

CGU WORKERS COMPENSATION TASMANIA

INFORMATION PACK
FOR EMPLOYERS



CGU

Disclaimer

This publication contains important information about the local workers' compensation environment, your legislative obligations, entitlements and services available from us. It also provides guidelines for managing workers' compensation claims. It is designed to provide general information only and is not intended as a substitute for any legislation or resource to which it refers. You should not act or omit to act on the basis of anything contained herein. In relation to any particular matter you should seek legal advice where appropriate.

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INTRODUCTION

CGU Workers Compensation is part of CGU Insurance, one of Australia's leading commercial, personal and rural insurers. CGU is part of IAG, Australia's largest general insurer, with operations in Australia, New Zealand, and Asia.

CGU is the country's largest regional and rural insurer, and one of Australia's largest and most experienced workers' compensation providers. We operate in all states and territories which permit private insurer participation and are also a leading provider of self insurance services.

CGU Workers Compensation delivers workers' compensation and health and safety services to over 200,000 employers across Australia. We offer products for small, medium, corporate and government employers, as well as self-insurers.

Whatever size your business, our approach is based on partnership. We'll work with you to manage your claims and drive early return to work outcomes. At the same time we'll ensure you have the information and tools you need to play an active role in managing your workers' compensation program and developing a strong safety culture within your organisation.

This information pack is a step in that direction. It contains important information about the local workers' compensation environment, your legislative obligations, entitlements and services available from us.

If you would like additional information regarding any of our services, please contact your insurance broker, agent or our CGU Workers Compensation office.

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SECTION 1 YOUR POLICY

1.1 Why do you need a policy?

Under the Tasmanian Workers Rehabilitation and Compensation Act 1988 (the Act), all employers are required to take out a policy to cover all workers. Under the Act, a "worker" means any person who has entered into, or works under, a contract of service or training agreement with an employer, whether by way of manual labour, clerical work or otherwise, and whether the contract is expressed or implied, or is oral or in writing.

1.2 Deemed Workers

1.2.1 Contractors

Where a person makes a contract with a contractor to perform work exceeding \$100 in value that is not work incidental to a trade or business regularly carried on by the contractor in the contractor's own name or under a business or firm name, and the contractor does not subcontract the contract or employ any worker, the contractor is taken to be a worker employed by the person making the contract.

These provisions do not apply if the contractor takes out his or her own personal accident insurance. The contractor is to provide the person with whom the contract is made with evidence of their personal accident insurance, and advise the person if such insurance is not in place.

1.2.2 Other deemed workers

Several other classes of people may be deemed a worker under the Act, including but not limited to certain salespeople, hire car and taxi drivers, jockeys, volunteer police fire and ambulance personnel. Please contact us if you feel this is relevant to your business.

1.3 How do you take out Workers' Compensation Insurance?

When taking out a policy, you will need to submit a proposal form declaring estimated wages for the period of the policy (usually 12 months) and pay the premium based on the estimate. The premium is adjusted at the end of the period based on actual wages.

Cover notes

If you have taken out a cover note, this must be finalised no later than one (1) month after it has been issued or within the terms agreed by us. The proposal form must be submitted to us within the time specified. A cover note that has expired leaves you uninsured.

1.4 Industry classification

Your premium will be based on an Industry Classification (ANZSIC) which is determined by the predominant activity at your work location.

Where a company has several separate industries operating from different locations, each industry should be rated separately. Where that company has a head office comprising mainly clerical employees, the wages should be allocated to the predominant industry, unless they can be directly linked to the industry that they service.

Where an employer operates more than one industry at the same single location, that employer's predominant industry shall determine the rate that is applied to all their operations at that site. Other employers on the same site are to be rated in accordance with their own predominant industry.

1.5 Premium

An insurer calculates premiums in two stages. Firstly, the appropriate industry rate is applied to the gross wages declared by the employer.

Secondly, the resulting premium may be adjusted in accordance with the claims experience and any risk factors of the individual employer including commitment to OH&S, commitment to alternate duties and business size.

1.6 If you don't have a policy

If one of your workers has a work-related disability (an injury or industrial disease) and you are uninsured, you will be liable for the cost of that claim. You may also be liable for the cost of any action taken at common law.

In addition, WorkCover Tasmania may prosecute any uninsured employer, with fines payable up to \$50,000 and impose penalties equal to the total of any insurance premiums avoided.

