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Zurich Financial Services Australia (Zurich Australia), a member of the Swiss-based worldwide Zurich Insurance Group, is the only global financial services group operating in Australia under a single brand in the core business lines of general insurance, life risk, investment and superannuation solutions.

Zurich Insurance Group is one of the world's largest insurance based financial services insurance groups, and one of the few to operate on a truly global basis. It has a global network of subsidiaries and offices in North America and Europe, Asia-Pacific, the Middle East, Latin America and other markets.

Founded in 1872, the company's headquarters are in Zurich Switzerland. Zurich employs over 55,000 people helping customers manage risk in more than 170 countries. It is the second largest insurer of global business.

One of our many areas of special interest and expertise lies in insuring and managing workplace injuries and workers' compensation claims.

Our philosophy is to work with clients and their brokers to manage this often challenging process in the spirit of true partnership.

To this end, we not only provide access to experienced professionals, we also offer you the opportunity to have input in to the way claims are actually managed.

We are delighted to present the Zurich Workers' Compensation – A claims and injury management guide for WA employers. The guide summarises the relevant regulations and principles applicable to claims and injury management, and contains vital documents that will allow you to implement an injury management system in your workplace.

The information contained in this guide can help you minimise the cost of claims and assist in returning your employees to work quickly, safely and effectively. We hope you find it useful.

Should you have any questions in relation to workers' compensation claim matters, please direct your queries to our Zurich service team (wcclaims.wa@zurich.com.au) or your broker.

Disclaimer
The information in this brochure is general in nature and should only be used as a guide. It is not intended to be a comprehensive summary of obligations under workers’ compensation law and should not be relied upon as legal advice.
Workers’ Compensation in WA

1.1 WorkCover WA
Western Australia has a scheme in place for management and compensation of employment-related injuries.

WorkCover WA is the statutory governing authority responsible for administering the Workers’ Compensation and Injury Management Act 1981 (the Act). WorkCover WA is an agent of the State of Western Australia with the status, immunities and privileges of the state. As the governing body, it recommends premium rates for the industry.

WorkCover WA offers a telephone infoline service on 1300 794 744 which provides general information on the workers’ compensation and injury management system. Further information can also be obtained from the WorkCover WA website www.workcover.wa.gov.au.

1.2 Worksafe WA
A division of the Department of Commerce, Worksafe WA is the regulator of workplace safety and health in accordance with the Occupational Safety and Health Act 1984 (the OSH Act).

Employers should be aware that the OSH Act requires certain reportable injuries and diseases to be notified to Worksafe WA as follows:

- death;
- a fracture of the skull, spine or pelvis;
- a fracture of any bone in the arm (other than in the wrist or hand) or in the leg (other than a bone in the ankle or foot);
- an amputation of an arm, a hand, finger, finger joint, leg, foot, toe or toe joint;
- the loss of sight of an eye; and
- any injury other than the above which, in the opinion of a medical practitioner, is likely to prevent the employee from being able to work within 10 days of the day on which the injury occurred.

Please visit the Worksafe WA website for details on reportable diseases.

Notification of reportable injuries and diseases must be made using the appropriate forms.

- Notification of injury - Form 1
- Notification of disease - Form 2

Worksafe WA will accept completed forms in person, by writing, facsimile, telephone or email. These details can be found on the notification forms.

For more information call Worksafe WA on 1300 307 877 or visit their website www.commerce.wa.gov.au/worksafe.
Section 2

The claim process

2.1 When to claim
Any worker, as defined by the Act, is entitled to claim compensation for a work-related injury or illness that requires time off work and/or medical treatment.

What if the injury is the fault of the worker?
The workers’ compensation scheme is a ‘no fault’ system, which means compensation is payable regardless of who is at fault when the incident occurred. There are some exceptions to this such as injuries caused by a worker’s own serious and wilful misconduct. For example, this may include:

• A worker who has failed to wear safety equipment or clothing that was provided by the employer;
• A worker who was under the influence of alcohol or drugs which contributed to an injury occurring;
• Other circumstances that constitute serious and wilful misconduct (which can be many and varied).

However, each case will turn on its own facts. Even in these circumstances a worker may still be entitled to compensation, particularly if the worker has suffered serious and permanent effects from the injury, or the injury has resulted in death.

As the employer you are legally obliged to notify Zurich and/or your broker of any details that may affect the legitimacy of a claim.

2.2 Lodging a claim
If you receive a workers claim form and first medical certificate, you must forward it to Zurich within 5 days of receipt. A claim can be lodged with Zurich via email, fax or by mail.

Please note that in accordance with the Act, WorkCover WA may penalise employers $1,000 for failing to report claims to their insurer within the required timeframe (s57A(2A)).

2.3 Liability
It is not the right of the employer to determine liability for a claim, although Zurich certainly encourages and welcomes your input.

Once a claim has been lodged and to assist Zurich with making a decision of liability, a Zurich Claims Adviser will contact you, the worker and on occasion the treating doctor, to understand the circumstances of the claim and severity of the injury.

Zurich has up to 14 days in which to make a decision of liability. Liability must be accepted or disputed, or the decision must be pended. Whatever the decision, Zurich will confirm this in writing to you and the worker. A claim number will be allocated and this number should be quoted on all future references made to that claim.

2.3.1 Accepted claims
If liability for the claim is accepted, Zurich will send a notice of claim acceptance to you and the worker. Payment of weekly compensation wages should be made using the rate of pay confirmed in this notice.

If you are unsure of what to pay the worker, please contact your Zurich Claims Adviser who can assist you. Any overpayment, may not be reimbursed to you.

Employers should:

– pay wages on the regular pay day, in accordance with medical certification and in line with any applicable return to work program;
– complete a wage reimbursement form and send it to Zurich for a refund of the wages paid. A copy of this form can be found in Section 7 of this document.
– send unpaid medical accounts to Zurich for payment direct to the provider. If accounts have been paid by you or the worker, receipts should be provided to Zurich for reimbursement.
2.3.2 Pended claims
When a claim is pended, it is usually on the basis that further information is required before a final decision is made. This information can be factual, medical or both.

No weekly compensation wages should be paid to the worker for any time off work as a result of the claimed injury. In some cases and by agreement with the worker, you may use other leave entitlements to cover the loss of wages until a decision is made. If the claim is accepted, these entitlements can be recredited at that stage.

All medical accounts should be sent to Zurich unpaid. If the claim is accepted, reasonably related treatment will be paid. If the worker has paid for their own treatment, receipts must be provided for reimbursement to be considered.

2.3.3 Disputed claims
If Zurich intends to dispute liability, the Zurich Claims Adviser will contact you and the worker to discuss the reason or basis for the decision. A dispute notice will then be sent in writing to you and the worker. Your broker will also be notified of this decision.

No compensation will be paid if a claim is disputed.

If the worker disputes the decision, the matter will be referred through the Zurich internal dispute resolution process. The worker also has the option to seek assistance from WorkCover WA’s Conciliation and Arbitration Services.

2.4 Compensation entitlements
Following a workplace injury, the worker may have access to the following entitlements:

**Loss of wages**
Should a worker become partially or totally incapacitated from attending their workplace, due to the compensable injury, provision is allowed for payment of wages to be made (also referred to as “weekly compensation payments” or “weekly payments”).

Applicable compensation rates are calculated by Zurich and confirmed to you in writing.

It is important that you do not commence any weekly compensation payments without receiving confirmation from Zurich that liability has been accepted and/or by direction of the Zurich Claims Adviser.

**Medical expenses**
Reasonable medical treatment that is related to the compensable injury is claimable (up to certain limits and at certain prescribed rates). Treatment may include: doctor visits, pharmacy, physiotherapy, specialist consultation, pathology, radiology and surgery.

If you or the worker are unsure of whether a treatment is covered, please contact your Zurich Claims Adviser for guidance.

**Workplace Rehabilitation**
In some cases external assistance is required to help an injured worker to return to work. An approved workplace rehabilitation provider can assist you and your worker should the need arise. A list of approved workplace rehabilitation providers can be found on the WorkCover WA website.

**Travel expenses**
A worker is able to claim for reasonable travelling expenses incurred as a result of attending for medical treatment. Reimbursement will be considered at the rates prescribed by WorkCover WA.

**Death benefits**
Where a workplace incident results in a worker’s death, funeral expenses and any associated medical treatment costs (incurred prior to death) may be payable.

There are also provisions for dependancy payments should a claim for dependancy be made.

Incidents involving serious injury or death should be immediately reported to Zurich and your broker.
Permanent impairment
Where a worker sustains permanent physical or psychological impairment as a result of the workplace injury, there may be an entitlement for a lump sum payment.

Further guidance can be provided by your Zurich Claims Adviser in these cases.

Prescribed amounts
It should be noted that limits do apply to compensation entitlements. These limits are also known as ‘prescribed amounts’. Prescribed amounts are indexed annually by WorkCover WA.

Please refer to the WorkCover WA website for a list of the current prescribed amounts or contact your Zurich Claims Adviser.

2.5 Journey claims
In Western Australia, workers are generally not covered for injuries that occur while travelling between home and work.

They are generally covered for some other journeys including any journey undertaken during the course of their employment, or under the employer’s direction. However, an injury may not be compensable if the worker substantially interrupts or deviates from the designated journey.

If a worker is unsure whether they should submit a claim for an injury on the journey, discuss the circumstances with Zurich and/or your broker.

If a claim is to be lodged, it should be made using the Workers’ Compensation Claim Form along with an Injury on the Journey Form. If the injury was sustained in a motor vehicle accident, we suggest you encourage the worker to submit a police report and forward a copy to Zurich. This will help us to determine if there is a potential recovery from a third party.

