

# WORKERS COMPENSATION INFORMATION KIT – ACT



We have received notification of an injury that you have recently sustained. Please find enclosed the relevant paperwork and information that will help you during your claim for Workers Compensation. You will need to read the information provided, complete all forms and return the originals along with all WorkCover Medical Certificates, medical accounts and receipts within three (3) days of receiving this letter.

As an injured employee you have the right to:

- Choose your own Nominated Treating Doctor, Rehabilitation Provider and any other Treatment Providers.
- Request a change in your Nominated Treating Doctor after discussion and approval is given by the Insurer (Zurich).
- Have a say in your Injury Management Plan (developed by Zurich) and a Return to Work Program (developed by HTN).
- Have a union representative present, if required.

As an injured employee you have an obligation to:

- Notify HTN of any workplace injuries that occur as soon as possible.
- Participate in the development of your Injury Management Plan.
- Comply with your obligations under the Injury Management Plan.
- Make all reasonable efforts to return to work.
- Keep your Field Consultant updated with your progress on a regular basis.
- Attend regular reviews with your nominated treating doctor (NTD).
- Ensure your NTD has issued a current WorkCover Medical Certificate that details your diagnosis, treatment plan, fitness for work and date of next review (if any of these details are missing on the certificate it may be deemed as incomplete and may affect the liability decision of your claim).
- If you are certified unfit for work, do not return to work without a clearance to do so from your NTD.
- Ensure that you have the appropriate approvals from Zurich (HTN's Insurer) prior to commencing treatment.
- Then you are obligated to attend all medical treatment that has been recommended by your NTD and approved by Zurich (this is monitored).
- Actively participate in the Return to Work Plan as soon as certified able.
- Cooperate with all Injury Management requests made by Zurich.
- Cooperate with all service providers appointed by Zurich.
- Keep HTN & Zurich informed of any major changes to your situation.
- Attend and actively participate in all appointments regarding your rehabilitation and return to work.
- Ensure that treatment and medical appointments are attended outside of work hours as much as possible. Should this not be possible, it must be negotiated with the employer (and not assumed that it will be approved).
- Keep copies of all your paperwork.

Unreasonable refusal to co-operate with these requirements may impact your entitlements to weekly benefits (wages).

**htn sydney**  
83 Pacific Highway  
Roseville NSW 2069

**toll free phone**  
1300 139 108

**toll free fax**  
1300 656 139

**htn newcastle**  
Building A, Room AC.74  
91 Parry Street  
Newcastle West NSW 2302  
Phone 02 4969 9560  
Fax 02 4969 9590

**htn canberra**  
Unit 3 / 1<sup>st</sup> Floor  
31-37 Townshend Street  
Phillip ACT 2606  
Phone 1300 139 108

**abn 42 003 692 733**

**[mail@htn.com.au](mailto:mail@htn.com.au)**  
**[www.htn.com.au](http://www.htn.com.au)**

# WORKERS COMPENSATION INFORMATION KIT – ACT



If you decide you do not wish to claim workers compensation for this injury please contact me immediately, as our insurance company has been notified of the injury and the claim will need to be changed to a notification of injury. All medical accounts will be your responsibility to pay if you choose not to claim.

If you are restricted in your ability to perform your role at any stage during the claim, HTN in consultation with your Nominated Treating Doctor, your Host Employer and yourself will develop a Return to Work Plan. You will be expected to adhere to all aspects of this plan until you are fit to return to pre injury duties (your role prior to your injury).

At this stage you may be wondering what the Workers Compensation process is and where you can go for further information. Outlined in the next few pages is a summary of some of the information that may help you through this process.

To ensure that there are no delays in payments please ensure that you adhere to the following instructions:

- Ensure that HTN and Zurich (the Insurer) are provided with a copy of your WorkCover Medical Certificate and that this is up to date at all times.
- Any invoices that you receive will be reimbursed/paid by Zurich – please ensure that you send these invoices directly to Zurich.
- Communicate to your Doctor your claim number and the Insurers details (this will prevent you from having to pay for any consultations etc.)

If you require any further information or help with completing the forms please call me on Toll Free number 1300 139 108 or 0409 394 992.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Christina Brown'. The signature is written in a cursive style with a large loop at the end.

**Christina Brown**  
WHS & Injury Management Coordinator

## **Disclaimer:**

This publication may contain work health and safety and workers compensation information. It may include some of your obligations under the various legislations that WorkCover ACT administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation. Information on the latest laws can be checked by visiting the ACT legislation website ([www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)).

