

# Application for Compensation—Fatal Injury

## Information for applicants



The *Application for Compensation—Fatal Injury* form is an approved form under the *Workers' Compensation and Rehabilitation Act 2003*. The general information contained on this and the following page are not part of the approved form. This information will help you to understand your obligations and the WorkCover Queensland claims process.

### This document

Please read this document before completing the application form. If you need help understanding this information or you need a translator, please call WorkCover Queensland on **1300 362 128**.

You do not need to send this information sheet to WorkCover Queensland. This document is for your information. You should read it and discuss any questions you may have with us.

WorkCover Queensland understands that this is a difficult time. Due to the sensitive nature of the questions on this form, it may be helpful to ask someone to help you complete it.

Compensation for a worker who has sustained a fatal injury can be paid to or on behalf of a person defined as a 'dependant' under the *Workers' Compensation and Rehabilitation Act 2003* (the Act) or to a person who has incurred expenses arising from the worker's fatal injury.

An application can be made regardless of who or what caused the work-related injury.

### What do I need to make an application for compensation?

You will need to provide WorkCover Queensland with the following documents:

- this *Application for Compensation—Fatal Injury* (signed and completed) and
- the original copy of the *Workers' Compensation Medical Certificate* provided by the attending doctor.

If you do not have the *Workers' Compensation Medical Certificate* WorkCover Queensland may accept a copy of the Death Certificate.

### How do I lodge my application?

You need to send your completed and signed form to WorkCover Queensland.

#### By fax

You do not need to use a cover page when you fax your application to WorkCover Queensland. You can fax your application to WorkCover Queensland on **1300 651 387**. You do not need to send WorkCover Queensland the original of your fax. You can keep the originals for your own records.

#### By post

Post your completed application documents to GPO Box 2459, Brisbane Qld 4001.

### Further information

If you have difficulties providing us with the information required in the form, please phone us on **1300 362 128** and we will be able to assist you.

WorkCover Queensland may need further information to process your application for compensation.

If we do require further information, we will phone you to discuss the information we need before sending you a letter to request the information.

The further information we need may include:

- your marriage certificate
- your birth certificate
- any dependants' birth certificate
- the death certificate
- funeral expenses
- the worker's wages details and previous tax returns
- your wages details and previous tax returns.

We may also need more information about the injury and any emergency or hospital treatment. We may ask for information from doctors or hospitals to help process your application.

### How will the application be assessed?

Each application is assessed against criteria set out in the Act. In particular, we will consider:

- whether the person who suffered the fatal injury was a 'worker' as defined in the Act
- whether the person suffered an 'injury' as defined in the Act
- whether employment was a 'significant contributing factor' to the fatal injury
- whether the person making the application for compensation was dependent on the worker at the time of the fatal injury
- the extent of any dependency
- whether anyone incurred expenses arising from the worker's fatal injury.

To help reach a decision, we may talk to you (the person making the application), people who witnessed the injury, the treating doctor, or the employer. You may bring along another person to any meetings you have with WorkCover Queensland about your application.

It is important you make sure the information you provide is true and not misleading. There are penalties if information is proven to be fraudulent or misleading.

### The decision

WorkCover Queensland must make a decision within 60 business days of receiving the completed *Application for Compensation—Fatal Injury* form and the *Workers' Compensation Medical Certificate*. If we cannot make a decision within this time, we will contact you to explain why we cannot make the decision. If we do not make a decision within this time, you have the right of review.

#### What does the decision mean?

If WorkCover Queensland accepts your application, compensation will be paid. Benefits are payable to the worker's personal representative (executor or administrator of the estate) who must pay the benefits to the dependents or other persons entitled to compensation.

If there is no personal representative, benefits are payable to dependants or someone who has incurred medical and/or funeral expenses.

If WorkCover Queensland doesn't accept your claim, we will contact you and send you a letter that explains why.

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### What happens if I don't agree with the decision?