2.6 Dental claims
If a worker sustains an injury that requires only dental treatment, a first medical certificate may not be required. To make a decision regarding liability, Zurich require a dental report from the treating dentist detailing the circumstances, treatment required and costs associated with the treatment.

In this instance you should forward the Workers’ Compensation Claim Form and Employers Report of Injury Form so that Zurich can determine liability.

2.7 Fatality claims
If a worker dies as a result of a workplace incident, you must notify your broker and Zurich immediately. To access compensation for funeral expenses and/or dependancy payments, the deceased’s dependants will be required to complete a 2D Claim Form. You should also complete an Employer Report of Injury Form to assist Zurich to determine liability. Refer to Section 7 for both claim forms.

2.8 Noise Induced Hearing Loss
Under the Act, it is compulsory for all employers operating certain prescribed “noisy” workplaces to arrange baseline hearing tests for workers. It is the employer’s responsibility to arrange and pay for such testing.

All workers working in a prescribed workplace must have a baseline hearing test within the first 12 months from commencing employment, even if they are provided with hearing protection.

Testers must be approved by WorkCover WA and a directory of approved providers can be found on the WorkCover WA website.

All tests must be forwarded to WorkCover WA and the worker within one month of the test taking place.
What is a prescribed workplace?
A prescribed workplace is one where a worker receives or is likely to receive a personal noise dose of 90dB(A) or above, during an eight hour shift. This is about the level of noise from an idling heavy motor truck at a distance of one metre.

Any worker who is exposed to noise above the peak exposure of 140dB(lin) at any time, will also require testing. This noise level is almost equivalent to the peak noise from a mid to high-calibre firearm at the user’s ear.¹

What constitutes a valid claim?
If subsequent hearing tests show an overall hearing loss of at least 10% from the baseline, WorkCover WA will advise the worker and the employer of the requirement for further testing, to determine if there is a compensable loss.

Noise induced hearing loss cannot be claimed if it occurred before March 1991.

2.9 Recurrence claims
Should the situation arise where a worker reports a recurrence, aggravation or a flare up of an existing injury, for which a claim has previously been made, a Recurrence of Disability Claim Form may be required along with supporting medical documentation (medical certificates, reports, etc.).

Please contact your Zurich Claims Adviser if you are unsure whether to complete new claim forms or a Recurrence of Disability Claim Form.

2.10 Disputes
2.10.1 Internal Dispute Resolution
Should a dispute arise, Zurich has an internal dispute resolution process in place to effectively manage and where possible resolve the dispute.

For further information on Zurich’s internal dispute resolution process, please contact our office.

2.10.2 WorkCover WA disputes
Disputes can also be lodged through the WorkCover WA Conciliation and Arbitration Services.

Whilst disputes can be resolved at any stage in this process, WorkCover WA initially offer a conciliation service which involves the assistance of a Conciliation Officer to resolve the dispute; followed by an Arbitration service, where an unresolved dispute is heard by a legally qualified Arbitrator who makes a final determination. Further information on these services can be found on the WorkCover WA website.

2.11 Common Law

Access to a claim for damages at common law is based on the worker's degree of permanent whole of person impairment (WPI). A worker requires a WPI of not less than 15% to access common law damages; however secondary psychological, psychiatric and sexual dysfunction conditions are excluded.

An approved medical specialist will conduct an examination applying a standard assessment method. Workers are able to choose an approved medical specialist from a list that is available on the WorkCover WA website.

After obtaining their assessment of WPI the worker must decide whether to elect and pursue a common law claim. Strict timeframes apply as to when an election for common law must be made. Generally, workers must elect to pursue a common law claim within one year after the day on which the claim for workers compensation payments is made upon the employer.

Extensions of time may be granted in some cases. This can include cases where the worker's medical condition has not stabilised, an assessment certificate has not been given in the prescribed time, or an approved medical specialist requires more time to complete an assessment.

Workers with a WPI of at least 15% but less than 25%, who elect to pursue a common law claim, are subject to a reduction or “step down” in weekly compensation payments and their statutory entitlements (e.g. entitlement to payment of medical expenses) cease at the time of election.

Assuming these workers have sufficient funds remaining in the prescribed amount for weekly payments to continue, their weekly compensation payments will reduce as follows:

- For the first three months, the worker will receive 70% of the amount of weekly compensation payments to which the worker would otherwise have been entitled,
- For the second three months, the worker will receive 50% of the amount of weekly compensation payments to which the worker would have otherwise been entitled,
- Weekly compensation payments cease after six months.

No cap on damages applies to workers with a WPI of 25% or greater and for these workers there is no reduction of weekly compensation payments, or other statutory entitlements upon making a common law election.

If there is a possibility that a worker may be able to gain access to common law damages, Zurich will discuss the implications with you and your broker.
3.1 What to do when an injury occurs

- **Worker sustains an injury**
- **Injured worker to seek first aid and report the incident to the employer**
- **The employer should refer the injured worker to a doctor to access treatment and obtain a First Medical Certificate**
- **The employer provides the injured worker with a Workers’ Compensation Claim Form**
- **The employer completes the employer section of the Workers’ Compensation Claim Form, the Employer’s Report of Injury Form and forwards all documentation to Zurich within **five** working days**
- **The employer completes a documented Return To Work Program (RTWP) or requests Zurich to when required**

**Important**

Under no circumstances should the employer accept liability. The employer is not to pay wages unless advised by Zurich, as this could be seen as an admission of liability.
3.2 Legal obligations

3.2.1 Why should I take out a policy?
Under the Workers’ Compensation and Injury Management Act 1981, employers are obligated to take out a policy to cover all employees and certain other people who perform work for them, as well as some employees who may from time to time perform work outside of the state, regardless of their pattern of work, relationship to the employer or how they are paid.

Please also refer to the sections on Working Directors and Contractors.

Your broker can provide you with guidance on who should be covered by a policy.

3.2.2 Working Directors
A working director refers to a company director who executes work for or on behalf of the organisation, and whose earnings as a director of the company reflect payment for personal manual labour or services.

It is optional for a working director’s company to cover their directors for workers’ compensation.

It is important to note that unless a company specifically requests cover, working directors will not be entitled to claim workers compensation benefits for any injury. Non working directors and public company directors are excluded. Only a company, as a separate legal entity, may apply to insure a working director.

If you require further information about whether cover is appropriate for your specific circumstances, please discuss this with your broker.

3.2.3 Contractors
If you engage sub contractors or contractors to perform work for your business, and they are paid for their services, they may classified as workers under the Act and therefore, may be entitled to claim workers compensation benefits from your company.

Each contractor’s circumstances must be individually considered. It is important to note that Zurich does not purport to provide legal advice on whether a particular claimant will or will not be a “worker” as defined under the Act.

Before determining liability on a claim, Zurich will investigate whether the worker is a “worker” as defined by the Act.

In such cases the employer and the worker may be required to complete a sub-contractor questionnaire before a decision can be made.

Avoidance arrangements
As per Section 175AA of the Workers’ Compensation and Injury Management Act 1981, if an employer avoids their compensation obligations by contriving with workers to establish their own business, a $5,000 penalty may be issued.

If you have any concerns about avoidance arrangements you should seek independent advice.

3.2.4 Notifiable injuries
The OSH Act requires an employer whose employee suffers a reportable injury to notify Worksafe. Refer to the section on Worksafe WA for a list of notifiable injuries and their website for notifiable diseases.

It is also important to be aware of the reporting requirements surrounding accidents which may occur on a mining operation. Any injury that prevents a person from returning to his or her pre injury duties must be reported to the Resources Safety division of the Department of Mines and Petroleum 2013, under the Mines Safety and Inspection Act 1994. Resources Safety can be contacted on (08) 9358 8002 or visit their website www.dmp.wa.gov.au/ResourcesSafety.

3.2.5 Notification to Zurich
We encourage you to ask a worker to submit a claim as soon as an injury occurs. Remembering that you have five (5) days to lodge the completed Workers’ Compensation Claim Form and First Medical Certificate with Zurich, you should forward all documents to us as soon as you receive them from the worker. This ensures workers with genuine claims are provided with immediate treatment and engage in a prompt return to work.

It is important to educate workers about the process of submitting a claim and to implement a system that encourages prompt reporting of injuries.
3.2.6 **Keeping a worker’s position open following an injury**

You are legally required to keep a position available for an injured worker for 12 months following the date on which he or she becomes entitled to weekly compensation payments. When calculating the 12 months, any period of total capacity for work should not be included.

If a worker returns to work within that timeframe, you must provide him or her with their pre-injury position if reasonably practicable, or another job comparable in status and pay to the pre-injury position for which he or she is qualified and capable of performing.

In some circumstances this may not be reasonably practicable. You should discuss these instances with the Zurich Claims Adviser or broker.

3.2.7 **Terminating a worker**

If you are considering terminating a worker who is receiving workers’ compensation entitlements, you should discuss this scenario with the Zurich Claims Adviser and your broker.

If you decide to terminate a worker within 12 months of the initial receipt of weekly compensation payments, you are required to notify WorkCover WA and the worker by completing a Form 15G Notice of Intention to dismiss a Worker. A copy of this form is available in Section 7 of this document. If you breach this requirement, you may be subject to a penalty of $2,000 under the Act.

However, in situations involving gross misconduct (such as theft), the penalty may not be applicable.

Remember terminating an injured worker can adversely affect the outcome of a claim and may also result in industrial relations penalties. Before considering such a step, we strongly recommend that you discuss the matter with Zurich and your broker. You may also need to seek independent advice.

3.2.8 **Injury Management and Return to Work**

Legislative changes were introduced in November 2005 relating to employers and their injury management obligations. It is a legal requirement for employers to have an Injury Management System in place. Employers who fail to comply may be fined by WorkCover WA.

