

# Commutation: Worker Expression of Interest Form

Complete this form if you are a worker with an injury expressing an interest in commuting your workers compensation weekly payments and medical (and related) entitlements to a single, one-off lump sum payment under section 87EA(2) of the *Workers Compensation Act 1987* (NSW) (the Act).

## Key information

- A commutation is a lump sum payment to a worker which fully extinguishes an insurer/self-insurer's liability to pay weekly compensation, medical expenses, lump sum compensation and work injury damages in relation to a specific work injury or injuries.
- When a commutation is agreed and a lump sum is paid, a worker has no further entitlement to payments for weekly compensation, medical expenses, lump sum compensation or work injury damages for that injury (or injuries) and cannot bring a future claim for these payments in relation to the same injury or injuries.
- As a first step, a worker must complete and submit this Expression of Interest Form to their insurer. An Expression of Interest **must be given** within 18 months of 1 October 2026.
- A worker **must** obtain independent legal advice about the legal consequences of entering into a formal Commutation Agreement and must also obtain independent financial advice if the lump sum payment is more than \$100,000 (except in relation to hearing loss). The cost of any independent financial advice will be paid by the insurer to a maximum amount of \$2,500.
- A commutation lump sum is not payable unless the President of the Personal Injury Commission is satisfied that the case meets legislative requirements under the Act and approves the Commutation Agreement.

Completion of the Worker Expression of Interest Form is the first step in the process for a commutation. Contact will be made within 10 business days of receiving your completed form to acknowledge receipt of your Expression of Interest and advise of the next steps.

To: Name of insurer/self-insurer or agent

Address of insurer/self-insurer or agent

I,  (name of worker)

of  (address of worker)

am interested in applying for a commutation of compensation under Division 9 of Part 3 of the *Workers Compensation Act 1987*.

## 1. Details of the claim you are interested in commuting

Claim number

Date of injury (DD/MM/YYYY)

Employer name

Brief description of injury

Have you previously submitted an Expression of Interest to commute your entitlements in respect of any injury? If Yes, attach copies of the Expression(s) of Interest made.

☐ Yes

☐ No

## 2. Worker's full details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Daytime contact number

Mobile number

Email

Postal address (include unit/street/property/Lot or DP number if applicable – must not be a PO Box)

Suburb

State

Postcode

## 3. Details of worker's legal representative

**Note:** You do not need a legal representative to submit an Expression of Interest (EOI) form, and providing legal representative details is optional. However, you must obtain independent legal advice before entering into a Commutation Agreement for the agreement to be effective.

Name

Firm or organisation name

Daytime contact number

Email

Postal address (include unit/street/property/Lot or DP number if applicable – must not be a PO Box)

Suburb

State

Postcode

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## 4. Details of any other workers compensation claims

Are you receiving or entitled to receive workers compensation payments on any other claim(s)? ☐ Yes ☐ No

If Yes, please give details of the workers compensation entitlements.

Include the insurer, claim numbers, dates of injury and type of compensation being paid.

## 5. Declaration

I,  (print name)

declare that the information I have supplied in this form is true and correct to the best of my knowledge.

**Signature of worker**

**Date (DD/MM/YYYY)**