1.7 Your obligations under the policy

Under the terms of the policy we issue, you have certain policy and claims responsibilities to fulfil. It is important that you take the time to read your policy document so that you are aware of these obligations.

The major obligations you have are to:

- provide estimated and actual wages declarations for each policy period you are insured with us,
- maintain proper Wages Records for every worker employed,
- allow inspection of your wages records by a duly authorised representative appointed by us, and
- give notice of any claim and/or injury within three (3) business days.

Effective from 1 July 2010 you must comply with the provisions of the CGU Injury Management Program. Employers wishing to operate under their own Injury Management Program may do so only after it has been submitted to and approved by CGU.

1.8 Wage audits

All wage audits undertaken by insurers must now be in accordance with the policy provided to the WorkCover Authority pursuant to the Licence Standards. All findings from these audits must then be forwarded to the WorkCover Authority within 30 days.

1.9 Our obligations under the policy

Our obligations under your policy are to indemnify you for any payments that you become legally liable to pay under the Act. We will also meet any reasonable costs and expenses incurred by you (with our written consent).

We also undertake to manage your claims pro-actively and to achieve the best medical and return to work outcomes for your injured employee.

SECTION 2

EMPLOYER CLAIM OBLIGATIONS

Immediately you are aware that a worker has suffered an injury, particularly where there may be lost time from work, the worker must seek medical aid and obtain a certificate issued by a duly qualified registered medical practitioner.

2.1 Online Initial Notification

We encourage our customers to adopt an 'early reporting culture'. This helps ensure the injured worker is receiving timely and appropriate treatment and enables CGU to move quickly in terms of claims processing and return to work planning.

Research shows that early injury notification also improves claim outcomes. Claims reported within two weeks of injury have been found to be 18 per cent more expensive than those reported within one week. This figure rises to 31 per cent when claims are not reported until week four.

Reporting delays have also been shown to increase the likelihood of litigation.

New legislation which commenced on 1 July 2010 highlights the importance of early notification and reporting of incidents and/or claims. Breaches of the new legislation can incur fines and or penalties. Some of the legislation changes are detailed in the following.

2.2 Providing Initial Injury Notification

The Early Notification of an Injury under the new legislation must be adopted for any workplace injury that results in, or is likely to result in, the worker being partially or totally incapacitated for work or is required to be reported to the insurer under the worker's approved injury management program (PART XI of the Act - Injury Management). The employer must notify CGU Insurance within three (3) days of becoming aware of any such workplace injury. The penalty for non compliance is a fine not exceeding 10 penalty points.

Providing CGU with initial notification of an injury means we can prioritise complex or high-risk claims and start planning in terms of claim and injury management. Ultimately this will mean we can achieve better return to work outcomes and help you keep your workers' compensation premium under control.

The most convenient way to provide initial notification is online via the .Live section of www.cgu.com.au/workerscompensation. Available 24/7, this system takes only a few minutes to complete and delivers a reference number which (upon formal notification) will become the claim number.

You can also provide initial notification via phone, fax or email.

The early notification of injuries does not replace your obligation to formally submit all claim forms within five (5) business days of receiving the claim.

2.3 Employer advising worker of right to claim

An employer who is informed by a worker of an injury to the worker must, within 14 days, serve on the worker the prescribed notice in writing (available on our website at www.cgu.com.au), unless the employer is informed of the injury by the service on the employer of a claim for compensation.

2.4 Receipt of claim for compensation

Upon receipt of a claim for compensation an employer must notify CGU Insurance of the claim within three (3) business days of receipt of the claim.

A penalty for non compliance applies being equal to the total of weekly payments payable beyond three (3) days after receipt of the claim (notification can be made in accordance with procedures defined in 2.2).

Liability determination can only be made once the claim form is received so it is imperative that claim forms are supplied to CGU as soon as possible.

2.5 Submission of claim forms

An employer who receives a claim for compensation (Prescribed claim form & medical certificate) must forward it to their insurer within five (5) days of receipt. Failure to do so may result in the employer being liable to a fine not exceeding 50 penalty units.

A claim can only be considered for determination once CGU are in receipt of both a completed Worker's Claim for Compensation Form and a prescribed Workers' Compensation medical certificate.

Please ensure all questions are answered fully and attach the Prescribed Medical Certificate issued by the treating Doctor, together with any correspondence.

Forward the Claim Form, Prescribed Medical Certificate and any other correspondence (i.e. other medical certificates, medical accounts) to us immediately. The Act requires this to be done within five (5) business days of the claim being given to you by the worker. Other documents should be forwarded as soon as received. Accounts for payment must be forwarded to CGU within seven (7) days.