An employer must also have a documented Return to Work Program in place, if a worker returns to work in a restricted capacity following injury. Failure to comply can also result in a fine.

For further guidance on injury management and return to work, please refer to Section 5 of this document.

Remember, terminating an injured worker can adversely affect the outcome of a claim and may also result in industrial relations penalties.

Before considering such a step, we strongly recommend that you discuss the matter with Zurich and your broker.
3.3 Weekly compensation payments

It is important that you do not make any weekly compensation payments until your Zurich Claims Adviser has advised you that the claim is accepted. All requested wage information must be completed on the Employer’s Report of Injury Form. Zurich will then provide you with the appropriate compensation rate(s) at which to pay your worker.

If the injured worker does not produce a first or progress medical certificate specifying their capacity for work, please consult your Zurich Claims Adviser.

As stated in the Act, a worker’s rate of compensation may decrease after the first 13 weeks of receiving compensation. This is referred to as the “step down” or “thereafter” rate. We will notify you of both rates of pay where applicable. As the employer you should be on notice of the date on which the “thereafter” rate applies, to ensure the worker is paid the correct amount.

To prevent unnecessary delays in the payment of compensation, please ensure all wage information is completed and provided as requested on the Employer’s Report of Injury Form.

3.3.1 Requesting wage reimbursement

Zurich will forward a wage reimbursement form to you. You are required to detail the dates, number of days and hours for which you are claiming reimbursement on this form.

The form allows you to nominate the preferred method of reimbursement, either by cheque or direct deposit. Zurich will arrange reimbursement within 10 working days of receipt.

3.3.2 Partial reimbursement

A worker does not have to lose a whole day from work for you to claim reimbursement. For example, he or she may only lose an hour of time to attend a medical appointment. You should continue to pay the worker during these periods at the rate of pay confirmed by Zurich.

We encourage you to contact us if you have questions on how much a worker should be paid, or how best to claim reimbursement for periods of partial lost time.

3.3.3 When to start payments

As previously mentioned, if a claim is accepted we will advise you of the rate(s) of pay in which to compensate the worker. If he or she does not produce a certificate stating they are unfit for work, please contact Zurich to discuss whether to continue paying compensation payments.

If weekly compensation payments have already commenced, do not cease payment without seeking confirmation from Zurich.

3.3.4 Paying a worker while waiting for a liability decision

If there is a period in which the worker is certified unfit, yet a decision has not been made about liability, he or she can agree to receive payment from accrued sick leave or accrued annual leave. If the claim is then accepted, the worker should have these entitlements reinstated.

It is worth noting that the rate of pay for sick or annual leave may differ from the approved rate of weekly compensation payments. It may be necessary to make adjustments once the claim is accepted.
3.3.5 Cessation or reduction of weekly compensation payments
When it has been established that the worker is entitled to weekly compensation payments, it is important that their entitlement is neither reduced nor discontinued without consent from the worker, or until an order from a WorkCover Arbitrator has been obtained.

You may be liable for a $2,000 penalty if you are deemed to have illegally reduced or discontinued weekly payments. Please contact Zurich for further guidance as required.

3.3.6 Can Zurich pay the worker directly?
We are unable to pay the worker directly unless your business is no longer operating or in some cases sold. As the employer you are responsible for paying the worker and seeking reimbursement from Zurich.

3.4 Medical expenses
Medical invoices should be sent to Zurich unpaid. Zurich will consider payment and where the claim is accepted will arrange payment direct to the provider.

Payment of services will be made in accordance with the approved WorkCover rates.

Please do not pay any invoices without Zurich approval as this could be seen as an admission of liability.

3.5 Travelling and accommodation expenses
A worker is able to claim for reasonable travel incurred as a result of attending medical appointments. The worker should be provided with a Zurich Travel Claim Form for completion and return to Zurich.

If a worker requires accommodation expenses to be covered, they should discuss this with Zurich in the first instance. Receipts relating to accommodation expenses should then be sent to Zurich for consideration.
Worker’s role and responsibilities

4.1 What to do when an injury occurs

- The worker must adhere to your incident reporting procedures and complete all necessary documentation.

- The worker sustains an injury.

- Worker seeks first aid and reports the incident and injury to the employer.

- Worker attends a doctor for treatment and obtains a First Medical Certificate.

- Worker completes a Workers’ Compensation Claim Form.

- Where it is required, the worker must co-operate with the employer and doctor in the co-ordination and development of the Return to Work Program (RTWP).

- Whilst in recovery, the worker should follow the recommended treatment plan of the doctor and obtain regular medical certification until a Final Medical Certificate has been issued.

- The worker is to provide copies of medical certificates (along with any invoices) to the employer and Zurich.

- The worker must provide their consent for you to attend medical appointments.

- The worker must make their claim for compensation as soon as practicable and within 12 months from the date of injury or onset of symptoms.

- A worker must contribute to and comply with a RTWP. Failure to do so could impact their entitlement to workers’ compensation.

- It is recommended the worker complete the claim form, including signing the necessary declaration and authority sections. Failure to provide a signature on either declaration or consent authority, may delay a decision by Zurich.

- Workers have the right to choose their own medical provider(s) for treatment.

- Workers should be aware that Zurich is only required to pay reasonable medical expenses in accordance with the WorkCover health provider rates. Any gap or excess fee will be the worker’s responsibility.
4.2 Claim lodgement
A worker is required to lodge a claim as soon as possible and at the very latest within 12 months of the injury occurring, or the onset of symptoms. Significant delays in lodgement may result in the claim circumstances being investigated and possibly disputed.

It should be noted that a worker’s failure to lodge a claim within the required timeframe does not necessarily mean they are precluded from receiving compensation.

4.3 Medical treatment and certification
It is vital that a worker maintains regular contact with you, their doctor and Zurich in the overall management of a claim. The worker should provide you with all relevant medical certificates as soon as possible.

It is also important for you to maintain dialogue in relation to the workers treatment needs. Where possible, treatment appointments should be arranged outside of return to work hours. This will maximise time at work and reduce unnecessary time away from the workplace. Copies of medical certificates, reports and any other claim related documents should be sent to Zurich as soon as possible.

4.4 Returning to work
The worker is required to fully participate and co-operate with you and the doctor in co-ordination of a return to work. Workers do not have to wait until they have completely recovered from their injury or ceased treatment before commencing a return to work. In some cases the worker can initially return to modified or restricted duties until they have a full medical clearance.

Once the doctor has assessed the worker as having either a partial of full capacity to return to work, the worker should immediately inform you to allow for discussion about a suitable return to work. Medical clearance must be provided to you prior to allowing your worker back into the work place.

If a worker fails to participate or co-operate in the return to work process, Zurich may consider lodging a dispute with WorkCover WA for non compliance. This could result in a reduction or cessation of compensation benefits.

More information on return to work can be found in Section 5.

4.5 What if a worker resigns or moves interstate?
Provided the worker continues to present medical certificates from an authorised treating practitioner and within the requirements of the Act, statutory entitlements will continue.

A worker’s resignation does not automatically mean that you can cease payment of weekly compensation.

It is strongly recommended that you discuss either of these situations with your Zurich Claims Adviser as soon as they arise.

4.6 Medical Examinations
From time to time a worker may be requested by Zurich to attend for medical examinations. The examinations may be required to assist with determination of liability, understanding the severity of injury, return to work planning or to assess for a permanent impairment.

The worker is legally obligated to attend these appointments. Failure to do so, without a reasonable excuse, may result in delays or could impact on their entitlement to receive ongoing benefits.

4.7 Commencing employment elsewhere
Where a worker has claimed or is receiving weekly compensation payments and commences employment with another employer, Section 59 of the Act requires the worker to notify you or Zurich of this, in writing, within seven (7) days of either commencing work, or receiving a request for notification. Penalties may apply for failure to do so.
Section 5

Injury Management and Return to Work

Injury management is a vital component of the claims management process and an important way to control and reduce the costs of your workers’ compensation claims, and ultimately your premium.

Zurich is committed to helping employers develop a workable and efficient injury management system, so injured workers can return to work as quickly as possible.

Zurich can help employers comply with current injury management legislation and fine-tune their existing injury management system to ensure the best outcome for all.

Zurich can also provide training to employers in claims and injury management principles, which can be tailored and presented to various levels of the organisation.

5.1 Injury Management

The term injury management goes beyond simple rehabilitation. It is defined by Zurich as a co-ordinated program that integrates all aspects of a claim including medical treatment, return to work, vocational rehabilitation, claims management and employment management practices.

The main aim of any injury management program is to reduce the cost of workers compensation claims by returning workers back to productive duties as quickly as possible.

Our approach to injury management is based on:

- Understanding the employers business needs and the impact of work injuries on that business;
- Early identification of potential barriers to the return to work process on individual claims;
- Involving the employer and treating doctor in the management of the injury and acting in the interests of the worker in getting back to work;
- Early referral to approved workplace rehabilitation providers and monitoring the performance of the appointed provider on individual claims; and
- Providing assistance and direction to treatment and other rehabilitation providers.

For further information or assistance in setting up an effective injury management program, please contact our Zurich Workers’ Compensation team on (08) 9261 1599.

5.2 Injury Management System

In accordance with your legal obligation, employers are required to have an injury management system for their business.

5.2.1 What is an Injury Management System?

An injury management system is a documented series of steps you will take when an injury occurs in the workplace.

Your injury management system will need to detail these steps and must also include a nominated employer contact for reporting all workplace injuries for worker’s compensation.

WorkCover WA has developed an Injury Management System template to assist employers with meeting their obligations. You can modify the template to suit your business needs as not all businesses are the same and may have more than one dedicated contact. Please refer to Section 7 for a copy of this template.

