

WORKER'S CLAIM FOR IMPAIRMENT BENEFITS FORM

This form is for a worker to claim compensation for permanent impairment resulting from a work-related injury/condition under Victorian workers compensation legislation.

FOR HELP COMPLETING THIS FORM OR FOR MORE INFORMATION CONTACT:

- Your employer's WorkSafe Agent - to find out who the Agent is check the *if you are injured* poster or call the WorkSafe Advisory Service: freecall 1800 136 086 or (03) 9641 1444
- WorkSafe Advisory Service - the WorkSafe call centre: freecall 1800 136 089 or (03) 9641 1444.
- Your union
- Union Assist - a free service set up and run by the Victorian Trades Hall Council: (03) 9639 6144

TO MAKE A CLAIM YOU NEED TO:

- Claim all injuries/conditions which have arisen out of the same work event or circumstance on this form. This includes injuries/conditions that have occurred in employment over a period of time.
- Consider whether your work-related injury/condition has stabilised. An impairment benefits claim should not be made less than 12 months after the date of your injury/condition or, if you are a minor, until you reach 18 years of age. The WorkSafe Agent can accept claims within 12 months but only where it is clear that your injury/condition has stabilised. If you are unsure about whether your injury/condition has stabilised you should contact your treating health practitioner, your WorkSafe Agent or the WorkSafe Advisory Service for advice.
- Carefully read this form, including the statement on the back, which explains how personal and health information will be collected and used.
- Carefully complete this form USING A DARK BLUE or BLACK PEN. You must answer all questions that apply to you on this form and sign the authority to release medical information and worker's declaration at the end of the form. The form may be returned to you if it is incomplete. If there is insufficient space to answer a question, please attach additional notes or information.
- Give or serve this claim form on your employer. If employment with more than one employer contributed to the work-related injuries/conditions, the form should be given to your most recent employer.
- If you have difficulty giving this claim to your employer; your employer no longer exists; your employer refuses to take receipt of the claim form or fails to send it to the WorkSafe Agent within 10 days, you can send it directly to the WorkSafe Agent or to WorkSafe if the Agent is not known.
- Keep a copy of this form and any attachments for your records.

*If your employer is an approved self-insurer, references to 'WorkSafe', 'WorkSafe Agent' and 'Agent' should be read as if they were references to 'self-insurer' and 'approved agent of a self-insurer'.

ENTITLEMENTS:

Impairment benefits are available where a worker suffers a permanent impairment as a result of a injury/condition arising out of or in the course of their employment on or after 12 November 1997.

An impairment assessment may be used to determine eligibility to access common law damages if the injuries/conditions arises out of or in the course of employment on or after 20 October 1999.

There are minimum requirements before impairment benefits are available depending on the injury/condition:

- physical impairment - 10% minimum permanent impairment except for permanent musculoskeletal impairment which has a minimum of 5% permanent impairment
- psychiatric impairment - 30% minimum permanent impairment
- loss of a foetus or fetuses - compensation is available for losses beyond the 16th week of development
- hearing loss - 10% minimum permanent impairment.

If an injury or condition results in a total loss, for example, loss of a limb, a higher level of compensation may be available.

Impairment benefit rates are indexed annually. For details on the rates applicable to your claim, please contact your WorkSafe Agent or the WorkSafe Advisory Service.

DETERMINATION OF CLAIM:

The WorkSafe Agent must within 120 days of receiving this claim form:

- accept or reject liability for each injury/condition included in the claim
- obtain an assessment of the degree of permanent impairment (if any) resulting from each injury/condition for which liability is accepted from an Independent Impairment Assessor
- calculate any entitlement to compensation after taking into account the impairment assessment(s) obtained from the Independent Impairment Assessor(s).