If you have any serious reservations or there is additional information relevant to the claim, please telephone us in the first instance and follow up with a covering letter when lodging the documents.

2.6 Register of Injuries

Information of all incidents and injuries should be recorded and this record of information be maintained by the organisation/ A person who conducts a business or undertaking (PCBU). The recorded information should contain as a minimum:

- Details of the person injured / involved in the incident
- The date of
- Time
- Description of incident/injury
- Cause of incident
- To whom the injury was reported
- Witnesses (any)
- Medical attention provided.

2.7 Notifiable injuries and dangerous occurrences

A notifiable incident according to Tasmania's Work Health and Safety Act 2012, Part 3, s 35 - 37, is defined as:

- a) The death of a person; or
- b) A serious injury or illness of a person; or
- c) A dangerous incident.

If a notifiable incident occurs, the site must be preserved and not disturbed, so far as reasonably practicable, until an inspector arrives or as directed by an inspector.

A person who conducts a business or undertaking (PCBU) must notify the regulator immediately after becoming aware that a notifiable incident has occurred. The notice must be given by telephone or in writing (within 48 hours of incident)

2.8 Duties of Workers

A worker, as defined by Tasmania's Work Health and Safety Act 2012 s7, must:

- a) take reasonable care for his or her own health and safety; and
- b) take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons; and
- c) comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act; and
- d) cooperate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

2.9 Worker's position to be available for 12 months

If a worker is incapacitated by reason of a work-related injury, the employer must, for a period of 12 months following the day of incapacity, make available to the worker the employment that the worker was engaged in before becoming incapacitated.

The employer is also required to provide suitable alternative duties unless not reasonably practical to do so.

An employer who employs more than 20 workers must prepare a rehabilitation policy in accordance with criteria approved by the board.

If an employer employs more than 100 workers they must provide a person who is responsible for coordinating the timely and safe return to work of a worker in accordance with the employer's rehabilitation policy.

SECTION 3

ENTITLEMENTS TO COMPENSATION

3.1 Definition of a worker

A “worker” means any person who has entered into, or works under, a contract of service or training agreement with an employer, whether by way of manual labour, clerical work or otherwise, and whether the contract is expressed or implied, or is oral or in writing.

3.2 When can a worker make a claim?

A claim for compensation can be made by a worker for a work-related injury regardless of whether the disability occurs because of the worker or employer’s fault.

The only exception to this situation is where a worker is found guilty of serious and wilful misconduct. The main reasons why a claim may be disputed under this provision are if the accident was caused by:

- The worker being under the influence of alcohol or a drug of addiction, or
- Any other kind of serious and wilful misconduct by the worker.

3.3 Definition of injury and workplace injury

If in any employment –

- a) a worker suffers an injury, not being a disease, arising out of or in the course of his employment; or
- b) a worker suffers an injury, which is a disease and to which his employment contributed to a substantial degree, within the meaning of section 3(2A) –

his employer is, except as is otherwise provided by this Act, liable to pay compensation in accordance with the Act.

Additionally, an “injury” includes a disease, and the recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease where the employment was the major or most significant contributing factor to that injury recurrence, aggravation, acceleration, exacerbation or deterioration.

Workplace injury means an injury for which the worker’s employer is or may be liable to pay compensation under the Act.

3.4 Significant injury

A significant injury means a workplace injury suffered by the worker that is likely to result in the worker being totally or partially incapacitated for more than five (5) business days.

In the event of a significant injury, we may make immediate arrangements for an accident assessment to be conducted. The incident assessment will look into the circumstances of the incident and may assist in the determination of liability as well as the identification of any workplace hazards or risks that may require modifications or changes to the workplace.

3.5 Employer to give notice of status of claim within 28 days

If an employer receives a claim for compensation from a worker, the employer or the employer’s insurer must, within 28 days:

- a) Notify the worker in writing as to whether a decision has been made to accept, or not to accept, liability for the injury to which the claim relates, and
- b) If no decision has been made to accept, or not to accept, liability for the injury, must specify in the notice,
 - i. the reasons why the decision has not been made, and
 - ii. the steps the employer, or employer’s insurer, intend to take before making the decision.

Penalty for non compliance is 10 penalty points.