5.2.2 Aim of the Injury Management System

Simply put, the aim of the system is to ensure that an organisation is able to respond quickly to workers compensation claims and for injured workers to remain at work or return to work when medically appropriate and as early as possible.
5.3 Return to Work Programs
For injured workers who require a restricted or graduated return to work, employers are also required to ensure that a Return to Work Program is developed.

A Return to Work Program is a documented record of the agreement between the worker, treating doctor and employer as to what duties the worker will perform during the agreed period.

The program should outline the medical restrictions the doctor has recommended and the agreed duties, hours and actions of the parties.

The employer must develop and implement the program with the worker’s approval and in accordance with the doctors recommendations. A copy must be provided to the worker, doctor and Zurich.

The need for a return to work program is required when the worker’s doctor:
1. advises the employer in writing that a return to work program is to be established, or
2. signs a medical certificate indicating the injured worker has a partial capacity for work, or
3. signs a medical certificate indicating that the injured worker has a total capacity for work but is unable to return to the position held immediately before the injury occurred.

WorkCover WA have also developed a Return to Work template to ensure compliance for employers. A copy of this template can be found in Section 7 of this document.

Further information in relation to your obligations surrounding injury management systems and return to work programs is available on the WorkCover WA website (www.workcover.wa.gov.au).

5.4 Communication
We encourage employers to remain in regular contact with their injured worker. If the worker is certified unfit for work, make phone contact with them during this period. If the worker agrees, accompany him or her to their medical appointments.

It is also important to remain in contact with the treating doctor. This is an opportunity to discuss return to work options, progress the return to work and discuss treatment.

When contacting the doctor you may wish to use a Work Restrictions Form to assist with return to work planning. An example of a Work Restrictions Form can be found in Section 7 of this document. You are not required to send this back to Zurich.

Employers play a vital role in the recovery and success of a worker’s return to work. A worker is more inclined to remain positive about their return to work and recovery when they have a supportive employer demonstrating interest in the rehabilitation process.

Remember, a doctor may not be familiar with your business and workplace and is often not aware that suitable duties are available.

5.5 What should we do, if we have no suitable duties?
In some situations you may not be able to provide suitable or restricted duties for a worker to return to. The aim of the legislation is to return a worker back to work, making every possible effort to do so.

If you are unsure of what may or may not be suitable, or feel that you do not have suitable duties available, please contact your Zurich Claims Adviser as soon as possible.

Zurich will assist you through the process and have a specialised injury management team available to work with you, the worker and doctor to ensure every effort has been made to explore a return to your workplace.

Our Injury Management Advisors are available to attend your workplace and can arrange and attend medical case conferences if further medical information is required to allow for the best possible plan.
5.6 Workplace Rehabilitation Providers

On occasion it may be necessary to engage the services of an external Workplace Rehabilitation Provider to assist with the return to work.

Zurich will make every attempt to assist and work with you on the return to work prior to recommending external assistance.

A number of indicators may suggest that a referral for external assistance is required and may include:

- Where the employer is having difficulty identifying or providing suitable duties
- Where the injured worker cannot return to pre-injury duties
- Where the worker, employer or treating doctor request a referral be made
- Where the type of injury requires a professionally supervised return to work program
- Where mediation attempts to resolve poor working relationships between the worker and employer have been exhausted
- Where modifications are required in the workplace, or aids and equipment are required to assist the worker return to work
- Where the return to work program extends beyond the period usually expected for the injury type
- Where the worker is terminated from their pre-injury employment
- Where the worker has psycho/social and/or language barriers

Your Zurich Claims Adviser and Injury Management Advisor will discuss with you which provider may be best suited to the needs of your business, and can make recommendations from our panel of preferred workplace rehabilitation providers.

Our panel consist of providers who have frequently delivered successful, cost-efficient results and we encourage employers to identify a preferred workplace rehabilitation provider who can then become familiar with your business.

5.7 Corporate Provider Networks

Even in states where workers have the right to choose their own provider (such as WA), a worker will often look to their employer for direction on where to obtain immediate medical care.

At Zurich we believe that managed care is more than just reducing your claims costs. It’s about helping to ensure that your people receive quality medical care and return to work as soon as medically appropriate.

Corporate provider networks assist in the process of managing the worker’s injury, treatment plan and return to work.

People are your most important asset. Ensuring they obtain the best medical care and support following a workplace injury, provides the worker with assurance that your organisation values them.

Using a corporate provider such as a company doctor or a workplace rehabilitation provider who is familiar with your business, will provide many benefits. Some include:

- Injured workers receive medical care from a doctor selected by you, typically based on feedback and reputation to help ensure quality care is provided
- Engagement with providers who value your people and who will support your workers medically to achieve a successful return to work
- Working with a provider who understands your business allowing you to effectively manage business needs
- Reduction in claim costs and duration of claims associated with:
  - a lack of or delayed medical interventions
  - lost time injuries

Many corporate health care providers offer a wide range of health solutions for the corporate business. In addition to GP services, other health services may include:

- Pre-employment medical screening
- Fitness for work assessments
- Worksite assessments
- Ergonomic assessments
- Exercise rehabilitation

If you require assistance on setting up a corporate network of provider’s for your business, you can contact Zurich’s Injury Management team who can provide you with guidance.
Section 6

How can Zurich assist you?

Zurich strive to deliver an outstanding claims experience for you, our customers. Working together with you and your broker when a claim occurs means that you can get back to business as quickly as possible following an incident.

Our service proposition is built on four claims promises:

6.1 Claims Team

Zurich’s claim service is run by local professionals. Our WA workers compensation team is located in the Zurich Perth office.

You will have one primary contact for every claim, your Claims Adviser.

Your Claims Adviser will consult with you on:

- liability decisions;
- claim strategies;
- injury management strategies;
- return to work;
- claim financials;
- settlement including common law matters;
- and, finalisation.

You will be notified at claim time the details of your Claims Adviser, however you are able to contact our office at any time to confirm who your contact is.

The Claims Adviser is also supported by a wider Zurich team, consisting of the Head of Workers’ Compensation Claims, Team Leader, Fast Track Claims Adviser, Claim Support Officer, Nurse Case Manager and Injury Management Advisor.

Zurich will also engage with your broker throughout the claim process to ensure we are all working together to achieve a successful claim outcome.

6.2 Injury Management Team

Zurich has a specialised injury management team who are dedicated to supporting the claim process through engagement with you, the worker and doctor about injury management strategies.

Our team consists of Injury Management Advisors and a Nurse Case Manager, all with allied health and injury management backgrounds.

Our injury management team will:

- involve you in the management of the injury in your workplace
- provide training and education on effective injury management programs and legal obligations
- engage with medical treatment providers to ensure workers receive quality and proactive medical care
- identify potential barriers to the return to work or claim process, early
- encourage early referral to appropriately qualified medical and workplace rehabilitation providers
- monitor the performance of the appointed rehabilitation provider on individual claims
- assist and direct rehabilitation providers on those more difficult claims

If you require support or assistance from our injury management team, refer to your Claims Adviser who will put you in contact with one of the team.
6.3 Litigation

Knowing what to do when a claim involves disputes, litigation, settlement and/or common law can be overwhelming. Zurich will work with you and your broker to guide you through the process if claims become litigated.

Zurich has a panel of expert legal firms that can provide additional support when required. Our providers have been sourced and selected following a very comprehensive vendor management process.

It is very important that you advise Zurich or your broker immediately you are aware that legal action or litigation may be imminent. In some cases there are strict timeframes that apply to legal activity and therefore it is important that Zurich has an opportunity to consider and provide timely recommendations to you.

6.4 Zurich Claims Online

The Zurich Claims Online reporting system is a dynamic reporting and analysis tool that will provide you with direct access to your claims history.

It will allow you to:

- access a wide range of reports that will help you to analyse, review and report accident data
- analyse trends and implement risk-management strategies
- provide links to various risk-management information and advisory bodies such as WorkCover WA and Worksafe
- provide information on individual claims
- measure claims performance and policy performance
- run reports in various formats such as PDF, Excel and Web
- have the ability to obtain current financial information as and when you require

If you would like to apply for access to the Zurich Claims Online reporting system, contact your broker or speak to your Zurich Claims Adviser.
Section 7

This section contains the relevant forms and documents referred to within this guide. A copy of our claim forms can also be obtained from our website at: http://www.zurich.com.au/content/zurich_au/claims/business_insurance_claims/workers_compensation_claims.html

Please contact Zurich should you have difficulties completing any of these forms or have any other queries.

Claims Forms
1. Workers’ Compensation Claim Form, page 23
   Worker to complete after sustaining an injury at work
2. Employer’s Report of Injury Form, page 29
   Employer to complete after a worker sustains an injury

Other Claim Forms
3. Recurrence of Disability Claim Form, page 32
   Worker to complete if they suffer a recurrence, aggravation of a previously claimed injury
4. Form 2D Claim Form, page 34
   To be completed for fatality claims (including dependants of the deceased worker)
5. Injury on the Journey Claim Form, page 36
   To be completed if the worker sustains an injury while travelling in a vehicle

Injury Management and Return to Work Forms
6. WorkCover WA Injury Management System template, page 39
   To be completed and retained by the employer to meet compliance with injury management legislation
   A word version of this template is available on the WorkCover WA website or you can contact our office for copy.
7. WorkCover WA Return to Work Program template, page 41
   To be completed when a worker returns to work in a restricted or alternate capacity, following injury. This should be reviewed and updated as required and until the worker resumes full pre-injury duties.
   A word version of this template is available on the WorkCover WA website or you can contact our office for copy.
8. Work Restrictions Form, page 44
   A template which can be used by the employer and sent to the doctor to assist in with documenting and co-ordinating an appropriate Return to Work Program

Other Forms
9. Wages Reimbursement Form, page 45
   To be completed by the employer when claiming for wage reimbursement
10. Notice of Intent to Dismiss a Worker, page 47
    To be completed by the employer, with a copy to be sent to the worker and WorkCover WA within the required time frame.
    A word version of this template is available on the WorkCover WA website or you can contact our office for copy.
Who can make a claim?