If you dispute the liability determination about an injury/condition included in your claim or calculation or your entitlement to impairment benefits, you can refer your dispute to the Workplace Injury Commission

If you dispute the determination of your permanent impairment or total loss of an injury/condition the WorkSafe Agent must refer your dispute to the Medical Panel for its opinion. The Medical Panel opinion will be used to determine your entitlement to impairment benefits.

NOTE FOR EMPLOYERS:

- You must complete section 8, titled *FOR COMPLETION BY THE EMPLOYER*
- This claim form must be forwarded to your WorkSafe Agent within 10 days of receipt.

WORKER'S CLAIM FOR IMPAIRMENT BENEFITS FORM

WORKER'S PERSONAL DETAILS

Title

Family name

Given names

Other known or previous legal names eg. Maiden name

Date of birth

Gender

☐ Male ☐ Female

Residential street address

Postcode

Postal address for correspondence

Postcode

Daytime contact phone number/s?

M

W

H

Email address

Your preferred contact method

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

2. INJURY CIRCUMSTANCES

Please list all injuries/conditions, including the affected body parts, for which you are claiming impairment benefits (e.g. broken right arm, lower back/lumbar spine strain, hearing loss, dermatitis affecting the hands). Attach further information if there is insufficient space.

Has a claim for workers' compensation in Victoria previously been made for any of the injuries/conditions listed above?

☐ Yes ☐ No

If yes, please provide details including claim number(s)

Did the injuries/conditions occur on a particular date or over a period of time?

☐ Particular date and time (if known)

D

D

M

M

Y

Y

Y

Y

 at ☐ am ☐ pm

OR

☐ Over a period of time months/years and the injury/condition was first noticed on

D

D

M

M

Y

Y

Y

Y

Where did the injuries/conditions occur? Please provide the street address of the workplace or work site and the exact location where the injuries/conditions occurred (e.g. boiler room) if known.

Postcode

Please indicate which of the following circumstances applied when the injuries/conditions occurred:

☐ I was working at my usual workplace or worksite

☐ I was working away from my usual workplace or worksite

☐ I was on a meal-break or authorised recess at work

☐ I was away from work during a recess

☐ I was travelling to or from work

☐ I had a motor vehicle accident while I was working

Please provide as much detail as possible about what you were doing and how the injuries/conditions occurred.

If your injury was the result of driving or using a motor vehicle or the use of public transport, please provide the following details:

The police station the accident was reported to

Registration number/s of the involved vehicles	State

Do you believe a third party is in any way responsible for the injuries/conditions (e.g. a manufacturer, supplier or contractor)? If yes, please give details including the name and address of the third party (if known).

3. TREATMENT DETAILS

Please provide the name and contact details of all hospitals, medical practitioners and other health providers who have treated you for the injuries/conditions. Attach further information if there is insufficient space.

Hospital/Treating Practitioner One

Name
Speciality
Address
Telephone number

Hospital/Treating Practitioner Two

Name
Speciality
Address
Telephone number

4. WORKER'S EMPLOYMENT DETAILS

Please provide the name and contact details of the employer you are claiming impairment benefits from.

Postcode

On what date did you commence employment with this employer?

D D M M Y Y Y Y

Is this your current employer?

☐ Yes ☐ No

If no, on what date did you cease employment with this employer?

D D M M Y Y Y Y

What was your usual occupation with this employer?

Please give full details about the duties you performed for this employer (e.g. use power tools, drive heavy machinery).

5. PREVIOUS INJURIES

Have you ever had similar injuries/conditions or injuries/conditions affecting the same body part for which you are claiming impairment benefits?

☐ Yes ☐ No (Go to 6)

If yes-

(a) please provide as much detail as possible about the injuries/conditions:

(b) please provide the name and contact details for all hospitals, medical practitioners and other health providers who have provided treatment/services for each of the injuries/conditions listed:

Hospital/Treating Practitioner One

Name
Speciality
Address
Telephone number

Hospital/Treating Practitioner Two

Name
Speciality
Address
Telephone number

Have you previously claimed or received compensation, including any lump sum, settlement or damages, for the similar injuries/conditions for which you are claiming impairment benefits?

