☐

Cause of death:

Worker's duties/tasks when injury/accident occured:

5. COMPENSATION BEING CLAIMED

1. Death resulted from injury:

☐ Dependant lump sum entitlement - *payable to dependant partner and/or children*

☐ Child's allowance - *payable for the benefit of each dependant child*

☐ Funeral expenses - *payable to person who incurs expenses*

☐ Medical expenses - *payable to person who incurs expenses*

2. Death did not result from injury:

☐ Lump sum entitlement - *payable to dependant partner and/or children*

6. DETAILS OF DEPENDANTS **(include any additional dependants on a seperate page)**

☐ Documents attached to show dependency on earnings of worker at the time of death

DEPENDANT 1

Given names: Surname:

Date of birth: ☐☐/☐☐/☐☐☐☐ Relationship to worker:

Phone number:

Address:

DEPENDANT 2

Given names: Surname:

Date of birth: / / Relationship to worker:

Phone number:

Address:

DEPENDANT 3

Given names: Surname:

Date of birth: / / Relationship to worker:

Phone number:

Address:

DEPENDANT 4

Given names: Surname:

Date of birth: / / Relationship to worker:

Phone number:

Address:

DEPENDANT 5

Given names: Surname:

Date of birth: / / Relationship to worker:

Phone number:

Address:

Do you know of any other person who is dependent on the earnings of the worker and may be entitled to make a separate claim?

Yes ☐ No ☐ If yes, please provide any details attached on a seperate piece of paper.

7. CONSENT AUTHORITY

I hereby authorise any medical practitioner, medical practice or hospital to disclose to the worker's employer or the employer's insurer and WorkCover WA any information regarding the worker's medical history. However, I do not authorise the release or testing of human tissue samples or human tissue material of any kind or for any purpose.

Signature: Date: / /

Name of worker's general practitioner:

8. DECLARATION

Western Australia
Oaths, Affidavits and Statutory Declarations Act 2005
Statutory Declaration

I, *insert name*

of *insert address*

sincerely declare that all the information in the *Workplace Fatality Compensation Claim Form*, and any other attachment and supporting particulars are true and correct to the best of my knowledge.

To the best of my knowledge I have not omitted any information that may be relevant to my claim, including but not limited to the names of persons I believe may have been dependent on the earnings of the deceased worker.

This declaration is true and I know it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005.*

at on / /

(place) *(date)*

by

(signature of person making the declaration)

in the presence of

(signature of authorised witness)

(name of authorised witness) *(qualification of authorised witness)*

INSURER TO COMPLETE

Name of insurer / self-insurer:

Claim number:

Policy number:

Date claim received: ☐☐/☐☐/☐☐☐☐

Required Information and Documents

The following documents and information must be provided with the *Workplace Fatality Compensation Claim Form*

DOCUMENTS TO ATTACH

☐ **Documents about cause of death**

- Death Certificate
- In some circumstances an insurer / self-insurer may request copies of any autopsy report, a Coroner's report or ambulance, hospital, or other medical records.

☐ **Documents about relationship to worker**

- **For a marriage – the marriage certificate**

- **For a de facto relationship – a statement and supporting particulars (indicated below) about:**
  - how, when and where the person and worker first met
  - the duration of the relationship and level of commitment to a shared life
  - the extent to which the person and worker supported each other financially, physically and emotionally and when this level of commitment began
  - the living arrangements including whether the person and worker resided together and the nature and extent of common residence (attach details of living arrangements)
  - financial aspects of the relationship including joint ownership of a house or joint names on a lease, correspondence addressed to the couple at the same address, details of financial commitments such as bank statements, and any joint liabilities (attach copies)
  - any joint responsibility for the care and support of children
  - the extent to which the relationship was recognised publicly or socially (include name and contact details of 2 people who can verify the existence of a de facto relationship).

- **For each dependent child**
  - a copy of the child's birth certificate or passport
  - evidence of enrolment in full time education if the child is between 16 and 21
  - evidence of guardianship or adoption, if the worker or the person claiming on behalf of any child is not the parent.

- **For an extended family member**
  - evidence the person is an extended family member
  - a Statutory Declaration to the effect the worker died leaving no dependent partner or children.

Documents about financial dependency

To show the claimant was wholly or in part dependent on the earnings of the worker at the time of death attach:

- records of income received from employment, investments or business over a two year period prior to the death of the worker, for the worker and claimant(s);
- tax returns for the two year period prior to and including the worker's death, for the worker and the claimant(s) (if available);
- bank / financial statements that show the worker provided monetary support to the claimant(s). This may include: moneys transferred from the worker to the claimant or between accounts; payments for shared property or living expenses such as utilities, food, lodging, clothing, education, medical and dental care, recreation, transportation and other necessities;
- copies of any relevant legal order or voluntary arrangement setting out the amount to be paid for child support or spousal/de facto maintenance; and
- details of any distribution or profit paid to the worker or claimant(s) from any family trust.

Documents about other potential claimants

- If applicable, attach contact details of any other person dependent on the earnings of the worker (not mentioned in section 6 of the claim form) who may be entitled to make a separate claim.

Documents about funeral expenses

- Receipts, invoice and / or quotations for funeral expenses incurred or likely to be incurred.

Documents about medical expenses

Only attach if claiming medical expenses:

- invoices that relate to the worker's medical attendance, transportation and treatment incurred for the workplace injury prior to their death.

Documents if the death did not result from the injury

Only attach if the worker's death did not result from the workplace injury/accident:

- documents to show the worker had been in receipt of income compensation for at least six months; and
- documents to prove the claimant's relationship to the worker and dependency (same as documents listed above).