If you do not agree with the decision, you can apply to Q-COMP, the Workers' Compensation Regulatory Authority, for a review. If the employer doesn't agree with WorkCover Queensland's decision to accept your application, they can also apply for a review.

If you have any questions about your review and appeal rights, or the review process, you should contact Q-COMP on 1300 739 021, or visit their web site at [www.qcomp.com.au](http://www.qcomp.com.au).

### Payment information

Although it is not part of the approved form, to receive benefits sooner, you should complete the payment details section on the enclosed form.

If there is a personal representative for the worker's estate, you will need to provide bank account details of the personal representative.

When completing the payment details section please make sure you provide:

- the six-digit BSB number for the branch where your/the personal representative's account was opened (this is on your account statements, deposit/cheque book)
- your/the personal representative's account number.

WorkCover Queensland will send the payee a payment summary when we deposit a payment into the account. WorkCover Queensland cannot withdraw money from the account.

The banking details remain confidential. They are only used for the duration of the claim and will not be released.

### Notifying WorkCover Queensland of any action to make a common law claim

You should let WorkCover Queensland know if you take any action to seek other financial compensation by making a common law claim.

If you are successful in a common law claim, any compensation you receive from WorkCover Queensland in relation to this application will be recovered—this means that the amount will be taken out of any financial compensation you receive as a result of your common law claim.

### Privacy and release of information

WorkCover Queensland collects information to assess your claim for workers' compensation.

Please let us know if your details change or if you believe the personal information we hold about you is inaccurate. We will then take steps to update your personal information.

If the injury was not reported to the employer, we may disclose the information you provide on your application to the employer to confirm it.

We may be required or authorised by law to give information about this claim to another person (such as the Australian Taxation Office, other insurers, etc).

WorkCover Queensland undertakes all reasonable measures to protect your privacy by collecting, using, storing, and disclosing the personal information we hold about you in accordance with Queensland Government privacy requirements.

For further information on privacy, visit our web site at [www.workcoverqld.com.au](http://www.workcoverqld.com.au) or call **1300 362 128**.

### Contacting WorkCover Queensland

You can contact WorkCover Queensland on **1300 362 128** for more information about your application. You can also visit our web site for more information at [www.workcoverqld.com.au](http://www.workcoverqld.com.au).

### Other contacts

#### Information for applicants and dependants

You may need to contact other areas for information during this time. For your convenience, we have listed contact details for services we think may help you.

#### Centrelink

[www.centrelink.gov.au](http://www.centrelink.gov.au)  
Phone 131 021

#### Coroner's Office

Brisbane Coroner's Office  
Central Courts Building  
179 North Quay, Brisbane  
Phone 3247 4606

#### Workplace Health and Safety

If you have any questions about workplace health and safety, you should contact the Division of Workplace Health and Safety on 1300 369 915 or visit their web site at [www.whs.qld.gov.au](http://www.whs.qld.gov.au).

#### Legal Aid Queensland

Phone 1300 651 188

#### Lifeline

Lifeline offer a 24-hour telephone counselling service or face-to-face counselling in a number of locations.  
Statewide toll free number 131 114

#### Q-COMP

If you have any questions about the Queensland workers' compensation scheme, you should contact Q-COMP on 1300 361 235 or visit their web site at [www.qcomp.com.au](http://www.qcomp.com.au).

#### Queensland Council of Unions

Workers' Compensation Advisory Service  
Phone 3844 1931

#### Queensland Law Society

Phone 3842 5842

#### Queensland Police Service

Phone 3364 6464

#### Registry of births, deaths, and marriages

Registrar-General  
501 Ann Street, Brisbane  
Phone 3247 9201

# Application for Compensation—Fatal Injury <sup>132F.WC</sup>

Workers' Compensation and Rehabilitation Act 2003



This Application for Compensation—Fatal Injury form is an approved form under section 132 of the Workers' Compensation and Rehabilitation Act 2003. Please complete this form using blue or black pen. If you need more space to complete any question, please include a separate page with this form.

