



Australian Government

Comcare

All about workers' compensation

A GUIDE FOR EMPLOYEES INJURED AT WORK FROM 1 DECEMBER 1988 TO 12 APRIL 2007

Disclaimer

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Please contact an appropriate qualified professional person before relying on the contents of this publication.

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Introduction

Who is this publication for?

This booklet is for the information of Commonwealth and ACT Government employees seeking to claim workers' compensation for work-related injury or illness, where the date of injury is from 1 December 1988 to 12 April 2007.

If you were injured on or after 13 April 2007, when amendments to the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) came into effect, you should refer to 'All about workers' compensation – a guide for employees injured at work on or after 13 April 2007'.

If you were injured before 1 December 1988, you should refer to 'All about workers' compensation – a guide for employees injured at work before December 1988'.

Any reference in this booklet to Commonwealth employees or employment is also a reference to ACT Government employees or employment.

What does the Commonwealth's Workers' Compensation Scheme cover?

The workers' compensation scheme administered by Comcare provides employees with an accepted claim for work-related injury or illness arising out of or in the course of their employment with assistance to:

- return-to-work
- payment of reasonable costs of medical treatment
- income support in specific circumstances
- limited payments for permanent impairment
- death and funeral benefits for dependents

About Comcare

Comcare's functions under the SRC Act include making decisions on claims accurately and quickly, ensuring effective rehabilitation and return-to-work programs are implemented by employers, and cooperating with others to reduce the incidence of work-related injury or illness to employees.

Comcare reports to the Minister for Employment and Workplace Relations and administers a number of Acts of Parliament, in particular:

- *The Occupational Health and Safety Act 1991*
- *The Safety, Rehabilitation and Compensation Act 1988*

Comcare contact details

Comcare enquiry line

1300 366 979

Office hours

8.30am to 5.00pm AEST

Postal address

GPO Box 9905, Canberra ACT 2601

Email address

claims.help@comcare.gov.au

Website address

www.comcare.gov.au

Privacy Officer

1300 366 979

Freedom of Information Officer

1300 366 979

Complaints Handling & Information Service

1300 366 979

Where do I send information?

You should send all information and claims to:

Comcare

GPO Box 9905, Canberra ACT 2601

What do you do if you injure yourself at work?

Report your injury

You should report any accident or injury to your employer (eg. supervisor or human resources/personnel section) as soon as possible and in accordance with your employer's relevant policy and procedures.

Make a claim for compensation

You can claim compensation if your injury occurred while:

- you were at work (including during an ordinary recess such as lunch)
- travelling between your home and your work
- travelling on an approved work activity

You can claim compensation for an illness if the illness was, to a material degree, caused by or contributed to by work.

What claims are not paid?

Although most work-related injuries or illnesses are payable under the SRC Act, it does not cover:

- disease, injury or aggravation suffered as a result of reasonable disciplinary action by an employer
- disease, injury or aggravation suffered as a result of failure to obtain a promotion, transfer or benefit in connection with work
- an injury sustained while travelling by a route that substantially increased the risk of injury compared to a more direct route
- an injury that occurred during an interruption to a journey
- an injury sustained while travelling after an interruption that substantially increased the risk of injury
- an injury that is self-inflicted
- an injury that is caused by serious and wilful misconduct (except where the injury results in death or serious and permanent impairment)

(Note: a person who is under the influence of alcohol or a drug, other than a prescribed drug correctly taken, "shall be taken to be guilty of serious and wilful misconduct")

Checklist for making a compensation claim

- 1 Go and see a medical provider
- 2 Get a medical certificate, stating a precise diagnosis, from your medical provider*
- 3 Get a workers' compensation claim form from your employer or download it from Comcare's website at www.comcare.gov.au
- 4 Complete the form and attach all medical certificates
- 5 Lodge the form with your employer (i.e. give the form to the human resources/personnel section in your agency), or where this is not possible, you can send the form directly to Comcare

* If you are claiming only for medical treatment by a treating registered chiropractor, osteopath, physiotherapist, masseur, occupational therapist, optometrist, psychologist or speech therapist, a medical certificate from a doctor is not required. In such a case, a certificate from the provider is enough for a claim to be compliant. If you wish to claim other benefits, such as incapacity payments or permanent impairment, you will need to provide appropriate medical evidence from a registered medical practitioner.

Plan your return-to-work

If you have been unable to stay at work because of your work-related injury or illness, you should start planning your return-to-work as soon as possible. Your employer will allocate someone to help you with this (known as a Case Manager).

Your Case Manager will work with you in formally planning your return-to-work. An Approved Rehabilitation Provider and your treating medical practitioner may also be involved.

Remember, if you need help to complete the workers' compensation claim form you can ask your supervisor or human resources/personnel section to assist you.

Who does what?

Rehabilitation Case Manager – the person at your work who coordinates your return-to-work

The SRC Act provides a formal rehabilitation role to your employer, through its Case Manager – the person in your organisation who is assigned to assist you to return-to-work will undertake this role.

If you have been, or are likely to be, away from work for more than ten days, the Case Manager should arrange an assessment of your capacity to undertake a rehabilitation/return-to-work program and then may arrange for a return-to-work program to be developed, if necessary. This may involve the assistance of an Approved Rehabilitation Provider, or in some instances your Case Manager may develop this program.

Your employer will make decisions about a rehabilitation assessment or return-to-work plan for you and will put these decisions in writing.

