

ACT Workers Compensation Employer's Claim Form



Under the ACT Workers Compensation Act the Employer must notify the insurer within 48 hours of being notified of an injury by their worker. If the worker decides to lodge a "Claim for Compensation" you must complete the Employer's claim form urgently, and return it together with the worker's completed claim form and an approved compliant medical certificate Guild Insurance. (address noted on the last page).

Employers details (please print or tick where applicable)

Insured name	<input type="text"/>			Trading name	<input type="text"/>		
Policy number	<input type="text"/>			ABN	<input type="text"/>		
Business activity or profession	<input type="text"/>			Number of employees	<input type="text"/>		
Address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>			Facsimile	<input type="text"/>		
Email	<input type="text"/>						
Name of employer contact	<input type="text"/>			Telephone	<input type="text"/>		
Email	<input type="text"/>						
Worksite address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Name of Return to Work contact at worksite	<input type="text"/>			Telephone	<input type="text"/>		

Workers details

Surname or family name	<input type="text"/>			Given names	<input type="text"/>			Title	<input type="text"/>
Residential address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>		
Postal address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>		
Telephone	<input type="text"/>			Mobile	<input type="text"/>				
Email	<input type="text"/>								

Sex: Male Female Date of birth: / /

Injury details

Where did the injury occur?

At work During a break at work Vehicle accident while working Away from work during a recess

Date of injury: / /
Time of injury: am pm

Injury details continued

Date notified employer

 / /

Time notified employer

 am pm

Date reported to Guild Insurance

 / /

Time notified Guild Insurance

 am pm

To whom was the accident reported

Address and place where injury occurred

Name and address of witness/es

How did the injury occur and what was the worker doing at the time? (e.g. slipped while walking down the stairs)

Describe the worker's injury or condition: (e.g. strain)

Which part of the body: (e.g. back)

Is this an aggravation of a previous injury

Yes No

If YES, details of previous injury if known

Give details of other circumstances which would assist the insurer to assess the claim (e.g. Do you query the validity of the claim? If so, why?)

In my opinion

Employment information

When calculating the worker's average weekly earnings, please include shift work, overtime, penalty rate, over-award payments or payments to cover or payments to cover expenses incurred.

What are the worker's average weekly earnings (gross)

Standard hours worked per week

Overtime hours worked per week

Average hours worked per week

Number of days worked per week

Working pattern (e.g. 7am - 3:30pm, Monday to Friday)

Is the worker

Full time

Permanent

Part time

Casual

Work experience

Apprentice/trainee

Volunteer

Occupation or trade (e.g. childcare worker, pharmacist)

Main tasks performed by the worker

Date employed

If not an employee, explain relationship: (e.g. contractor/locum)

Are you aware of any other employment carried out by the worker

Tick the box that describes the award that the worker is employed under:

Federal award

Registered enterprise agreement

Registered industrial agreement

State award

State award or agreement applies

Time lost particulars

Date worker ceased work

Time

 am pm

Has the worker resumed work

If YES, time

Yes No

 am pm

Exact time lost, days

Hours

Gross wage claimed

If the worker has not returned to work when you complete this form we will send you a wage reimbursement form to claim wages later. If you are not sure how to proceed please contact this office.

Rehabilitation

If, due to their injury, the worker is going to be away from work for longer than 7 continuous days, a personal injury plan **must** be established. This will be established by Guild Insurance with the employers and workers participation and agreement.

Is the worker back on full time hours but modified duties or; Is the worker back on reduced hours and modified duties

How many hours per day and how many hours per week is the worker able to work: (per day) (per week)

What sort of modified duties: (e.g. no lifting, no bending)

Employer's declaration

I (print name & position)

- declare that the details and the statement provided are true and correct;
- have read the 'Collection, use and disclosure of personal information' section of this form and I consent to Guild Insurance Workers Compensation handling this personal information in the manner described in that section.

Signature of employer or authorised person

Print name

Date /

/

Important notices

Claims

The employer must give Notice of Injury to Guild Insurance of an injury (Register of Injury/Notice of Injury) within 48 hours of becoming aware of an injury within their workplace.

If the employer advises Guild verbally this must be followed up in writing within 3 days of the verbal notification.

If the employer fails to notify Guild Insurance within 48 hours of becoming aware of an injury then the employer is liable to pay the worker's weekly compensation until Guild Insurance is notified.

Employer not to make admissions

The employer shall not, without written authority from the insurer, incur any expense or litigation, or make (or take out a) a payment, settlement or admission of liability in respect of any injury to or claim made by any worker.

Payments will be made to the employer. Employers please note – this claim form, and any other request made by Guild Insurance for documentation must be provided to Guild Insurance within 7 days of receipt of the request, in accordance with the ACT Workers' Compensation Act.

Privacy of personal information

Guild Insurance is bound by the National Privacy Principles. The Privacy Act regulates how personal information is handled, how it is collected, and the use and disclosure of personal sensitive information, and how that information is secured.

Use - The information we collect will be for the purpose of assessing and administering a workers claim for compensation. We are authorised under Workers Compensation Legislation to collect this information. If you do not provide all the information requested by Us it may not be possible to process the claim or the claim may be delayed.

