

PERMANENT IMPAIRMENT CLAIM

This form should be submitted to make a claim for workers compensation for permanent impairment and also for pain and suffering if applicable.

Please complete this form in BLOCK letters and use a black or blue pen.

If further space is required, attach a separate page.

This claim can only be made where the condition is stable (injury sustained before 1 January 2002) or when maximum medical improvement has been reached, i.e. the condition has been medically stable for the past 3 months and further recovery or deterioration is not expected in the next 12 months (injury sustained on or after 1 January 2002).

1 HAVE YOU PREVIOUSLY SUBMITTED A SEPARATE WORKERS COMPENSATION CLAIM FORM IN RESPECT OF THIS INJURY?

Yes No

If No, a separate Workers Compensation Claim Form must be completed and submitted with this form

2 WORKER'S DETAILS

Family name

Given names

Address

Street

Suburb

Postcode

Date of birth

D	D	/	M	M	/	Y	Y
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3 INSURER DETAILS

Claim number, if known

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Insurer

4 INJURY DETAILS (Do not complete if the claim relates to noise induced hearing loss. Go straight to section 6)

4.1 If injury was sustained before 1 January 2002

Date of injury

D	D	/	M	M	/	Y	Y
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A) Clarification of date of injury if required (for example where the injury is a disease of gradual process)

B) The loss or impairment in accordance with the Table of Disabilities is

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C) Percentage loss or impairment claimed is %

or

4.2 If injury was sustained on or after 1 January 2002

Date of injury

D	D	/	M	M	/	Y	Y
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A) Clarification of date of injury if required (for example where the injury is a disease of gradual process)

B) Body system affected by the injury is

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C) Percentage whole person impairment claimed is %

5 PREVIOUS INJURY(IES) OR PRE-EXISTING CONDITIONS

(Do not complete if the claim relates to noise induced hearing loss. Go straight to section 6)

5.1 Are there any previous injury(ies) or pre-existing conditions to which any proportion of the impairment may be due?

Yes No

If Yes, give details of any such previous injury(ies) or pre-existing conditions

5.2 Is there any previous employment to which any proportion of the impairment may be due? Yes No

If Yes, give details of such employment

Employer's name	Address	Occupation	Period of employment	Was a claim for compensation made – Yes/No

5.3 Have you received any lump sum workers compensation for your impairment due to previous employment? Yes No

If Yes, give details of workers compensation received

Date of injury	Body system/part	% Whole person impairment or loss	Insurer	Claim Number	Amount of compensation received

6 HEARING LOSS CLAIMS (Complete if the claim is for noise induced hearing loss)
(clause 33 of the *Workers Compensation Regulation 2003*)

6.1 Employer's Details

The employer to whom notice of injury is given

Business or company name

Location of business premises

Street

Suburb

Postcode

Business activity

If you are no longer employed by the above employer, what was your last day of employment with that employer?

D	D	/	M	M	/	Y	Y
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6.2 Employment History

Occupation

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Give details of work history in any noisy workplace in Australia or overseas over the five year period preceding this claim. You should include any work as an employee, in self employment, partnership, military service or otherwise. Even if you are unsure how noisy the work may have been, include these details.

Employer/Business/Other name	Address	Occupation	Period of employment

Have you been paid any compensation for loss of hearing in Australia or elsewhere?

Yes

No

If Yes, give details

7 SECTION 67 PAIN AND SUFFERING

An injured worker may receive a separate payment for pain and suffering where:

- an injury sustained before 1 January 2002 results in a permanent loss or losses of 10% or more of the maximum amount referred to in section 66(1) of the 1987 Act;
- an injury sustained on or after 1 January 2002 results in a level of whole person impairment at or above 10 percent (or 15 percent for a primary psychological injury).

IF YOU ARE CLAIMING COMPENSATION UNDER SECTION 67 OF THE *WORKERS COMPENSATION ACT 1987*, PLEASE COMPLETE THE FOLLOWING SECTION.

Give details of the pain and suffering resulting from the permanent impairment or treatment. (Pain and suffering is actual pain, distress or anxiety suffered by the injured worker as a result of the permanent impairment or any necessary treatment.)

Actual pain (including impact on work, domestic and leisure activities)

Distress and anxiety (including impact on work, domestic and leisure activities)

Amount claimed for pain suffering

\$

(which is % of the maximum amount claimable under section 67 for a most extreme case)

8 DOCUMENTS ATTACHED IN SUPPORT OF CLAIM

This claim must be supported by a medical report from a medical specialist.

- If the injury was sustained before 1 January 2002 the medical report must support the amount of loss claimed.
- If the injury was sustained on or after 1 January 2002 the report must be from a specialist who is a WorkCover trained assessor of permanent impairment with qualifications, training and experience in a medical specialty relevant to the body system being assessed. This may be the worker's own treating specialist. The names of these specialists can be found on www.workcover.nsw.gov.au.
- If the claim relates to hearing loss a copy of the audiogram used by the medical specialist in preparing the report must also be attached.

Reports/Other Documents	Author	Date

9 DECLARATION

I _____ PRINT NAME

have read the information provided in this form. I declare that the information I have supplied in this form, and any other attachment to this form is true and correct to the best of my knowledge. I understand that the making of a false or misleading claim or false and misleading statement in support of the claim is punishable by law and that if I make such a statement I may be prosecuted.

Signature of injured worker

Date

D	D	/	M	M	/	Y	Y
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