You are entitled to make a claim if you sustain an injury in the course of your employment and are defined by law as a worker. The legal definition of a worker includes full-time, part-time, casual, seasonal, piece and commission workers. Working directors, contractors and sub-contractors may also be defined as workers depending on their working arrangements.

How to claim:

Seek first aid and report the injury to your employer

See a doctor of your choice as soon as possible and get a medical certificate. This is known as a First Medical Certificate in the workers’ compensation system.

Fill out the inside pages of this form and give it and your First Medical Certificate to your employer.

Your employer must complete their part of the claim form and give it together with the First Medical Certificate to their insurer within 5 working days of receiving the claim form.

The insurer has 14 days to assess the claim and can:

Accept the claim

Dispute the claim

Pend the claim

Your workers’ compensation entitlements commence

No entitlements are paid – you can dispute this decision

No entitlements are paid – the insurer needs more time to make a decision

What happens if you don’t agree with the insurer’s decision?

Your employer’s insurer has an internal dispute resolution process. You can approach the insurer to re-examine their decision.

In addition, WorkCover WA provides assistance regarding resolving disputes.

To find out more about having a dispute resolved or for general information about workers’ compensation and injury management contact WorkCover WA’s Advisory Services on 1300 794 744.

How to make a claim with self-insurers

Some employers have been approved by WorkCover WA as self-insurers. This means that the employer covers the cost of its workers’ compensation claims.

The process for making a workers’ compensation claim is the same. However your employer has 17 days to assess your claim once they receive your completed claim form and First Medical Certificate.

You can ask your employer if they are a self-insurer. A list of self-insurers is available on the WorkCover WA website at www.workcover.wa.gov.au under Service Providers.

What happens when my claim is pended?

An insurer can pend your claim if they need more time or more information to make a decision. They may contact you during this time for more information about your claim.

While your claim is being assessed, consider using any accrued leave (sick leave or annual leave) to provide you with interim financial support. If your claim is accepted, any leave you have used will be reinstated by your employer.

If a decision has not been made within 19 days of you lodging your claim form and First Medical Certificate with your employer, you should contact Advisory Services on 1300 794 744 for more information.

WorkCover WA is the government agency responsible for overseeing the Workers’ Compensation and Injury Management Act 1981.
What does workers' compensation cover?

Once your claim is accepted you become entitled to workers’ compensation payments. These may include:

- **wages** that should be paid on your normal pay day for any time that your doctor has certified you unfit for work
- **medical expenses** for hospital, medical and allied (eg physiotherapy) health treatment referred by your doctor and approved by the insurer. Your medical expenses are covered only up to a workers’ compensation rate which is set by WorkCover WA. Be sure to check that your doctor charges this rate otherwise you may be left with a gap payment
- **rehabilitation expenses** to cover the cost of engaging an approved workplace rehabilitation provider to help your return to work
- **travel and accommodation** expenses in certain situations.

Contact WorkCover WA for publications about your rights, responsibilities and entitlements.

Wages, medical and rehabilitation payments are limited and subject to maximum amounts. You can call our Advisory Services staff on 1300 794 744 or visit [www.workcover.wa.gov.au/Workers](http://www.workcover.wa.gov.au/Workers) for further information.

While your claim is being assessed, you can ask your employer to pay you sick leave or annual leave you have already accrued. If your claim is accepted, you will receive your workers’ compensation entitlements and your employer will reinstate your leave. **Remember you must have a medical certificate to cover any time you are away from work.**

Know and understand your rights and responsibilities

You:

- have the right to choose your own treating doctor and workplace rehabilitation provider
- have the right to claim lost wages from other jobs if you have another job/s your injury prevents you doing
- have the responsibility to attend certain medical appointments at the request of your employer
- have the responsibility to fully participate in your return to work program once developed.

Your employer:

- has the right to request a medical review via their insurer before or after a claim has been accepted
- has the right to discuss your return to work with the treating doctor
- has the responsibility to have an injury management system in place and implement a return to work program when a doctor declares you fit for work in any capacity
- has the responsibility to keep your original position available for 12 months following a claim.

Together:

- you have the responsibility to work with your treating doctor in developing an appropriate return to work program.

Disclosure of Personal Information (consent authority)

Your employer's insurance company needs to collect, use and disclose personal information to assess, investigate and otherwise deal with your claim. **If you do not provide the information requested, this may affect the insurer's ability to assess your claim. This may cause significant delays in the claims process.**

By signing the consent authority on the Claim Form, you agree to the insurer:

- collecting and using your personal information for the purpose of assessing, investigation and otherwise dealing with your current claim or any future claims.
- disclosing personal information (on a confidential basis) to and collecting personal information from:
  - your employer, the insurer’s entities, its investigators, auditors, medical service providers or any other party providing services to the insurer or any agent of these
  - other insurers, insurance intermediaries, government regulators or insurance reference bureau
  - lawyers and law enforcement agencies.
Checklist and handy hints

For the Worker

☐ Complete the form with a ballpoint pen.

☐ If you need help completing the form, you can get your employer, a friend or family member to help you or you can call WorkCover WA on 1300 794 744. If required, an interpreter can also be arranged by WorkCover WA free of charge.

☐ The claim form is printed on carbonised paper which produces an exact copy on the sheet below it. Make sure you write on the centre sheets only and press firmly.

☐ Provide all the information requested. Give your full name, postal and email address and daytime contact phone number in case you need to be contacted.

☐ It may be helpful to attach a separate sheet to your claim form if more space is needed to provide information about your injury, how it happened and your medical history.

☐ Read and sign the worker's declaration and the consent authority (optional).

☐ Attach the First Medical Certificate you received from your doctor to this claim form (your claim cannot be processed until both your claim form and First Medical Certificate are received).

☐ Keep records! Take a photocopy of your claim form and keep a record of the date you gave the claim form and medical certificate to your employer.

☐ Tear off the information section of this form and keep for your future reference.

For the Employer

☐ Tear off the information section of this form and give it to the injured worker.

☐ Make sure the worker has completed all sections of the claim form. If they have difficulty completing it, let them know that they can seek help from you, or a family member or friend.

☐ Make sure you complete the employer details section.

☐ Review the First Medical Certificate. Has the doctor indicated that the worker has capacity to work in either their pre-injury job or in alternative duties? If so, you are required by law to develop a return to work program. Visit the WorkCover WA website www.workcover.wa.gov.au for further information and templates or contact your insurer for assistance.

☐ If the doctor has indicated that the worker will be off work for more than three days or can’t return to normal duties, they will be expecting you to contact them.

☐ Keep records! Develop a case file, photocopy all relevant paperwork and keep it in a safe and private location and date all correspondence.

☐ Forward this form to your insurer within five working days of receiving it. Make sure you attach:
  • the worker’s First Medical Certificate and any subsequent medical certificates
  • medical accounts (if any)
  • any other reports your insurer asks you to complete.

☐ If an injury is likely to prevent an employee from working for 10 consecutive days, you must also notify WorkSafe on (08) 9327 8800. A list of reportable injuries and diseases can be found at www.commerce.wa.gov.au/WorkSafe. There are also reporting requirements for all injuries in the mining sector, for more information visit www.dmp.wa.gov.au.
**Workers’ Compensation Claim Form**

**Employer please complete**

Name of policy holder/employer: 
Trading as (if different to above): 
Address:     Postcode: 
Contact person name: Phone No:  Email: 
Address of injured worker’s usual workplace or base: Postcode: 
Major activity of workplace (eg sheep farming, plumbing): 
Date employer received the completed claim form from the injured worker: 
Date employer received First Medical Certificate from the injured worker: 
Date employer sent the claim form and medical certificate/s to insurer: 

---

**Insurer please complete**

Insurer name 
Claim number 
ANZSIC Code 
Policy number 
WorkCover number 
Has employer contacted medical practitioner?  Y  N 
Estimated time off work: less than one day 1-4 work days (inclusive) 5-9 work days (inclusive) 10-20 work days (inclusive) more than 20 work days fatality

---

**Worker please complete**

Surname: 
Other names: 
Address: 
Suburb/City/Town: Postcode: 
Email: 
Daytime contact phone no: 
Occupation (eg first class welder) 
Main tasks/duties performed (eg welding of high pressure steam pipes) 

- [ ] full time (F)  
- [ ] part time (P)  
- [ ] permanent (P)  
- [ ] temporary (T)  
- [ ] casual (C)

D.O.B. 
Preferred language (if not English) 
Male  Female 

At the time of the injury I was working as: 
- [ ] direct employee  
- [ ] sub contractor  
- [ ] working director  
- [ ] visa worker  
- [ ] contractor  
- [ ] other  
- [ ] employee of contractor  
If other, please specify: 

---

**Other Employment**

If more than one employer, please attach details on separate sheet 

Do you have any other job?  Y  N  If yes, please give details: 
Employer name: 
Phone no: 
Hours per week: 

---

**Occurrence details**

Day of occurrence:  eg Monday 
Date of occurrence:  
Time of occurrence:  AM  PM 
At what address did the occurrence happen? 