This letter does not represent a comprehensive statement of the law as it applies to particular problems or to individuals or as a substitute for legal advice. You should seek independent legal advice if you need assistance on the application of the law to your situation.

# WORKERS COMPENSATION INFORMATION KIT – ACT



## WHAT WORKERS COMPENSATION COVERS YOU FOR

The workers compensation system provides a range of benefits:

- **Loss of wages** – this is paid to cover your basic wage until you are able to return to work. The rate of pay will be communicated to you by the insurer.
- **Reasonable medical and other expenses** – including most medical and hospital treatments, therapies, counselling, medical tests and medication.
- **Reasonable rehabilitation expenses** – covers all costs associated with your return to work including rehabilitation provider and job seeking expenses.
- **Wages on returning to work** – where a return to work plan is required for your return to work your employer pays you for the hours you work and the insurer\* makes up the difference to your average weekly earnings. This is calculated according to the relevant legislation.
- **Reasonable other expenses** – including items such as travel, aids and equipment.
- **Payment for permanent injuries** – you may be entitled to a lump sum payment for serious and permanent injuries.

The details of these types of benefits payment are available from WorkCover's website and other WorkCover publications.

## WHEN SHOULD YOUR PAYMENT OF WAGES COMMENCE?

If you are entitled to weekly benefits, payments should commence within seven days of the insurer being notified of your injury. The insurer should also pay all reasonable medical expenses. At HTN the Insurer is notified of your incident within 48hrs – 5 days from the date HTN receives notification.

## GETTING BACK TO WORK

It is important and a right of every injured worker to return to their normal job and quality of life.

## YOUR RETURN TO WORK TEAM

Workers, employers, doctors and insurers all have a part to play in the workers compensation system. This means that you, your doctor, your employer, and the insurer will work together to make your return to work as smooth and safe as possible. If you're a member of a union, they can help you too.

## YOUR INJURY MANAGEMENT AND RETURN TO WORK PLAN

There are two types of written plans – the injury management plan developed by the insurer, and the return to work plan developed by your employer.

Your return to work plan must be agreed to by your nominated treating doctor.

Your return to work plan includes details on:

- how many hours you can work
- types of work you can do
- medical restrictions.

# WORKERS COMPENSATION INFORMATION KIT – ACT



## **Your employer's role:**

Employers recognise the benefit of getting injured workers back to work and should assist in this process by:

- notifying their insurer within 48 hours of being notified of your injury
- consulting with you, your treating doctor and the insurer about your return to work plan
- organising suitable (alternate) duties for you while you are recovering from your injury
- keeping in touch with you until you recover from your injury and return to your normal duties.

## **Your treating doctor's role:**

- arrange for necessary treatment for your injury
- complete WorkCover medical certificates
- monitor your condition regularly
- liaise with the insurer and your employer to develop the written plans for your return to work
- advise your employer about suitable duties while you are recovering from your injury
- sign off on your return to work plan.

## **The insurer must:**

- if you're entitled to weekly benefits, start paying you weekly workers compensation benefits within seven days of being told of your injury by your employer, or advise you of the reason they are not making payments
- continue to pay your benefits on a regular and timely basis
- decide whether to accept or deny your claim for workers compensation and advise you in writing
- pay reasonably necessary medical expenses
- prepare an injury management plan in the case of an injury lasting more than seven days.

## **EMPLOYER'S OBLIGATIONS IN RETURN TO WORK**

All employers in ACT must have a written Return to Work Program describing how they will help an injured worker return to work following injury.

This program must be developed in consultation with, and agreed to by, their workers. Your employer's program should be reviewed and updated at least every two years or in response to workplace changes or legislative changes. You should request a copy of this program from your employer to help you understand how your employer will assist your return to work.

## **YOUR RETURN TO WORK PLAN**

Your return to work plan must be based on your doctor's recommendations. Your employer (return to work coordinator) or rehabilitation provider will then write a return to work plan for you. This return to work plan will be developed in full consultation with you and your treating doctor.

# WORKERS COMPENSATION INFORMATION KIT – ACT



## RETURNING TO WORK ON SUITABLE DUTIES

### Suitable duties can be:

- parts of the job that you were doing before the injury
- the same job, but on reduced hours
- different duties altogether.

If your doctor thinks you are fit to work but not in your normal job, your employer will liaise with you and your doctor about what work is suitable.

This plan must provide all of the details about your return to work including what you can and cannot do, the medical restrictions, and the hours and days of your return to work.