3.6 Injury management

Injury management is “the management of workers’ injuries in a manner that is directed at enabling injured workers to return to work.” It is your responsibility to work with your injured worker(s) and cooperate in this process, where it is supported by medical evidence.

Injury management provides benefits to workers, minimises disruption in your workplace, and helps to contain workers’ compensation costs.

The first step is to provide CGU with initial notification of an injury, which you can do online at cgu.com.au. We will screen the notifications of injury for the early identification and assessment of ‘at risk’ claims, and implement appropriate strategies to overcome any barriers to return to work.

Our role is to determine the risk level of notifications received and develop an appropriate injury management response.

The three risk categories of claims are defined as follows:

Medical Only / Low Risk:

Less than five (5) business days lost time, returned to normal duties and no ongoing treatment.

Significant Injury:

A workplace injury suffered by the worker that is likely to result in the worker being totally or partially incapacitated for more than five (5) business days.

High Risk:

Greater than five (5) business days incapacity and may include psychological injury or serious physical injury such as amputations, non specific lower back pain, overuse injuries, multiple injuries, bi lateral hernias and complicated fractures. Additionally, this includes claims where other barriers to successful return to work exist such as the worker has been terminated from employment or demonstrates abnormal injury responses.

3.7 Deciding liability of the claim

Once we receive the Claim form and Prescribed Medical Certificate, we will discuss the matter with you and make a decision regarding liability within five (5) business days. A letter will be sent to you, confirming our decision on liability and will include the claim number, the name of the Claims Consultant administering the claim and their direct telephone number.

Where you dispute the validity of any claim, you should contact us and advise your concerns and your intention to dispute the claim. Based on the information provided, we may appoint an external investigator to investigate the circumstances of the claim, and take statements from various parties relative to the claim.

We will also contact the worker and advise him/her of their rights and responsibilities in regard to their claim for compensation.

3.7.1 Accepted claims

If the claim is accepted and it involves time lost, you must commence payment of compensation for the period of incapacity shown in the First Medical Certificate. You should record the date that you make the first payment to the worker as workers' compensation payments and advise us of that date in writing. You can discuss the above with your Claims Consultant on receipt of a claim.

3.7.2 Pended claims

If further investigations are required to determine liability, a claim can be pended. However, it is important to note that you must commence payment of weekly compensation as if it were an accepted claim. There is also a liability to pay medical expenses during the period of investigations, up to a limit of \$5,000.

Liability for a claim must be determined within 12 weeks (84 days), commencing on the day you receive a completed claim for compensation together with the required medical certificate.

3.7.3 Recurrence or aggravation of injury

In the event that a worker seeks medical attention and/or is certified incapacitated with respect to a previous claim for which he was certified as fit and recovered from that injury, liability must once again be decided and the time constraints referred to previously must again be adhered to. In these circumstances, no further claim form is required. Please contact your Claims Consultant as soon as possible.

If there is a break in any certification greater than 14 days you may treat the further claim as if it were a claim to which Section 81(A) applies (the claim may be disputed). Please contact us before making any further payments as there may be no liability to do so.

3.7.4 Disputed claims

If we determine that a claim for compensation falls outside the legislative requirements, we must dispute the claim. This decision will be made in consultation with you.

You are bound to notify the injured worker and make reference to the Workers' Rehabilitation & Compensation Tribunal within 12 weeks (84 days) of the lodgement of the claim with you. If necessary, we will assist you in advising the worker of the dispute.

In the case of a death claim you are still bound to a 28 day dispute period from the receipt of a claim from dependants.

A dispute notice will be in the form of a letter sent to the worker advising of the grounds of the dispute. We will draft the letter for you.

If a claim is disputed it will be set down for hearing in the Workers' Rehabilitation and Compensation Tribunal. We will conduct this hearing on your behalf.

Payments to be made on disputed claims

Notwithstanding that you may have disputed a claim for compensation, you are required to make weekly compensation payments to the worker (if there exists a certified incapacity for work), pending a determination being made by the Workers' Rehabilitation & Compensation Tribunal.

Weekly compensation is to be paid in accordance with the provisions of Section 81(3) of the Act. Weekly payments payable under this section are payable from:

- a) The date of the incapacity, or
- b) 14 days before the date on which the claim for compensation was given to the employer under section 34 of the Act, whichever is the later.

Whilst you are responsible for payment of the first weekly payment (the excess), you are able to claim reimbursement of any payments made after that period from us and we will make available an appropriate claim form to assist you in this regard.