## Worker's details

**1** Surname or family name

**2** Given names

Title

**3** Previous name/s (if applicable)

**4** Gender  male  female

**5** Date of birth

**6** Residential address

Number/street

Suburb/town

Postcode

**7** Occupation at time of injury

(please be specific e.g. farmhand, labourer)

**8** Employer's full name and business address

Full name

Number/street

Suburb/town

Postcode

Telephone

## Applicant's details

**9** Surname or family name of person making this application

**10** Given names

**11** Relationship to the worker

**12** Are you the worker's personal representative?  yes  no

If no:

• are you a dependant of the worker?  yes  no

• have you incurred expenses as a result of the fatal injury?  yes  no

**13** Current residential address

Number/street

Suburb/town

Postcode

**14** Postal address (if same as residential address write 'as above')

Number/street

Suburb/town

Postcode

**15** Contact details

Home telephone

Work telephone

Fax number

Mobile number

Email address

**16** Do you need a translator?  yes  no

If yes, what language?

## Injury details

**17** When did the event causing the fatal injury happen?

Date

Time

am/pm

Other (e.g. if the injury happened over a period of time)

**18** Date of death (if different from the date of injury)

Date

**19** Cause of death (e.g. heart attack, multiple injuries)

  
  
  
  

**20** How did the fatal injury happen?

(Please explain what the worker was doing at the time of the injury and how the injury happened. Please attach a separate page if necessary.)

  
  
  
  
  

**21** Where did the event causing the fatal injury happen?

(Please be specific e.g. workshop floor, 6 Smith St, Smithtown)

Place

Number/street

Suburb/town

Postcode

**22** Did the injury happen:

working at the normal workplace

in a road traffic accident while the worker was working

at work on a break

on a journey to or from work

away from work during a break

working away from the normal workplace

### Dependency details

WorkCover Queensland may need to talk to you in person to understand the level of dependency of the people listed below. In most cases, this means asking you to provide relevant documents.

23 Please list anyone on whose behalf you are making this application (e.g. husband, wife, child, defacto), including your details if applicable.

Name of dependant	Address of dependant	Date of birth	Relationship to worker

24 Are you aware of any other person who may have been dependent on the worker at the time of the fatal injury?  yes  no

If yes, please provide details

25 Is there any possibility of a posthumous child (i.e. one born after the death of the worker)?  yes  no

If yes, expected date of birth / /

### Applicant's statement

I have read the information provided with this form. I acknowledge that it is an offence against the *Workers' Compensation and Rehabilitation Act 2003* to make a statement that is false or misleading. The information I have provided is true and not misleading.

I agree to advise WorkCover Queensland if there is any change in my circumstances or if I become aware of any matter that would make the above information false or misleading.

I authorise any doctor, health authority, allied health provider, rehabilitation provider, or other insurer to disclose to WorkCover Queensland and its agents any information regarding the worker's medical history relevant to this claim.

I understand WorkCover Queensland may be required or authorised by law to release information or documents to other parties.



Date / /

This form was approved by the Chief Executive Officer of Q-COMP, the Workers' Compensation Regulatory Authority, on 23 June 2006 pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*.

This section is not part of the approved form. This information will help WorkCover Queensland to process claims payments.

## Payment details

WorkCover Queensland makes compensation and benefit payments by electronic funds transfer (EFT). You must complete this section to receive payments if your application is accepted.

This payment section will be used to process compensation payments once an application is accepted. The information you provide in this section is confidential.

The banking details will only be used during your claim.

### Personal details

1 Surname or family name

2 Given names

Title

3 Current residential address




Date / /

### Bank details

4 Name of bank, building society or credit union

5 Branch where the account was opened

6 Type of account (e.g. cheque or savings)

7 BSB number

(please see the information pages for assistance if needed)

8 Account number

9 Account held in the name/s of