## IF YOU ARE UNABLE TO GET BACK TO YOUR NORMAL JOB

Your employer, rehabilitation provider and insurer will advise of your options if you are unable to return to your normal job. The WorkCover Claims Assistance Service and your union can also assist.

## IF YOUR CIRCUMSTANCES CHANGE

If you are receiving workers compensation benefits, by law you must notify your insurer:

- if you undertake any paid or unpaid work
- if you start your own business
- if there are any changes in your employment that may affect your earnings.

Failure to provide this information may result in you obtaining benefits you are not entitled to. This could result in you having to repay the benefits and/or potentially being prosecuted for fraud.

People who commit fraud against the workers compensation system face imprisonment.

## WHERE TO GO IF YOU NEED ASSISTANCE OR FURTHER INFORMATION

You may have questions about your return to work, your payments or your workers compensation claim.

Contact the following:

- your employer's return to work coordinator
- the insurer managing your claim
- WorkCover Assistance Service Ph: 13 10 50 [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

## TERMS TO KNOW/DEFINITIONS

- **Approved medical specialist** – a senior specialist, with a sound knowledge of the ACT workers compensation system, who is appointed by the President of the Worker's Compensation Commission to resolve disputes about medical issues including permanent impairment.
- **Claims Assistance Service** – WorkCover has established the Claims Assistance Service to help resolve any problems that may arise during the workers compensation claims process. It provides injured workers, employers and insurers with assistance regarding the payment of benefits, delays concerning treatment and medical expenses, return to work issues, and reporting of injuries.
- **Independent medical examiner** – a medical practitioner, usually a medical specialist, capable of providing independent, impartial advice to workers, insurers and the legal profession about causes of the medical condition, reasonably necessary treatment, fitness to

# WORKERS COMPENSATION INFORMATION KIT – ACT



undertake suitable duties and permanent impairment.

- **Injury management consultant** – a registered medical practitioner appointed by WorkCover, who assists in the return to work process when differences arise between the nominated treating doctor, the employer, insurer and/or injured worker.
- **Injury management plan** – developed by the insurer in consultation with a worker and their doctor, outlines all the activities and services required for a safe return to work. It includes procedures to change a nominated treating doctor, treatment, return to work timeframes and suitable duties.
- **Nominated treating doctor** – nominated by the worker to coordinate all aspects of treatment and return to work management. It is generally a worker's general practitioner (GP).
- **Provisional liability** – the insurer commences provisional payments to a worker following the initial notification of an injury, without admission of liability.
- **Rehabilitation provider** – an independent team of health professionals, who specialise in assessing a worker's work capacity and the workplace to develop a program to ensure a durable and safe return to work.
- **Return to work coordinator** – an employee nominated by the employer to assist an injured worker return to work safely.
- **Return to work plan** – a written statement of the steps to be taken to assist a return to work. It outlines details about suitable duties, restrictions and work hours. It can be written by a return to work coordinator, or by an accredited rehabilitation provider, in consultation with an injured worker and their doctor.
- **Suitable duties** – temporary/transitional work duties (within the meaning of section 43A of the *Workers Compensation Act 1987*) to assist in an injured worker's return to their pre-injury job.
- **WCC** – the Workers Compensation Commission is an independent statutory tribunal within the justice system in ACT that provides a transparent, flexible and independent forum for the appropriate, fair, just, timely and cost effective resolution of workers compensation disputes. For further information, see [www.wcc.nsw.gov.au](http://www.wcc.nsw.gov.au).
- **WorkCover Certificate of Capacity** – completed by a worker's nominated treating doctor. It indicates fitness for work, work capacity and the services required to help an injured worker's recovery and return to work. The certificate must be signed by both the worker and their doctor.
- **Workers compensation benefits** include:
  - payments of weekly compensation as income support
  - payments for medical, hospital, rehabilitation, legal and related expenses
  - payments for permanent impairment and pain and suffering
  - compensation to dependents upon death from a workplace injury.