☐ Yes ☐ No (Go to 6)

If yes-

(a) please provide the name and contact details of the insurer, employer or other party from which compensation was claimed/received

Name
Postcode

(b) please provide as much detail as possible about the amount of compensation you received including when received

6. OTHER EMPLOYERS

Please provide information about any other employment you have had with any other employer (not the employer you are claiming impairment benefits from named in 4 above). Attach additional information if there is insufficient space.

Name of employer
Contact details of employer
Date of cessation
Usual occupation
Full details about the duties you performed

Name of employer
Contact details of employer
Date of cessation
Usual occupation
Full details about the duties you performed

7. AUTHORITY TO RELEASE MEDICAL INFORMATION AND WORKER'S DECLARATION

I have read the information provided in this form. I declare that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge. I understand that the making of a false or misleading claim or false and misleading statement in support of the claim is punishable by law and that I may be prosecuted.

I authorise and consent to any person who provides a medical service or a hospital service to me in connection with an injury/condition to which this claim relates to provide upon request by WorkSafe, my employer or insurer/claims agent, any information regarding the service relevant to the claim. I understand that my authority has effect and cannot be revoked for the duration of the claim.

Worker's signature

Date

D D M M Y Y Y Y

8. FOR COMPLETION BY THE EMPLOYER

Date this claim form was received

WorkSafe Employer Number

D D M M Y Y Y Y

ACN or ABN

WorkSafe Workplace Number

Employer comments regarding claim (attach details if insufficient space)

Person completing form for employer

Position

Signature of authorised representative

D D M M Y Y Y Y

Telephone

COLLECTION OF YOUR PERSONAL AND HEALTH INFORMATION TO MANAGE YOUR CLAIM*

In processing your claim, the WorkSafe Victoria (WorkSafe) and any WorkSafe Agent acting for WorkSafe in relation to your claim may collect personal and health information about you. WorkSafe and its Agents are required by law to ensure that all people about whom they collect personal and health information are provided with the following information:

WorkSafe is a body corporate established under Victorian workers compensation legislation. Agents are appointed by WorkSafe under the legislation to act on its behalf in managing workers compensation policies and claims for compensation.

Personal and health information about you is collected on this form and may also be collected during the processing, assessing and management of your claim. It may be collected from current and previous employers, other government agencies, credit reporting agencies, health service providers and other persons who can provide information relevant to the claim.

Personal and health information about you may be collected by lawyers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or your employer's Agent. Personal and health information collected about you is used for the purpose of processing, assessing and managing your claim and to verify any evidence you may submit in support of the claim. The information may also be used for one or more of the purposes listed in Victorian workers compensation legislation, for the purposes of legal proceedings arising under the legislation to assist with your rehabilitation and return to work and to assist WorkSafe and Agents to better manage claims generally.

For the purpose of processing and assessing your claim, WorkSafe and your employer's Agent may disclose personal and health information about you to each other and to the following types of organisations:

- employees, contractors and agents of WorkSafe and Agents
- your employers
- lawyers, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of WorkSafe or the Agent in relation to the claim
- the Workplace Injury Commission and Medical Panels
- a court or tribunal in the course of criminal proceedings or any proceedings under any of the legislation which WorkSafe administers
- any other person, organisation or government agency authorised by you, or by law, to obtain the information.

Collection of this information may be required by Victorian workers compensation legislation. If you do not provide any part or all of this information, your claim may not be accepted or processed. You may request access to personal and health information about you collected by WorkSafe or your employer's Agent by contacting your employer's Agent.

WorkSafe's policies for managing personal and health information are set out in its Privacy Policy, which is available from your nearest WorkSafe office or at the WorkSafe website at **[worksafe.vic.gov.au](https://www.worksafe.vic.gov.au)**.

Information relating to your right to access your WorkSafe claim information is also available at the website.

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