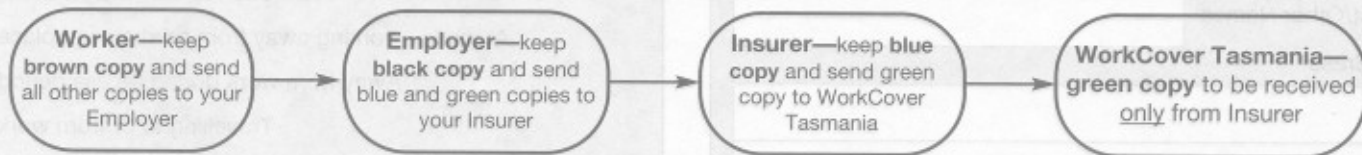


Worker's Claim for Compensation

Workers Rehabilitation and Compensation Act 1988

On completion, which form to keep and which form to send to whom:



PLEASE READ INSTRUCTIONS CAREFULLY

- ✓ Use a **ballpoint** pen when completing this form and **print** all answers clearly.
- ✓ Ensure the **original copy and duplicates** are **complete and legible**.
- ✓ The information provided on this form is **important** for the management of the injured worker's claim. **All boxes** on the inside pages **must be** completed by **all parties** concerned.
- ✓ Personal information collected from you for workers compensation processes will be used by the WorkCover Tasmania Board for that purpose and may be used for other purposes permitted by the Workers Rehabilitation and Compensation Act 1988 and associated laws.

Failure to provide this information may result in your claim not being processed or records not being properly maintained. Your personal information may be disclosed to contractors and agents of the WorkCover Tasmania Board, law enforcement agencies, courts and other public sector bodies or organisations authorised to collect it.

This information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by you on request to the WorkCover Tasmania Board. You may be charged a fee for this service.

TO THE WORKER

- Complete **questions 1 to 28** if you had a work-related injury or disease that may or may not have resulted in time off work or any incurred costs.
- It is **important** for the effective management of your claim that you **fully and clearly describe** how your injury or disease occurred and what caused it. Provide every information relevant to the occurrence of your injury (**questions 9 to 18**).
- The detailed description of your injury is analysed and coded for data processing into the computer system of your employer, your employer's insurer and that of WorkCover Tasmania. You will greatly help in this process if you clearly describe how your injury occurred. Follow these rules when describing how your injury happened:
 - Do not write 'Refer to Report' or 'See medical certificate'. Fully describe your injury in the space provided. Your injury Report and medical certificate are kept only by your employer's insurer. They are not forwarded to WorkCover Tasmania. A description of your injury is critical to the analysis and processing of information provided in this claim form.
 - Do not use abbreviations, brand names or models of machinery or equipment. Instead, specify the actual name or type of the machinery or equipment. For example, do not write 'lifting FMTX caused back strain', write down 'lifting TV camera caused back strain' or instead of 'driving Kubota', say 'driving bobcat/excavator/bulldozer/tractor' (whichever is applicable).
 - Specify day, month and year when filling in dates, instead of indicating 'ongoing' for date of accident or writing only your year of birth.
- Attach your **first Medical Certificate** and any accounts related to your injury.
- Give the completed form and any attachments to **your employer as soon as you can**.

- You may ask someone else to help you if you cannot fill in this form yourself.
- Send other Medical Certificates and accounts to your employer as soon as they are available.
- Contact your employer if you need help or information.
- Make sure you keep the **brown copy** of this form.

TO THE EMPLOYER

- Complete the Employer's Report section of this form (**questions 29 to 53**).
- Calculate the **normal weekly earnings (NWE)** over the 12-month period ending at the start of the period of disability. NWE is calculated as the average earnings over the 12 months prior to the date of incapacity. Overtime is not to be included in NWE unless all of the following criteria are met: (a) overtime/excess hours were a condition of the worker's contract of employment; (b) overtime/excess hours were worked in accordance with a regular and established pattern and in accordance with a roster; (c) the pattern was substantially uniform; and (d) the worker would have continued to work the overtime/excess hours if he/she had not been injured. (See Section 69 of the Act.)
- Calculate the **ordinary time rate of pay per week**. This relates to the payment for the worker for the work in which, and the hours during which, he/she was engaged immediately before the period of incapacity. (See Section 69 of the Act.)
- If the employee is unable to fill in the form, please arrange for it to be completed on his or her behalf.
- Send this form, Medical Certificates and accounts to **your insurer within 5 working days of receipt from worker**. **All claim forms**, including those covered only by excess arrangements, **must be** forwarded to **your insurer**.
- Send other Medical Certificates and accounts to your insurer as soon as they become available.
- Make sure you keep the black copy of this form.

Information and Assistance

For information and assistance on all worker's compensation matters, including rehabilitation, telephone: 1300 366 322 (cost of local call) OR (03) 6233 7657 (outside Tasmania)