Disclosure - It may be necessary to disclose this information to other parties, such as, other insurers, government departments and agencies, law enforcement agencies, investigators, lawyers, assessors, medical providers, advisers.

Access to information - Where Guild Insurance hold information about a person or organisation, that person or organisation have the right to access the information that we hold about them. The person or organisation does not have the right to access another person's information.

Data quality and security - Guild Insurance will take reasonable steps to protect the personal information it holds from misuse and loss and from unauthorised access, modification or disclosure. At all times the information held will be treated sensitively and will be filed in a secure area.

Please return your completed Witness Statement to our National Workers Compensation Office:

Fax: 02 9018 9991 or

Address: GPO Box 5357, Sydney, NSW 2001

For more information

 Freecall 1800 810 213  guildinsurance.com.au

Obligations under the injury management program

These obligations are also set out in the Guild Insurance Limited Injury Management Program.

Employer's obligations

The employer must:

- > Maintain a Register of Injuries accessible to all workers and workplaces
- > Establish, maintain and display a Return to Work program in consultation with workers, relevant unions and an approved rehabilitation provider
- > Display a Summary Notice accessible to all workers, this notice must set out the claim processes for making a claim
- > Notify Guild Insurance within 48 hours of being notified of an injury
- > Co-operate in the establishment of a Personal Injury Plan for the worker and comply with all reasonable obligations
- > Provide suitable duties for injured workers
- > Forward any documentation requested by the insurance company relating to the injured worker's claim within 7 days
- > Provide the worker with vocational rehabilitation

Worker's obligations

The worker must:

- > Advise their employer they have received a workplace injury as soon as possible after the injury occurs
- > Enter details of their workplace injury in the Register of Injuries immediately
- > Nominate a treating doctor or medical practice who is prepared to take part in the development of their Personal Injury Plan – If the treating doctor or medical practice does not wish to participate in the worker's return to work the worker must be prepared to change their treating doctor or medical

practice. Guild Insurance must be notified of that change.

- > Participate and co-operate in the establishment of a Personal Injury Plan and comply with all reasonable obligations under that plan
- > Attend any medical assessments made by Guild Insurance
- > Make all reasonable efforts to return to work with his/her pre injury employer as soon as possible, having regard to the nature of the injury
- > Authorise their nominated treating doctor/practice to provide relevant information to the insurer or the employer for the purposes of their Personal Injury Plan
- > Complete and return the Worker's claim form with an approved medical certificate 7 days from the date of injury. If the completed claim form with an approved medical certificate is not received, weekly payments cease on the 8th day. Payments will recommence when the completed claim form and an approved medical certificate have been received.

N.B. The worker's entitlement to weekly compensation could cease if the worker unreasonably fails to comply with the obligations set out in the Personal Injury Plan.

- (a) fails to take part in vocational rehabilitation or a return to work program,
- (b) fails to attend a medical assessment,
- (c) fails to undertake suitable duties,
- (d) fails to take up an offer of suitable work for which the worker is qualified and that the worker can perform.
- (e) fails to undertake an obligation under the Personal Injury Plan.

The insurer will write to the worker advising them of their non compliance, if the worker still does not comply. The insurer will give notice to the worker and the Minister, advising that payments will cease 2 weeks from receipt of the letter.



Guild Insurance Obligations

Guild Insurance must:

- > Establish and maintain an Injury Management Program and comply with the obligations under that plan
- > Take appropriate steps to ensure that each employer is made aware of their obligations under the Injury Management Program
- > Within 3 days of being notified of an injury take action under the Insurers Injury Management Program and contact the employer, worker and doctor/practice (if applicable)
- > Establish a Personal Injury Plan for an injured worker who has a significant injury. The Personal Injury Plan must be established with the agreement of the employer and the injured worker, with their co-operation and participation
- > Provide information to the employer and injured worker regarding the Personal Injury Plan. This also must include what happens to the workers entitlements to weekly compensation if the worker fails to comply with the Personal Injury Plan
- > Inform the employer of any steps taken under the Personal Injury Plan to return the injured worker to work
- > Make sure all medical treatment for reasonable services related to the injured workers injuries are paid promptly
- > Ensure as far as possible, that vocational rehabilitation provided or arranged for the injured worker under the Personal Injury Plan is of a kind that may reasonably be thought likely to lead to a real prospect of employment or a real increase in earnings for the injured worker.

Penalties exist for Guild Insurance for non compliance with the above obligations.

Nominated Treating Doctor Obligations

Nominated treating doctor must:

> Participate in the Personal Injury Plan if they agree to become the injured workers nominated treating doctor

> Provide relevant information to Guild Insurance, employer or a person who requires the information in relation to

the management of the worker's claim for compensation e.g. Rehabilitation Provider.



Wage Reimbursement

Employer: _____

Pre-Injury Hours Worked per week: _____

Workers Name: _____

Claim No: _____

Pre-Injury Wage Rate per week: _____

Time Worker Worked in Period							
Paid From	Paid To	Wage Rate per Week	Weeks	Days	Hours	Total Claimed Gross Wages	Total Hours Claimed
__/__/__	__/__/__						
__/__/__	__/__/__						
__/__/__	__/__/__						
__/__/__	__/__/__						
__/__/__	__/__/__						
Medical Certificate until:				Total Claimed: \$		Hours:	
Comments:							