Employer's liability for expenses less than \$5,000, if liability is not accepted or determined.

Even if a claim is pended or referred for dispute, Employers are required to pay other expenses not more than \$5,000. If you do not intend paying these expenses because you consider the expense to be unreasonable or unnecessary, you must formally dispute liability for the expenses within 28 days of receiving the claim for payment. We will assist in this regard.

3.8 Benefits payable

3.8.1 Weekly compensation payments

Payment is equal to:

- a) The normal weekly earnings of the injured worker, or
- b) The ordinary time rate of pay of the injured worker for the work and for the hours during which, the injured worker was engaged immediately prior to the period of incapacity, whichever is the greater.

In the case of partial incapacity weekly payments equal to the difference between the worker's normal weekly earnings and the amount the worker is earning in suitable alternative employment.

Normal weekly earnings

The method of calculation varies according to the length of time the employee has been employed by you.

Where the worker has been continuously employed by you for 12 months, it is the total pay for the prior 52 weeks (except for the exclusions below) then divided by 52 to produce a weekly figure.

Where the worker has been continuously employed for more than 14 days but less than 12 months, it is the total pay for that period (except for the exclusions below) then divided by the number of weeks in that period to produce a weekly figure.

Where the worker has been employed for 14 days or less calculate:

- a) The normal weekly earnings of another worker (who has been employed for more than 14 days) employed by you and performing comparable work (for comparable hours); if there is no such employee then,
- b) The injured worker's expected salary for the pay period in which the incapacity occurred. This is calculated by multiplying the number of hours that were agreed or rostered by the hourly rate, (which is the rate under his or her contract of employment or industrial agreement not penalty rates or overtime). If there is no such rate then the rate agreed between the worker and employer for that work.

Exclusions

Do not include:

- a) Unemployment benefits.
- b) Any Centrelink payments.
- c) Previous workers' compensation payments.
- d) Payments for overtime or excess hours unless the overtime was worked in accordance with a regular, established and substantially uniform pattern, in accordance with a roster and the worker would have continued to work that overtime had the injury not occurred.
- e) Any bonus, tool allowance, superannuation, meal and accommodation allowances, special expenses (e.g. Dry cleaning), or travel allowance.

If an injured employee has two or more jobs, he/she is entitled to have normal weekly earnings calculated on the total of pay received from all jobs (using the formula set out above). The employer at the time of the injury is required to pay full weekly rate payments.

Ordinary time rate of pay

This is the pay that the worker would have received in respect of work and hours during which he/she was actually engaged during the pay period (i.e. weekly or fortnightly) immediately before the period of incapacity began, calculated at his or her “ordinary” time rate of pay.

In other words the worker may have actually been paid overtime and/or penalty rates during this period, but the calculation must be performed by multiplying all the hours actually worked by the worker by the (hourly) ordinary time rate of pay for the worker.

The ordinary rate is the rate set by the Award or Industrial Agreement (not contract).

3.8.2 Period for which benefits are payable (Step Down and Whole Person Impairment)

An injured worker’s weekly rate should be stepped down as follows:

- a) 100% of the weekly payment for the first 26 weeks of incapacity in aggregate following the date of initial incapacity.
- b) 90% of the weekly payment (or 95% if alternate duties are not available) for the period of incapacity in aggregate exceeding 26 weeks but not exceeding 78 weeks from the date of the initial incapacity.
- c) 80% of the weekly payment (or 85% if alternate duties are not available) for the period of incapacity in aggregate exceeding 78 weeks but not exceeding:
 - i. 9 years from the date of the initial incapacity, if the worker’s permanent impairment (if any), assessed at a percentage of the whole person, is less than 15% or is not assessed, or
 - ii. 12 years from the date of the initial incapacity, if the worker’s permanent impairment, assessed at a percentage of the whole person, is 15% or more but less than 20%, or
 - iii. 20 years from the date of the initial incapacity, if the worker’s permanent impairment, assessed at a percentage of the whole person, is 20% or more but less than 30%, or
 - iv. the period extending from the date of the initial incapacity to the day on which the entitlement of the worker ceases in accordance with Section 87 of the Act, if the worker’s permanent impairment, assessed at a percentage of the whole person, is 30% or more.

- d) Step downs on weekly payments will not be reduced by a percentage specified in 3.8.2 (b) and (c) above in respect of any week in which the worker engages in work, for 50% or more of the worker’s normal weekly hours, under the worker’s approved return to work plan, or approved injury management plan, within the meaning of Part XI – Rehabilitation of the Act.