Did you have to stop working?  Y  N  If so when?  Date:  Time:  AM  PM 

Were you: 
- [ ] working – at your normal workplace  
- [ ] on work break – at normal workplace  
- [ ] working – away from normal workplace  
- [ ] on work break – away from normal workplace  
- [ ] working – road traffic accident commuting/journey  
- [ ] other duty status  

Describe the occurrence. Include: 
(i) What action was involved (eg fall, struck by object)  
(ii) What object/machine/substance was involved (eg fumes, door frame)  
(iii) The most serious injury or disease caused (eg fracture, burn, abrasion)  
(iv) The bodily location of the injury or disease (eg upper arm, eye)
### Occurrence report – Describe how it happened

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where did the occurrence happen?</td>
<td>(e.g., store room, machinery shop)</td>
</tr>
<tr>
<td>What were you doing at the time of the occurrence?</td>
<td></td>
</tr>
<tr>
<td>What were the normal working hours for that day? Starting time:</td>
<td>[AM/PM] Finish time: [AM/PM]</td>
</tr>
<tr>
<td>When did you first report the occurrence?</td>
<td>Date:</td>
</tr>
<tr>
<td>Who did you report the occurrence to?</td>
<td>Name:</td>
</tr>
<tr>
<td>If you didn’t report the occurrence immediately, please state the reason if any:</td>
<td></td>
</tr>
<tr>
<td>Please provide the name and daytime contact phone number of witnesses of the occurrence:</td>
<td>1. Name:</td>
</tr>
<tr>
<td>2. Name:</td>
<td>Phone No:</td>
</tr>
</tbody>
</table>

### Medical help/history – this occurrence

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did you first seek medical attention?</td>
<td>Date:</td>
</tr>
<tr>
<td>If not immediately, please state the reason:</td>
<td></td>
</tr>
<tr>
<td>Was the part of the body affected by this occurrence healthy before this occurrence?</td>
<td>Y</td>
</tr>
<tr>
<td>If not, please give details:</td>
<td></td>
</tr>
<tr>
<td>Is the present injury completely related to this occurrence?</td>
<td>Y</td>
</tr>
<tr>
<td>Please give details of any similar injury prior to this occurrence:</td>
<td></td>
</tr>
<tr>
<td>Name and contact details of your usual medical practitioner and any health provider who has treated you for a similar injury:</td>
<td>Name:</td>
</tr>
</tbody>
</table>

### Other/Previous claims

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you claiming compensation from any other source?</td>
<td>Y</td>
</tr>
<tr>
<td>Have you had any similar or related workers’ compensation claims?</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Name of Employer

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer:</td>
<td>Address:</td>
</tr>
<tr>
<td>Name of insurer (if known):</td>
<td>Type of injury or disease:</td>
</tr>
</tbody>
</table>

### Worker’s declaration

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief. I take notice that, under the provisions of section 59(2) of the Workers’ Compensation and Injury Management Act 1981, I am required to notify my employer in writing within 7 days if I commence work with another employer after making a claim, or while receiving weekly payments of workers’ compensation.

Dated this: day of: Year: 
Signature of worker
Signature of witness

Consent authority (to be signed at the option of the worker) I authorise any doctor who treats me (whether named in this certificate or not) to discuss my medical condition, in relation to my claim for workers’ compensation and return to work options, with my employer and with their insurer.

Dated this: day of: Year: 
Signature of worker
Signature of witness

### Consent authority – to be signed at the option of the worker

I consent to my employer’s insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers’ compensation claim, including determining liability and whether my claim is true. This consent extends to my employer’s insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim. My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer’s insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the Workers’ Compensation and Injury Management Act 1981. I have read all the information on this form regarding the consent authority and I consent to the Insurer dealing with my personal information in the manner described.

Signed: 
Witness signature: 
Print your name: 
Witness print name: 
Date: 
Date: 

IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON EITHER THE DECLARATION OR THE CONSENT AUTHORITIES MAY DELAY A DECISION BY THE INSURER ON YOUR CLAIM
Further information and assistance

WorkCover WA is the government agency responsible for overseeing the *Workers’ Compensation and Injury Management Act 1981* (the Act) in Western Australia.

The role of WorkCover WA is to monitor compliance with the Act, inform and educate parties on all aspects of the workers’ compensation and injury management system and provide an independent dispute resolution service.

If you would like further information about workers’ compensation and injury management or information about seminars for injured workers contact:

**WorkCover WA**  
2 Bedbrook Place  
Shenton Park WA 6008

**Advisory Services 1300 794 744**  
TTY (hearing impaired) (08) 9388 5537  
www.workcover.wa.gov.au

An interpreter service is available by arrangement with WorkCover WA.

---

**Injury Management**

Injury management is about managing workers’ injuries in a manner that is directed at enabling injured workers to return to work.

Your employer should have a written description of an injury management system in your workplace and this should be made available to you if you ask for it.

You should be involved with decisions regarding your return to work.

It is important for you to:

- keep in touch with your employer, your doctor and other treatment providers
- submit medical certificates to your employer as soon as possible and on a regular basis to help keep your employer informed of your medical condition and level of fitness for work.

If your treating medical practitioner finds that you are partially fit to return to work in some capacity, a written return to work program will be established by your employer.

Workers should fully participate with their employer and medical practitioner in developing an appropriate return to work program. This will help develop a supportive environment that has the commitment of all parties to a successful return to work process. You have the responsibility to actively participate in your return to work program once developed.

Make sure you have a say in determining your future at work by being involved in discussions that affect you.

Publications for workers, employers and insurers are available from WorkCover WA.
Further information and assistance

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Make sure you have a say in determining your future at work by being involved in discussions that affect you.

Publications for workers, employers and insurers are available from WorkCover WA.
5. Give details of other circumstances that may assist Zurich to assess the claim
   Include queries as to the validity of the claim eg. misconduct, skylarking or pre-existing medical conditions contributing to the injury or incident.

6. Compensation details
   Did the worker cease work because of the injury? Yes ☐ No ☐ If ‘Yes’, when? / / Time am ☐ pm ☐
   Has worker resumed work? Yes ☐ No ☐ If ‘Yes’, when? / / Time am ☐ pm ☐
   What is the exact time lost – Weeks Days Hours (To date of completion of form if work has not been resumed)

7. Wage information – (Complete only when claiming for lost time)
   Is the worker employed under (please ✅ tick the appropriate box)
   Federal award ☐ State award ☐ Registered EBA ☐ Unregistered EBA ☐ Agreed rate ☐ Workplace agreement ☐
   Note: If agreed or market rate please confirm whether this was negotiated with reference to an award.
   Award classification name
   EBA title
   How many hours does the worker work per week? How many days are worked per week?
   Basic/award hours per week (eg 38 hrs) Normal start time am ☐ pm ☐ Finish time am ☐ pm ☐
   Are there any rostered day off? Yes ☐ No ☐ If ‘Yes’, which days?

8. Safety equipment – (Where applicable to the tasks which resulted in the injury)
   Had the worker been provided with safety equipment or clothing at the time of the incident eg. glasses, boots, harnesses? Yes ☐ No ☐
   If ‘Yes’, was it being worn / used at the time of the incident? Yes ☐ No ☐ If ‘No’, state why not?

9. Injury Management / Rehabilitation – (Please complete every particular in this section)
   Do you have a written established injury management system? Yes ☐ No ☐
   Do you have any alternative duties the worker can perform until pre-injury fitness is achieved? Yes ☐ No ☐
   Do you require further information to assist in establishing an injury management system or return to work program? Yes ☐ No ☐

10. Employer declaration
    I (print name and position)
    declare that the details above are true and correct in every particular.
    Signature of employer or authorised person Date
    X / /
Information for Employers

Privacy statement and consent

Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to manage and investigate claims, administer policies, comply with our legal obligations, contact you and enhance our products and services ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.


Zurich’s Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

Employers – Please note

1. This Report of Injury form must be forwarded to Zurich within three days of the worker giving you a First Medical Certificate and Workers’ Claim Form. All these forms should be sent to: Zurich Australian Insurance Limited, PO Box 442, West Perth WA 6872. Fines can be imposed for late notifications.

2. If the worker has not resumed work at time of lodgement of this claim, it is important that you notify Zurich when work is resumed.

3. No weekly compensation payments are to be made without prior approval from Zurich and only after receipt of a covering medical certificate in the form prescribed under the Workers’ Compensation and Injury Management Act 1981 (WA) (the Act).

4. Weekly compensation will only be reimbursed at the rates advised by Zurich.

5. Medical accounts should be sent unpaid to Zurich.

6. Section 84AA – Employer to keep position available during workers’ incapacity:

Where a worker who has been incapacitated by injury attains partial or total capacity for work in the 12 months from the day the worker becomes entitled to receive weekly payments of compensation from the employer, the employer shall provide to the worker:

(a) the position the worker held immediately before that day if it is reasonably practicable to provide that position to the worker; or

(b) if the position is not available, or if the worker does not have the capacity to work in that position, a position

(i) for which the worker is qualified; and

(ii) that the worker is capable of performing.

Most comparable in status and pay to the position mentioned in paragraph (a). (Penalty: $5000).

7. Section 84AB – Employer to notify worker and WorkCover WA of intention to dismiss worker:

An employer must not dismiss a worker to whom Section 84AB(1) applies unless the employer has given to the worker and to WorkCover WA in accordance with subsection (2) a notice of intention to dismiss the worker, in the required form not less than 28 days before dismissal. (Penalty: $2000).

8. Section 155C requires an employer to establish a return to work program as soon as practicable if a worker’s treating doctor advises the employer in writing that a program is necessary or the doctor signs a medical certificate that the worker has total or partial capacity to return to work.

The employer must ensure that the establishment, content and implementation of a return to work program are in accordance with the code of practice. Under section 155D an employer may request in writing that their insurer assist in establishing a return to work program for a worker.

9. WorkCover WA has developed guidance notes to accompany the Code of Practice (Injury Management) that contains a template for an Injury Management System. The template illustrates that an Injury Management System can be a set of simple steps that provide for appropriate action to be taken by an employer when a workplace injury occurs.