# WORKERS COMPENSATION INFORMATION KIT – ACT



Important contact details which you will require during your claim are listed below:

**Name: Nicolle Travers**

Title: Claims Advisor

Email: [nicolle.travers@zurich.com.au](mailto:nicolle.travers@zurich.com.au)

Phone: 02 6247 3766

Fax: 02 6247 2793

Address: P O Box 801, Canberra, ACT 2601

**Name: Christina Brown**

Title: WHS & Injury Management Coordinator

Email: [christina@htn.com.au](mailto:christina@htn.com.au)

Phone: 1300 139 108

Fax: 02 4969 9590

Mobile: 0409 394 992

Address: 91 Parry Street, Newcastle West, NSW 2303

## FORMS

**The attached forms must be completed and returned to HTN's offices within 3 days of receiving this letter. The instructions of who to send the forms to are contained the top of each form.**

Please find attached the following forms:

- Workers Compensation Authorisation
- Workers Compensation Bank Account Details
- Workers Compensation Pay Claim Form.
- Acknowledgement of Workers Compensation Information Pack

# WORKERS COMPENSATION INFORMATION KIT – ACT



## WORKERS COMPENSATION AUTHORISATION

Attention: WHS & Injury Management Coordinator

You can return this form by:

- Posting in Reply Paid envelope provided
- Fax this to 1300 656 139
- Email to [christina@htn.com.au](mailto:christina@htn.com.au)

I hereby give permission for the WHS & Injury Management Coordinator to discuss my injury/illness with Dr

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_

I understand this consent is required to assist with my return to work/rehabilitation and that all information obtained is treated in confidence.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# WORKERS COMPENSATION INFORMATION KIT – ACT



## WORKERS COMPENSATION BANK ACCOUNT DETAILS

Attention: Payroll Officer

You can return this form by:

- Posting in Reply Paid envelope provided
- Fax this to 1300 656 139
- Email to [sandy@htn.com.au](mailto:sandy@htn.com.au)

Apprentice/Trainee Name: \_\_\_\_\_

Name of Bank \_\_\_\_\_ (eg: Commonwealth)

Branch: \_\_\_\_\_ (Name of Suburb, eg: Ryde Branch)

Account Number: \_\_\_\_\_ (Not the number of your Keycard)

BSB Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (6 digits)

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Give your bank a call or drop into the branch if you do not know these details.

# WORKERS COMPENSATION INFORMATION KIT - ACT



## WORKERS COMPENSATION PAY CLAIM FORM

Attention: Payroll Officer

You can return this form by:

- Posting in Reply Paid envelope provided
- Fax this to 1300 656 139
- Email to [sandy@htn.com.au](mailto:sandy@htn.com.au)

APPRENTICE/TRAINEE NAME (Full Name): \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

HOST ORGANISATION: \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Note: This must be completed for Workers Compensation payments to be made. This must be completed on a weekly basis and sent to HTN by the Monday of each week. To claim Workers Compensation benefits you must have a corresponding WorkCover Medical Certificate for the period you are claiming.**

**Please note that when claiming, only claim the hours that you haven't worked and would have been rostered (TAFE Days Included)**

<i>Day and Date</i>	Capacity for Work (Unfit, Suitable Duties, Pre Injury Duties)	Rostered Time	Start	Break (if applicable)	Rostered Finish Time	Rostered Hours, Daily Total
Monday / /						
Tuesday / /						
Wednesday / /						
Thursday / /						
Friday / /						
Saturday / /						
Sunday / /						

**Total Hours Claimed** | \_\_\_\_\_

The details above are true & correct in every particular

APPRENTICE/TRAINEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

# WORKERS COMPENSATION INFORMATION KIT - ACT



## WORKERS COMPENSATION PAY CLAIM FORM

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HOST ORGANISATION: \_\_\_\_\_

WEEK ENDING: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Thursday / /						
Friday / /						
Saturday / /						
Sunday / /						

**Total Hours Claimed**

The details above are true & correct in every particular

APPRENTICE/TRAINEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

# WORKERS COMPENSATION INFORMATION KIT - ACT



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Monday / /						
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Saturday / /						
Sunday / /						

**Total Hours Claimed** |

The details above are true & correct in every particular

APPRENTICE/TRAINEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

# WORKERS COMPENSATION INFORMATION KIT – ACT



## ACKNOWLEDGEMENT OF WORKERS COMPENSATION INFORMATION PACK

Attention: WHS & Injury Management Coordinator

You can return this form by:

- Posting in Reply Paid envelope provided
- Fax this to 1300 656 139
- Email to [christina@htn.com.au](mailto:christina@htn.com.au)

I hereby acknowledge that I have received a copy of HTN's Workers Compensation Information Kit – ACT. I understand the information contained in the pack. I am aware that it is my responsibility to obtain the relevant documentation and to keep all parties (my Field Officer, WHS & Injury Management Coordinator, the Insurer, my Doctor and any other relevant stakeholders) informed of my progress at all times.

I understand that if I do not adhere to my obligations and responsibilities it may affect my entitlements to Workers Compensation.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_