For the purposes of (d) above, if the worker was employed by the employer for more than 14 days before the date of the worker’s initial incapacity, the worker’s normal weekly hours are the average number of hours per week for which the worker was employed by the employer.

For the purposes of (d) above, if the worker was employed by the employer for 14 days or less before the date of the initial incapacity, the normal weekly hours of the worker are taken to be the hours per week;

- For which the worker agreed to work in the pay period in which the worker’s incapacity arose, or
- For which the worker was rostered to perform work in the pay period in which the worker’s incapacity arose,

whichever is the higher.

In computing the normal weekly hours of the worker for the above purposes, any overtime or excess hours are to be disregarded unless:

- the overtime or excess hours were a requirement of the worker’s contract of employment,
- the worker worked overtime or excess hours in accordance with a regular and established pattern and in accordance with a roster,
- the pattern was substantially uniform as to the number of overtime or excess hours worked, and
- the worker would have continued to work overtime or excess hours in accordance with the established pattern if the worker had not been incapacitated.

Please keep accurate records to calculate and monitor the correct weekly benefits amounts and the periods for which the injured worker is entitled to.

3.9 Claims processing and payment authority

Compensation should not be paid until approved by us in writing and only at the rate we have calculated.

You are obliged to pay compensation to workers at the usual place of payment on their normal pay day. Only pay compensation for the period of incapacity certified by the treating doctor in the First Medical Certificate and any continuing Medical Certificates. Do not pay compensation in advance of normal pay days or if the worker is not certified unfit by a current medical certificate. If you do not receive a further certificate of incapacity, contact us for further advice.

Please ensure you record the date that the first payment of workers' compensation is made to the worker and advise us of that date in writing.

Complete the Employer Wage Reimbursement Invoice for all compensation paid and submit these to us on a fortnightly/monthly basis. It is essential that you claim compensation on a regular basis.

3.10 Settlement of claims

A settlement by agreement of all a worker's outstanding entitlements to compensation may only be entered into, before the end of the period of two (2) years beginning on the day on which a claim for compensation is first made in relation to the worker, if the agreement has been approved by the Tribunal. Some conditions must be met before the tribunal will consider approval of a settlement (refer section 132A of the Act).

3.11 Claims for damages

Claims for damages against the employer can now be made by a worker where a medical practitioner determines that the worker's whole person impairment is not less than 20 per cent.

3.12 Medical certificates

The worker should seek medical attention from a qualified medical practitioner of their choice as required and obtain a Prescribed Medical Certificate. Any ongoing Medical Certificates must specify the worker's capacity for work – that can be totally unfit, partially unfit or fit, requires treatment and the dates covering that certification.

If the injured worker does not provide a medical certificate, no weekly benefits or medical expenses should be paid. Payment of weekly benefits must be made in accordance with medical certificates certifying the period of incapacity.

Ongoing medical certificates should be sent to us. When an injured worker is fit to return to work please obtain a clearance certificate from the injured worker's treating medical practitioner prior to the return to work.

All medical certificates should be sent to this office immediately.

3.13 Injury management

We recognise the value of working in partnership with our customers in driving injury management. We believe that the best return to work plans are delivered by an integrated approach to injury claims management and that flexibility in service delivery is critical to the achievement of safe and durable return to work. We are committed to minimising your risk and exposure post-injury and will work with you in restoring injured employees to their pre-injury capacity, while also containing costs – a win-win situation.

Our injury management strategies are built around the prevention of long-term disability by promoting recovery and positive health outcomes. With this focus, we have developed an approach to injury management that promotes the early identification of 'at risk' claims via a comprehensive, evidence-based injury management model.

We offer a consistent approach to injury management nationally, applying internal standards of practice that exceed legislative obligations whilst offering flexibility of service to employers. Our approach recognises that the best possible return to work outcomes occur in cooperation between insurer and employer. We will work with you to establish appropriate return to work procedures.

This approach is now fully captured within our Injury Management Program (IMP) approved by the WorkCover Board. A copy of this program can be obtained via the CGU website www.cgu.com.au after the confirmation of cover of insurance with CGU.

All employers with over 50 employees may consider the development of their own IMP. This program must be submitted to and approved by CGU Insurance before it can be implemented within your organisation. Employers can seek support and help from CGU Insurance with the development of their own IMP.

All IMP's must strictly comply with Part XI of the Workers Rehabilitation and Compensation Act 1988.

