

Continuation of weekly payments after 130 weeks – application form for workers



State Insurance
Regulatory Authority

Effective 1 March 2021

Workers Compensation Act 1987

Workplace Injury Management and Workers Compensation Act 1998

Complete this form if you are a worker who has been assessed by the insurer as having current work capacity, and you wish to claim weekly payments after the second entitlement period (after 130 weeks) under section 38 of the *Workers Compensation Act 1987*.

If you need help completing this form

For injured workers: contact the insurer in the first instance, or alternatively the Independent Review Office (IRO) on 13 94 76.

If you require an interpreter, call 13 14 50 to arrange a free interpreting service.

Who is eligible for continued weekly payments?

A worker (other than a worker with high needs*) who is assessed by the insurer as having current work capacity is entitled to compensation after the second entitlement period only if:

- the worker has applied to the insurer in writing (using this form) at, or after, receiving 78 weeks of weekly payments,
- the worker has returned to work 15 hours or more per week and is in receipt of current weekly earnings of at least \$155 per week (as indexed annually)
- the worker is assessed by the insurer as being, and as likely to continue indefinitely to be, incapable of undertaking further additional employment or work that would increase the worker's current weekly earnings.

Workers with high needs, who are assessed by the insurer as having current work capacity, are entitled to compensation after the second entitlement period only if the worker has applied to the insurer (using this form) at, or after, receiving 78 weeks of weekly payments.

* See Section 32A of the *Workers Compensation Act 1987* for the definition of a 'worker with high needs'.

A worker with high needs is a worker whose injury has resulted in permanent impairment and:

- (a) the degree of permanent impairment has been assessed for the purposes of division 4 to be more than 20 per cent

or

- (b) an assessment of the degree of permanent impairment is pending and has not been made because a medical assessor has declined to make the assessment on the basis that maximum medical improvement has not been reached and the degree of permanent impairment is not fully ascertainable

Note: Paragraph (b) no longer applies once the degree of permanent impairment has been assessed.

or

- (c) the insurer is satisfied that the degree of permanent impairment is likely to be more than 20 per cent.

Section 1: Worker details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Claim number

Date of injury (DD/MM/YYYY)

Section 2: Work status (where applicable)

Who is your current employer?

Registered business name

Contact person

Daytime contact number

Mobile number

Email

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

Suburb

State

Postcode

How many hours per week are you working?

What are your current gross (before tax) weekly earnings?

Do you have more than one employer?

Yes

No

If yes, please supply further details of employment on a separate attachment.

Section 3: Documentation (please ensure you attach any supporting information with this application)

If you have further information that supports your application please attach and list the details below.

Section 4: Declaration and authority to release information

I, _____ (print name)
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 making 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 acknowledge that I must inform my insurer of any changes in my weekly earnings or number of hours that I work as this may alter my ongoing entitlement to weekly payments.

I authorise and consent to the collection, disclosure and release of any information in connection with an injury/condition to which the claim relates by the workers compensation authority, my employer(s) or insurer/claims agent to each other, or to any person for the purposes of assessing my entitlement to weekly payments under section 38 of the *Workers Compensation Act 1987*.

I acknowledge that the information obtained may include sick leave entitlements, income protection insurance benefits, evidence of hours worked and income, or employment status.

Signature _____

Date (DD/MM/YYYY) _____