

# Commutation application



State Insurance  
Regulatory Authority

---

## *Workers Compensation Act 1987*

---

Complete this form if you are applying for SIRA certification under section 87EAA and 87EA(1) of the *Workers Compensation Act 1987* (1987 Act).

This application is made to the State Insurance Regulatory Authority (SIRA) for certification under section 87EAA and 87EA(1) of the 1987 Act. SIRA will only issue a certificate if satisfied that the preconditions to commutation set out in section 87EAA and 87EA(1) have been met. If issued, the certificate will be sent to the person submitting this form.

A certificate issued by SIRA under section 87EAA and 87EA(1) of the 1987 Act must be forwarded to the Workers Compensation Commission with Form 5A - *Application to register a commutation agreement for registration* or with Form 5C - *Application for determination to commute liability* where the worker is legally incapacitated by reason of age or mental capacity.

### **Catastrophic injuries**

A worker who has received an injury that meets the criteria specified in the *Workers compensation guidelines* as a catastrophic injury is not able to commute their compensation for medical, hospital and rehabilitation expenses. A worker is still eligible to commute their weekly payment entitlements. SIRA must be satisfied and certify that it is satisfied that the injury is not a catastrophic injury to issue certification under section 87EAA.

### **Privacy compliance statement**

Important facts about the *Privacy and Personal Information Protection Act 1998* (PPIP Act) and the *Health Records and Information Privacy Act 2002* (HRIP Act).

The person completing this form must provide certain personal and medical information for consideration whether a certificate may be issued under sections 87EAA and 87EA(1) of the 1987 Act. There may be circumstances when information collected in this form may be provided by SIRA to another party to the commutation agreement, an approved medical specialist, medical expert or to the Workers Compensation Commission. SIRA may also use the information to report on trends in the commutation of liabilities, under the 1987 Act. You have the right to access and correct any inaccuracies in personal and health information held by SIRA.

### **Help with completing this form**

**For workers:** contact the insurer in the first instance, or alternatively the Workers Compensation Independent Review Office (WIRO) on 13 94 76.

**For employers, insurers and other stakeholders:** contact SIRA on 13 10 50.

---

## **Section 1: Contact details**

1. This application form is being completed by the (please mark appropriate boxes)

Worker                  Insurer

Other (please describe)

OR by the legal representative or agent of the (please mark appropriate boxes)

Worker                  Insurer

Other (please describe)

## 2. Worker details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Daytime contact number

Mobile number

Claim number

Email

**Street 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 or agent

Name

Firm or organisation name

Daytime contact number

Email

**Postal address** (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

## 4. Details of worker's employer\* at time of injury

Business/organisation name

ABN (Australian businesses only)

Contact person

Daytime contact number

Email

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

Suburb

State

Postcode

\* If a commutation agreement concerns more than one employer and/or insurer please provide the relevant details for all employers and/or insurers and legal representatives or agents involved in the commutation agreement as a separate attachment to this application.

## 5. Details of employer's legal representative or agent\*

Name

Firm or organisation name

Daytime contact number

Email

**Postal address** (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

## 6. Insurer details

Business/organisation name

Insurer number

Contact officer

Daytime contact number

Email

**Postal address** (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

## 7. Details of insurer's legal representative or agent\*

Name

Contact officer

Firm or organisation name

Daytime contact number

Email

**Postal address** (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

\* If a commutation agreement concerns more than one employer and/or insurer please provide the relevant details for all employers and/or insurers and legal representatives or agents involved in the commutation agreement as a separate attachment to this application.

## Section 2: Requirements under section 87EAA and 87EA(1) of the 1987 Act

1. Date of injury (DD/MM/YYYY)    2. Nature of injury that is relied on to meet s 87EAA and 87EA(1) requirements

- 2a. Is the injury a catastrophic injury as defined in section 87EAA and the *Workers compensation guidelines*?

Yes                  No

Attach reports completed by a medical practitioner that confirm the injuries received by the worker do not meet the definition of catastrophic injury as defined in section 87EAA and the *Workers compensation guidelines*.

3. Worker's occupation at the time of the injury

4. List and attach clearly labelled copies of the medical reports relied on by both the worker and the insurer showing the degree of permanent impairment received by the worker as a result of a compensable injury in terms of a permanent impairment percentage (% PI).

**Note:** For the purpose of determining the degree of permanent impairment SIRA may refer the matter to the Workers Compensation Commission for assessment.

5. Has the worker received permanent impairment and pain and suffering compensation under section 66 and/or section 67 (as applicable) of the 1987 Act?

Yes                  No

If the answer to this question is yes, a schedule of payments verified by the insurer and the complying agreement or a medical assessment certificate must be attached.

6. Date of the worker's first weekly compensation payment (DD/MM/YYYY)

7. Have all opportunities for injury management and return to work for the injured worker been fully exhausted?

Yes                  No

If the answer to this question is yes, attach documentary evidence verified by the insurer in support.

8. Has the worker received weekly compensation payments regularly and periodically in respect of the injury throughout the six months preceding this application?

Yes                  No

If the answer to this question is yes, a schedule of payments verified by the insurer must be attached.

9. Does the worker have an existing and continuing entitlement to weekly payments of compensation in respect of the injury (whether the incapacity concerned is partial or total)?

Yes                  No

If the answer to this question is yes, attach documentary evidence verified by the insurer in support.

*Section 2 continued over...*

10. Have weekly payments of compensation been discontinued under section 48A of the Workplace Injury Management and Workers Compensation Act 1998 with respect to the injury at any stage?

Yes                  No

**OR** (for workers exempt from the application of the 2012 and 2015 amendments to the workers compensation legislation)

Have weekly payments been discontinued under section 52A or 38A of the 1987 Act?

Yes                  No

If the answer to this question is no, provide details verified by the insurer.

11. Lump sum amount proposed for commutation

\$

Name of person submitting form

Applicant's signature

Date (DD/MM/YYYY)

**Please remember to include the required documentation with this form and include an index showing all documents.**