Employers who use the Injury Management System template would meet the requirements of Section 5 of the Code of Practice. For further information visit WorkCover WA’s internet site at www.workcover.wa.gov.au or contact the WorkCover Infoline on 1300 794 744.

10. Please telephone Zurich if you have difficulty completing this form or any other questions.
Recurrence of Disability

TO BE COMPLETED WHERE A WORKER HAS LOST FURTHER TIME FOLLOWING A RETURN TO WORK OR WHERE THERE HAS BEEN A RENEWAL OF TREATMENT OF THE ORIGINAL DISABILITY.

ATTACH MEDICAL CERTIFICATE AND REPORTS IF AVAILABLE.

CLAIM NO. (Office use only) ____________________________ PPS Yes ☐ No ☐

Privacy statement and consent
Zurich is bound by the Privacy Act 1988. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you (‘your details’) to manage and investigate claims, administer policies, comply with our legal obligations, contact you and enhance our products and services (‘Purposes’). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.


Zurich’s Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

1 Work
Surname          Other Names
__________________________ ____________________________
Address          Postcode
__________________________ ____________________________
Current Employer
Employer at time of original disability ____________________________
Nature of disability
Date of original disability/injury / / Date of further period of capacity / /
Date of return to work / /

2 Recurrence details
1. (a) Describe in detail where you were and what you were doing when the latest onset of symptoms or incapacity occurred ____________________________
(b) If a further incident occurred, please provide details of this further incident ____________________________
2 Recurrence details (continued)

2. Were there any witness to the onset of further symptoms?  
Yes ☐  No ☐

If ‘Yes’, provide names and address, and attach statements

3. Was the onset of symptoms reported?  Yes ☐  No ☐  If ‘Yes’, when?  /  /

and to whom?

4. (a) State what symptoms, if any, you have been experiencing leading up to the latest onset of symptoms

(b) What medical treatment have you been receiving prior to the latest onset of symptoms?

State the names of treating Doctors and dates of treatment

5. Give full details of your employment between the date of the original disability and current disability.

Supply names of all Employers, dates worked and Occupation

3 Declaration

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief.

I take notice that under the provisions of Section 59 (I) of the Workers’ Compensation and Rehabilitation Act, 1981, I am required to notify my Employer within 7 days should I commence work with another Employer after making a claim or while receiving weekly payments of workers’ compensation.

I hereby authorise any Doctor to divulge to my Employer, or their Insurer, information in relation to my claim for workers’ compensation which he or she may have acquired with regards to myself.

Dated this day of 20

Signature of Worker Date

Signature of Witness Date
DECLARATION

I declare that the above information is true and correct to the best of my knowledge and belief.

__________________________
Signed:

__________________________
Attorney for applicant:

__________________________
Attorney for deceased worker:

__________________________
Attorney for employer:

Workers’ Compensation and Injury Management Act 1981

DECLARATION

I declare that the above information is true and correct to the best of my knowledge and belief.

__________________________
Signed:

__________________________
Attorney for applicant:

__________________________
Attorney for deceased worker:

__________________________
Attorney for employer:

Workers’ Compensation and Injury Management Act 1981

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__________________________
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__________________________
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Attorney for deceased worker:

__________________________
Attorney for employer:

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__________________________
Signed:

__________________________
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__________________________
Attorney for deceased worker:

__________________________
Attorney for employer:

Workers’ Compensation and Injury Management Act 1981

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Signed:

__________________________
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__________________________
Attorney for employer:

Workers’ Compensation and Injury Management Act 1981

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__________________________
Signed:

__________________________
Attorney for applicant:

__________________________
Attorney for deceased worker:

__________________________
Attorney for employer:

Workers’ Compensation and Injury Management Act 1981
WORKERS' COMPENSATION CLAIM FORM FOR DEPENDANTS OF DECEASED WORKERS

If insufficient space attach relevant details. If you can’t fill in this form yourself you may ask someone to help you. If the deceased had no dependants this form can be used to claim for statutory allowances only (e.g. funeral expenses). Please complete all questions except for the details requested on dependants (see below).

Applicant's Details

Full Name of Applicant

Surname

Other Names

Occupation

Relationship to deceased worker
i.e. Executor, spouse, de facto partner, son, daughter

Residential Address

Postcode

Telephone No.

Deceased Worker’s Details

Full Name of deceased worker

Surname

Other Names

Sex
Male
Female

Date of Birth

/        /

Worker’s Occupation

Period of Employment

Residential Address
immediately prior to death

Employer’s Details

Full Name of Employer, including trading name

Address of worker’s usual workplace or base

Postcode

Telephone No.

Deceased Worker’s Dependant/s Details

Do not complete the following question if you are claiming for statutory allowances only. Give full details of deceased worker’s dependants as at the date of death:

Name of Dependant

Date of Birth

Residential Address

Occupation

Relationship to deceased worker

Dependency

Wholly Partial

Tick Box

Details of Fatality

Was the death the result of a work-related injury and/or disease?

Yes

No

What was the cause of death?

What were the main tasks/duties of the deceased’s employment when he/she suffered the injury and/or contracted the disease?

In the case of personal injury, when did it occur?

Day of the week

Time

Date

/        /

Date of death if different.

/          /

Where did the injury occur?
(e.g. Workshop floor, Hay Street, Cloverdale)

In the case of a disease, what was the date of death?

Date

/        /

Date of diagnosis

Date

/        /

If known, when was the deceased first incapacitated by the disease?

Date

/        /

Don’t know

Have you attached a copy of any official notice of the deceased’s death?

YES

NO

If yes, please attach as much information as you can.

Declaration

I, the undersigned, do hereby warrant the truth of the foregoing statements. I hereby authorise any medical practitioner to disclose to the deceased worker’s employer or his/her insurer and WorkCover WA any information regarding the deceased 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

/        /

Signature

Date

/        /

INSURER/SELF-INSURER DETAILS

Insurer/self-insurer to complete then detach and forward the duplicate of this notice to WorkCover WA, 2 Bedbrook Place, Shenton Park, WA 6008:

Name of insurer/self-insurer:  

Date stamp of insurer/self-insurer

Policy number:

Claim number:

WCN:

Occurrence Details

Mechanism:

Agency:

Nature:

Body Locn:
Injury on the Journey Claim Form – Page 1 of 3

Privacy statement and consent

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We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.


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Additional information to be provided by the injured worker in respect of an injury received whilst on a journey between the worker’s home and place of employment or any trade, technical or other training school or other place.

Please print in BLOCK LETTERS and ensure the declaration on page 3 is completed

1 About the worker

<table>
<thead>
<tr>
<th>Full name of worker</th>
<th>Date of birth</th>
<th>Address</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of employer

<table>
<thead>
<tr>
<th>Address</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 About the journey

Exactly where were you going when the injury occurred, on whose orders and why?

State the exact time you commenced the journey   am ○  pm ○

Did you interrupt the journey for any reason? Yes ○ No ○ If ‘Yes’, for how long and why?

What mode of travel were you using on this journey? Is this the usual mode? Yes ○ No ○

If ‘No’, why?
2 About the journey (continued)

Did you, on the journey when this accident happened, follow the route usually taken by you?  Yes ☐  No ☐

If 'No', state  (a) the reason for the deviation
(b) the route of the deviation

What is the distance of the journey?  What is the time usually taken for this journey?

Describe in detail your movements between the time you commenced the journey up to the time of the accident.

3 What happened

Date of accident?  /  /  Time of accident?  am  pm  ☐

What were the scheduled working hours for that day?  Starting time  am  pm  ☐  Ceasing time  am  pm  ☐

How did the injury/accident occur?

Where did the accident happen?

Did you in the 24 hours preceding the accident consume any alcohol and/or drugs?  Yes ☐  No ☐

If 'Yes', state type, quantity and when consumed

Who in your opinion is responsible for the accident?

Reason

4 Police report

Did police attend scene?  Yes ☐  No ☐  If 'Yes', give officer's name, number and station

Officer's name  

Officer's number  Officer's Station

If Police did not attend to which station was the accident reported?

Date reported  /  /

Police action taken or proposed

5 Witnesses

Was the accident witnessed?  Yes ☐  No ☐  If 'Yes', give names, addresses and approximate ages of witnesses:

Witness 1

Name  Age

Address  Postcode

Witness 2

Name  Age

Address  Postcode
Traffic accident details
Please note that all traffic accidents which involve any injury or property damage exceeding $1,000 must be reported to the police as soon as possible, preferably within 48 hours of the accident. If you have not, you should do so immediately.

6 About your vehicle

<table>
<thead>
<tr>
<th>Registration number</th>
<th>Make and Model</th>
<th>Approximate value of damage $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Driver's name</td>
<td>Phone</td>
</tr>
<tr>
<td>Address</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Owner's name</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

7 Other vehicle involved (if more than two vehicles, attach a separate list).

<table>
<thead>
<tr>
<th>Registration number</th>
<th>Make and Model</th>
<th>Approximate value of damage $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Driver's name</td>
<td>Phone</td>
</tr>
<tr>
<td>Address</td>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Owner's name</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

Using the symbols below, show position of vehicles on the plan below and indicate by arrows direction of travel. Also show stop or give way signs and traffic lights and street names.

8 Declaration

I hereby declare that the foregoing statements are, to the best of my knowledge and belief true and correct in every detail and I give permission for the Police to release information concerning my involvement in this accident to Zurich Australian Insurance Limited.

Signature of Worker       Date

X / /
**Injury Management System**

**Injury Management Policy**

(The employer) is committed to assisting injured workers to return to work as soon as medically appropriate and will adhere to the requirements of the *Workers’ Compensation and Injury Management Act 1981* in the event of a work related injury.