3.13.1 Injury management coordinator

CGU Insurance must appoint to an employer an accredited injury management coordinator (IMC) as soon as practicable after a worker has suffered a significant injury, unless the employer has its own IMP in which case then the employer must appoint an IMC. That IMC can be appointed from the CGU Insurance internal panel of IMC's. Details of the responsibilities of the IMC's are included in our IMP.

3.13.2 Return to work and Injury management plans

If a worker suffers a significant injury, the worker's injury management coordinator must:

- a) if the worker is, or is likely to be, totally or partially incapacitated for work for more than a period of 5 business days but less

than 28 days, ensure that a return to work plan is prepared before the expiry of 5 days after the worker becomes totally or partially incapacitated for work for more than 5 business days, or

- b) if the worker is, or is likely to be, totally or partially incapacitated for work for 28 days or more, ensure that an injury management plan is prepared before the expiry of 5 days after the worker becomes totally or partially incapacitated for work for 28 days or more.

A worker's return to work plan or injury management plan, and any amendment to such a plan, is to be prepared, as far as is reasonably practicable, in consultation with:

- the worker,
- the worker's employer,
- the worker's primary treating medical practitioner,
- the employer's insurer, if any,
- the worker's workplace rehabilitation provider, if any, and
- the worker's injury management coordinator.

3.13.3 Return to work coordinators

An employer with more than 100 employees must appoint a qualified Return to Work Coordinator. If a worker within that employer suffers a significant injury that employer must assign a return to work coordinator (RTW coordinator) to the worker. The RTW coordinator must work in conjunction with the IMC. The IMC responsibilities are detailed above under 3.13.2.

Failure to comply may result in a fine not exceeding 50 penalty points.

3.14 Workplace rehabilitation

All persons providing workplace rehabilitation services must now be accredited by the WorkCover Board.

3.15 Medical and incidental expenses

Please do not pay any accounts without our approval, as this is deemed to be an admission of liability. Payments will be made by our office directly to the creditor concerned. Please forward all medical accounts to us when you receive them.

3.16 Travelling expenses

Injured workers can claim the reasonable cost of travelling to and from medical and associated appointments. The worker is required to complete a travel reimbursement form and forward this to us.

If travelling by motor vehicle, the worker will be reimbursed for the number of kilometres travelled at the applicable rate. Please check with us if any other form of transport will be used before incurring the expense.

3.17 Centrelink payments

If liability is disputed or declined, the worker may receive a benefit from Centrelink. Should the claim subsequently be accepted, you are legally obliged to deduct any amount owing to Centrelink from payments that are going to be made to the worker, until Centrelink's debt is satisfied. We will advise you of the amount to be deducted.

SECTION 4

EMPLOYEE OBLIGATIONS

4.1 Claim advice

A worker is required to report an injury to his or her employer as soon as practicable.

A worker is required to lodge a claim within six (6) months of the disability occurring, in accordance with the Act otherwise liability may be disputed.

4.2 Rehabilitation

Benefits may be terminated or reduced if a worker refuses to undertake a rehabilitation program or suitable alternative duties recommended by the employer.

4.3 Medical examinations

Benefits may be suspended if a worker refuses or obstructs medical examination or treatment.

SECTION 5

CUSTOMER SERVICE

5.1 Customer service standards

Our customer service standards detail our commitment of service to you.

Key elements of our service standards include:

- Acknowledge new claims within one (1) business day of receipt.
- Respond to telephone enquiries within one (1) business day.
- Send acknowledgement to enquiries sent by mail within two (2) business days.
- Send acknowledgement to email enquiries within one (1) business day.
- For eligible claims, we will reimburse wages to employers within seven (7) business days of receipt of appropriate documentation.
- Reimburse all claims for medical and other allied health services including travel claims within 15 business days.
- Complete Injury Management screening within three (3) business days of lodgement on all claims.
- Coordinate claims review if required.
- Invite you to attend and keep you informed of all matters that proceed to the Workers' Rehabilitation and Compensation Tribunal.
- Notify you as soon as we become aware of any impending Claims Consultant changes and keep you informed of the transfer process to a replacement Claims Consultant.

5.2 Claim reviews

Claims management is not a function performed only by the insurer. Information shared between both the insurer and employer plays a vital role in the administration and ongoing assessment of claims.

