



WorkCover



Since 1910
Employers
Mutual

Employers Mutual NSW Limited

Agent for the NSW WorkCover Scheme ABN 83 564 379 108 GST Branch No 005

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Claimant Name

Date of Injury

Claim no.

WORKERS COMPENSATION ACT 1987

WORKER'S INJURY CLAIM FORM

If your injury employer is a licensed self-insurer, where you read "WorkCover" and "Agent" also read "self-insurer" and "approved agent of a self-insurer".
If your injury employer has a policy with a licensed specialised insurer, where you read "WorkCover" and "Agent" also read "specialised insurer" and "approved agent of a specialised insurer".

For help completing this form or for more information contact:

- Your employer or the return to work coordinator at your workplace
- Your employer's WorkCover Agent – to find out who the Agent is request the details from your employer, check the If you are Injured poster at your workplace or call the WorkCover Information Centre on 13 10 50 – cost of a local call
- Your union.

As the worker you need to:

- Notify your employer as soon as possible that you've been injured at work and complete the injury register at your workplace.
- See your nominated treating doctor who may provide a *WorkCover Certificate of Capacity* and if so, give the original copy of the certificate to your employer.
- Complete a claim form if requested by your employer or their Agent.
- Read the statement on the back of this form that explains how your personal and health information will be collected and used.
- Answer all of the questions on this form. It is important to advise the Agent immediately of any changes of circumstances that impacts on the information provided in this form.
- Sign the authority to release medical information and worker's declaration on page 3 of this form. The form cannot be accepted without your signature.
- Keep a copy of all documents for your records (including a copy of this form).
- Give this form (when completed) to your employer as soon as possible after being injured. If you or your representative have difficulty giving this claim form to your employer, or your employer refuses to take receipt of the claim form, you can send it directly to the Agent or contact WorkCover on 13 10 50.

Getting back to work

- Talk to your nominated treating doctor about any necessary treatment for your injury, what parts of your work you can do and any medical restrictions that should apply. You can also encourage your nominated treating doctor to talk to your employer about any suitable duties that may be available.
- Talk with your employer or return to work co-ordinator about developing a return to work plan. A return to work plan outlines the actions to be undertaken to assist you to return to work.
- Talk to the Agent about what support is available to help you return to work and overcome your injury as quickly as possible.
- Cooperate and comply with your return to work plan and the injury management plan developed for you by your employer's Agent. An injury management plan is developed to coordinate and manage any treatment / rehabilitation / retraining required to assist you to return to work.

Your employer's responsibilities:

- Your employer must send your completed claim form and any *WorkCover Certificate of Capacity* to the Agent within 7 days after receiving them from you.
- Pay you weekly payments if your claim is accepted and you have an entitlement.
- Offer suitable employment if practical and work with you to develop a return to work plan once your doctor has determined if any restrictions are necessary.

Please note that there are penalties for providing false or misleading information in relation to this claim.

Your employer's Agent will write to you and advise you if your claim is accepted or if further information is required.

A decision to accept or reject provisional liability for your claim will be made within 7 days of the Agent receiving notification of your injury. The acceptance of provisional liability is not an admission of full liability for your claim, but allows an Agent to make early payments to you for wages and medical expenses.

To find out more about making a claim and what support is available to help you return to work, talk to the Agent, contact your union or the WorkCover Information Centre – 13 10 50 (cost of a local call). You may also refer to the brochures *Information for Injured Workers*, *Suitable Duties: Information for Employers and Injured Workers*, *Your Recovery and Return to Work After a Workplace Injury* and *WorkCover Guidelines for Claiming Compensation Benefits* available on WorkCover's website at www.workcover.nsw.gov.au.

Should you experience difficulty and require assistance please contact the Claims Assistance Service on 13 10 50.

Please indicate in which State you want to lodge this claim:

New South Wales Queensland Victoria

1 WORKER'S DETAILS

Title Family name

Given names

Other known or previous legal names eg. Maiden names

Date of birth / / Gender Male Female

Residential street address

Suburb

State Postcode

Postal address for correspondence

What are your daytime contact phone number/s?

Mobile Phone Home

E-mail address

If you need an interpreter, what language do you speak?

Do you have special communication needs because of disability? eg. Hearing or vision impairment

These questions are required for NSW claims POLICE/FIREFIGHTER/ PARAMEDIC ONLY

Do you support a partner? Yes No

If yes, what were their average gross weekly earnings over 3 months? \$

Do you support any children under the age of 18, or full-time students? Yes No

If yes, please provide the date of birth for each