Management supports the injury management process and recognises that success relies on the active participation and cooperation of the injured worker. Whenever possible, suitable duties will be arranged internally having regard for the injured worker’s medical restrictions.

**Aim of the Injury Management System**

To provide the best possible response to the management of workplace injuries, so injured workers can remain at work or return to work at the earliest appropriate time.

**Injury Management steps**

When there is an injury at work (the employer) will:

1. Take all necessary action to provide the injured worker with immediate first aid and access to appropriate medical assistance. *(Include details of the responsible person or first aid officer).*

2. Inform appropriate parties as soon as possible. *(Include contact details of workers’ compensation insurer and other key parties).*

3. Inform the worker of the need to gain a First Certificate of Capacity.

4. Supply the worker with a workers’ compensation claim form.

5. Assist the worker to complete the claim form.

6. Lodge the First Certificate of Capacity and claim form with the insurer within five working days.

7. Maintain close contact with the injured worker to check on progress and make arrangements for the worker to remain at work or return to work as soon as medically appropriate.
Injury Management System (continued)

8. Prepare a Return to Work Program, in consultation with the treating medical practitioner and the injured worker, when required.

9. Refer the worker to a workplace rehabilitation provider when required.

10. Monitor progress towards the return to work goal.

11. Communicate regularly with the insurer in relation to the injured worker’s claim.

Day-to-Day Management

The person who has day-to-day responsibility for injury management is*:

Name: ____________________________________________________________

Contact Details: __________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

* This is either the person who has overall responsibility for injury management or responsibility for a specific workplace site.

---

1 For the purposes of this System the term ‘workplace rehabilitation’ means ‘vocational rehabilitation’ as defined in the Workers’ Compensation and Injury Management Act 1981.
Injury Management System
(continued)

- This is either the person who has overall responsibility for injury management or responsibility for a specific workplace site.

8. Prepare a Return to Work Program, in consultation with the treating medical practitioner and the injured worker, when required.

9. Refer the worker to a workplace rehabilitation provider when required.

10. Monitor progress towards the return to work goal.

11. Communicate regularly with the insurer in relation to the injured worker's claim.

### Day-to-Day Management

The person who has day-to-day responsibility for injury management is:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1 For the purposes of this System the term 'workplace rehabilitation' means 'vocational rehabilitation' as defined in the Workers' Compensation and Injury Management Act 1981.

---

### Return to Work Program

**Worker Details**

<table>
<thead>
<tr>
<th>Worker Name:</th>
<th>Claim No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone (home):</th>
<th>Telephone (work/mobile):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Email:</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Position Title:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Employer Details

<table>
<thead>
<tr>
<th>Employer/Business Name:</th>
</tr>
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<tbody>
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</tbody>
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<table>
<thead>
<tr>
<th>Address:</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Telephone (work/mobile):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Person coordinating return to work program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Email:</th>
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<tbody>
<tr>
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</tbody>
</table>

### Insurer Details

<table>
<thead>
<tr>
<th>Name of Insurer:</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Address:</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Contact person:</th>
<th>Telephone:</th>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Email:</th>
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<tbody>
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<td></td>
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</tbody>
</table>

### Medical Details

<table>
<thead>
<tr>
<th>Name of Treating Medical Practitioner:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Facsimile:</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Email:</th>
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<tr>
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</tbody>
</table>

---

Page 1 of 3
Work restrictions on the current certificate of capacity (if any):

__________________________________________________________________________

__________________________________________________________________________

Date of Review by Treating Medical Practitioner:  ☐/☐/☐

Program Details

Return to Work Goal

☐ Same Employer / Same Job  ☐ New Employer / New Job
☐ Same Employer / Modified Job  ☐ Other Workplace Rehabilitation\(^1\) Options
☐ Same Employer / New Job

Start Date:  ☐/☐/☐  Review Date:  ☐/☐/☐

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Hrs of work</th>
<th>Duties</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

\(^1\) For the purposes of this Program the term ‘workplace rehabilitation’ means ‘vocational rehabilitation’ as defined in the
Workers’ Compensation and Injury Management Act 1981.
Actions to be completed to enable the injured worker to return to work

<table>
<thead>
<tr>
<th>Action</th>
<th>Person Responsible</th>
<th>Completion/Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Workplace Rehabilitation Details

**Note:** These details are only included if the worker, the employer and the treating medical practitioner have agreed to a referral to an approved workplace rehabilitation provider.

Name of Approved Workplace Rehabilitation Provider: ____________________________
Address: ____________________________
Telephone: ______ Email: ____________________________
Date of Referral: ______/_____/_______

Agreement by Parties at the Workplace:

I agree to the content of this Return to Work Program.

**Worker’s Signature:** ____________________________ Date: ______/_____/_______
**Employer’s Signature:** ____________________________ Date: ______/_____/_______
Name of person signing on behalf of employer: ____________________________
Position: ____________________________
1  General details

<table>
<thead>
<tr>
<th>Employee name</th>
<th>Pre-Injury duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of injury</td>
<td>Nature of injury</td>
</tr>
</tbody>
</table>

2  The Worker is able to

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lift occasionally</td>
<td>2 kg</td>
<td>5 kg</td>
<td>10 kg</td>
<td>15 kg</td>
<td>20 kg</td>
<td></td>
</tr>
<tr>
<td>Perform repetitive lifting</td>
<td>2 kg</td>
<td>5 kg</td>
<td>10 kg</td>
<td>15 kg</td>
<td>20 kg</td>
<td></td>
</tr>
<tr>
<td>Pack occasionally</td>
<td>2 kg</td>
<td>5 kg</td>
<td>10 kg</td>
<td>15 kg</td>
<td>20 kg</td>
<td></td>
</tr>
<tr>
<td>Pushing carts/trolleys</td>
<td>2 kg</td>
<td>5 kg</td>
<td>10 kg</td>
<td>15 kg</td>
<td>20 kg</td>
<td></td>
</tr>
<tr>
<td>Stand for a period</td>
<td>10 mins</td>
<td>20 mins</td>
<td>40 mins</td>
<td>60 mins</td>
<td>or longer</td>
<td></td>
</tr>
<tr>
<td>Walk for a period</td>
<td>10 mins</td>
<td>20 mins</td>
<td>40 mins</td>
<td>60 mins</td>
<td>or longer</td>
<td></td>
</tr>
<tr>
<td>Perform cleaning duties</td>
<td>10 mins</td>
<td>20 mins</td>
<td>40 mins</td>
<td>60 mins</td>
<td>or longer</td>
<td></td>
</tr>
<tr>
<td>Write, type, use keyboard</td>
<td>10 mins</td>
<td>20 mins</td>
<td>40 mins</td>
<td>60 mins</td>
<td>or longer</td>
<td></td>
</tr>
<tr>
<td>Drive</td>
<td>10 mins</td>
<td>20 mins</td>
<td>40 mins</td>
<td>60 mins</td>
<td>or longer</td>
<td></td>
</tr>
<tr>
<td>Use tools/equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotate trunk/neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squat, kneel, climb ladder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work above shoulder height</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work below knee height</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gripping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do one handed duties</td>
<td></td>
<td></td>
<td>Right</td>
<td>Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours to be worked</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical restrictions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To remain on suitable duties until

If the employee remains totally unfit for work please indicate when the employee may be able to return on suitable duties

Doctor’s signature | Date

X / / Date / / Telephone
Request for wages reimbursement

Worker's name

Employer's name

Employer's address

Direct credit option – for reimbursement via direct credit to employer's bank account complete the following:

Bank account name

<table>
<thead>
<tr>
<th>Code (see below)</th>
<th>Period (inclusive dates)</th>
<th>Weeks</th>
<th>Days</th>
<th>Hours</th>
<th>Weekly rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>T – Total Incapacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R – Restricted duties (Return to Work Program)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD – Step down rate (After 13 weeks rate of pay)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.L.V.D. – Time Lost Visiting Doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Important

1. If compensation relates to time lost visiting doctor and is less than one day, show 'T.L.V.D.' against period and indicate hours lost each visit.
2. Ensure that medical certificates supporting periods of absence are submitted. (Payment cannot be processed without certification).
3. Specify actual dates. Do not use 'week ending' or 'retrospective'.

Employer's signature

Date

X

/ /
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Form 15G

Workers’ Compensation and Injury Management Act 1981
NOTICE OF INTENTION TO DISMISS WORKER TO WHICH
SECTION 84AB OF THE ACT REFERS

TO:

(insert name of worker or “WorkCover WA”, as the case requires)

TAKE NOTICE

The employer described below intends to dismiss the worker described below with effect from the following date.

Date dismissal effective:

[Note that the date on which the dismissal is effective cannot be before a period of 28 days has passed after this notice is given to the worker and WorkCover WA (see section 84AB of the Workers’ Compensation and Injury Management Act 1981).

Worker’s details

Title (Mr,Ms)  Surname  Other names

Date of Birth  Sex(M,F)  Occupation

- - / - - / - - - -

Address

Postcode

Telephone no.

Employer’s details

Name

Address

Postcode

Telephone no.  WorkCover no. (if known)

Title (Mr,Ms)  Surname  Other names

Position Title  Telephone
**Insurer’s details**

Name

Address

Postcode

Claim no.    Policy no.

Claim no.    Policy no.

Title (Mr,Ms)   Surname          Other names

Telephone

**Injury details**

Description of injury

**Notice given to**

Worker __________________________ Date / /  
(signed on behalf of employer)

WorkCover WA __________________________ Date / /  
(signed on behalf of employer)
References

WorkCover WA website – www.workcover.wa.gov.au
Worksafe WA website - www.commerce.wa.gov.au/worksafe
Workers’ Compensation and Injury Management Act, 1981
For further information, please contact a member of the Zurich service team or speak to your broker.