To facilitate this, we suggest that claim reviews be conducted on a regular basis. These will provide an excellent forum to discuss the following:

- Current status of claims.
- Future management.
- Current estimates.
- Claim trends.
- Rehabilitation.
- Health and Safety.
- Cost reduction strategies.
- Other issues affecting claim costs and premiums.

Claim reviews are coordinated by your Claims Consultant and attended by appropriate CGU representatives as required including our Injury Management Advisers and Team Leaders. If you would like a claims review meeting to discuss any of your open claims, please contact us to arrange a suitable time.

5.3 Legal, investigation and accredited workplace rehabilitation providers

5.3.1 Service providers

We will work with you to assist in establishing a network of service providers. We have established provider panels in the areas of legal and investigation and accredited workplace rehabilitation providers.

Our providers all have specific arrangements concerning cost and service delivery. A comprehensive objective and subjective performance measurement model overlays our provider network allowing us to monitor performance from the perspective of quality and timeliness.

In the event that we are not satisfied with the performance of a provider or a conflict arises, then we will seek a meeting with all parties involved to resolve the conflict.

5.3.2 Injury Management Advisers

We have access to a dedicated team of Health professionals who provide support to our claims staff in strategically managing injury management activities. This support can be provided in terms of streamlining our systems and processes around the utilisation of rehabilitation providers and specific review of individual performance and return to work strategies required on claims.

Our Injury Management Advisers are all qualified Health professionals specialising in areas of Health, namely Occupational Therapy, Nursing, Rehabilitation and Physiotherapy.

5.3.3 Accredited workplace rehabilitation

We consider the referral to external service providers to be an extension of our business. The link between you, accredited workplace rehabilitation service providers and us is essential to ensure that a timely and durable return to work is achieved.

We have established preferred provider arrangements with external rehabilitation providers. Our preferred rehabilitation and return to work providers have been selected from a detailed tender process and have been selected under strict performance criteria surrounding their abilities in the following areas:

- Cost efficiency.
- Return to work outcome performance.
- Timeliness of undertaking instructions and activities.
- Reporting requirements.
- Areas of expertise.

Once a preferred workplace rehabilitation provider has been selected, the Team Leader, WCRS Claims is responsible for this relationship. Their role is to manage the relationship with that service provider to:

- Monitor service provision,
- Monitor provider performance,
- Identify any areas of business improvement between us and that service provider, and
- Review and feedback.

5.4 Managing the medico legal process

We will make available to you, subject to the privacy law and legal privilege requirements all medico-legal reports as soon as practicable, either by way of full copies of the report or provision of a summary report.

5.5 Internal dispute resolution

Upon receipt of a dispute by a party we will endeavour to resolve the matter before it is listed for hearing. We will keep you advised as to the progress of any disputes.

5.6 Legislative updates

Our commitment is to ensure that you will be kept informed on all workers' compensation and rehabilitation changes. This is done in a variety of ways including:

- Information and training seminars.
- Email – information is provided of legislative updates via email to our designated contacts.

SECTION 6

CGU SAFETY AND RISK SERVICES

CGU Workers Compensation offers safety and risk management advice and support for our customers. We work in partnership with businesses to help them meet their legislative obligations, identify and mitigate risks and recommend/advise of appropriate controls. Our team of experienced health and safety professionals are committed to helping customers achieve their business objectives through both short term interventions and strategic business planning for sustainable results.

Our services include (some on a fee for service basis):

- Risk profiling – Performance benchmarking and data analysis of health and safety risks.
- Health and safety management system audits – Highlighting the strengths and areas for improvement.
- Development of health and safety management systems.
- Our Online Learning Platform offer CGU customers access to five free online training courses for every worker in the business.
- Strategic risk management – We offer customised risk management advice, services and training.
- Training services for safety leadership and general safety.

Our Risk and Safety team focus on working with customers to create safer work environments for all workers.

For all enquiries please contact our CGU Risk and Safety Consultants on 1300 138 601 or email us: safety@cgu.com.au.

SECTION 7

SUMMARY

In order to achieve a successful outcome, the injury management and return to work process requires a team effort with ongoing communication between you, your injured worker, medical practitioner and CGU.

We trust you have found this Pack informative and of benefit. We would appreciate any feedback on our services at any time to ensure we continue to partner with you to reduce workplace injuries and achieve positive return to work outcomes.

You will also find all the information and forms you need to manage a claim at our website www.cgu.com.au.

Remember our staff are always available to help you. Contact your Claims Consultant directly or feel free to contact us on the number below.

NOTES

CONTACT DETAILS

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