Your Case Manager will work with you, your treating doctor, your supervisor and your Approved Rehabilitation Provider if any, to assist you to return-to-work in line with the provisions of the plan.

Approved Rehabilitation Provider – the person or organisation contracted by your employer to assist you to return-to-work

Rehabilitation providers are health professionals approved by Comcare who specialise in occupational rehabilitation. They include occupational therapists, occupational physicians, rehabilitation counsellors, psychologists, physiotherapists and social workers. They will be familiar with the Comcare return-to-work model and are subject to standards imposed by Comcare and your employer to provide a high quality service.

An Approved Rehabilitation Provider may be engaged by your employer to conduct a rehabilitation assessment. They may also be engaged to develop a rehabilitation program for you and to provide expert services to assist you to return-to-work.

Your Approved Rehabilitation Provider will consult closely with your treating doctor to assist your return to suitable duties.

Customer Services Officer – the person you speak to at Comcare about your claim

The Comcare Customer Services Officer's (CSO)'s role is to determine the benefits to which you may be entitled under the SRC Act.

It is important to note that your CSO has no role in deciding what treatment you should or should not receive for your work-related injury or illness. This is the role of your treating medical practitioner. Your CSO's role is to decide whether payment for such treatment should be made as part of any compensation claim.

Medical Providers – the people who coordinate your medical treatment

There are two groups of medical providers defined under the SRC Act.

The first group is legally qualified medical practitioners. This group includes general practitioners, specialists (such as orthopedic surgeons, neurologists and psychiatrists) and dentists. Legally qualified medical practitioners provide and/or refer you for treatment. They can also assess your capability to return-to-work, provide advice on alternative duties or workplace modifications and certify you fit or unfit for return-to-work.

The second group of medical providers includes physiotherapists, chiropractors, osteopaths and massage therapists. These providers are able to provide treatment, but are unable to certify you fit or unfit for return-to-work.

What help can you get?

Supporting your return-to-work

It is a requirement of the SRC Act that your employer manage the overall rehabilitation process. If you are no longer employed, your previous employer or its successor is still responsible for supporting your return-to-work.

Occupational rehabilitation

Occupational rehabilitation is a managed process which involves you, your treating doctor and your workplace in timely and appropriate actions and services based on your assessed needs as an individual. It is aimed at maintaining you in, or assisting in your safe and durable return to, suitable employment. Occupational rehabilitation is coordinated by your Case Manager.

If you are involved in a rehabilitation program (return-to-work process) you must undertake the program set out in the written return-to-work plan.

How do I request rehabilitation?

Following notification of your work-related injury or illness, you should discuss with your employer your rehabilitation needs including how you could be best maintained at work or how you could achieve an early return-to-work. You should have already discussed your return-to-work prospects with your medical provider. Your employer may arrange for you to undergo an assessment of your capability of undertaking a rehabilitation program under section 36 of the SRC Act. If you write to your employer requesting a rehabilitation assessment, your employer must arrange for such an assessment.

Based on your rehabilitation assessment, your employer may develop a rehabilitation program and will provide you with written advice about any rehabilitation program you will be required to undertake following that assessment.

Supporting better health

You should discuss your medical treatment needs with your medical provider to establish a treatment plan. Such a plan sets out the types of treatment you need, how often and for how long.

Comcare may reimburse reasonable medical, hospital, pharmaceutical and other treatment costs where there is an accepted claim for work-related injury or illness. Claims for these costs will need to be made to Comcare to allow consideration.

Medical treatment

The range of medical treatment for which Comcare may approve payment is quite broad. In normal circumstances this will be medical treatment provided by a legally qualified medical practitioner (your doctor). It may also include treatment, examinations or tests (such as pathology or x-rays) done under the supervision or at the direction of a legally qualified medical practitioner.

Medical treatment includes surgery, hospitalisation and the prescription of medicines or medical aids (such as glasses, orthopedic shoes or artificial limbs) required as a direct result of work-related injury or illness.

Medical treatment also covers treatment by dentists.

It includes treatment by registered physiotherapists, osteopaths, chiropractors or masseurs for the purpose of easing the effects of a work-related injury or illness. If physical therapies are obtained, Comcare will not usually pay for such treatments from two or more medical providers at the same time. As a general rule, Comcare does not pay for physical treatment for non-physical injuries.

You should seek Comcare's approval before admission to hospital for any purpose related to an accepted claim for work-related injury or illness.

How do I claim for medical treatment?

Comcare has no role in deciding what treatment you should or should not receive. Its role is simply to decide whether payment for such treatment is reasonable as part of your compensation claim.

There are three factors that guide Comcare in making a decision about payment for medical treatment:

- whether the treatment constitutes treatment as defined by the SRC Act
- whether it is reasonable to obtain in the circumstances
- whether it is related to your work-related injury or illness

Your treating medical provider should outline a treatment plan aimed at alleviating your condition. This should include the:

- treatment needed
- frequency of treatment
- period of this treatment
- relationship of treatment to your work-related injury or illness

You should forward the treatment plan to Comcare. Most doctors will include the treatment you require on their medical certificate.

Your CSO will write to you if items included on the treatment plan do not fall under the provisions of the SRC Act.

You or your medical provider can send invoices for approved medical treatment directly to Comcare. Comcare will usually make payments within 28 days of receiving the invoice. You will receive a written notice if Comcare will not meet the costs of the medical treatment. You will have to pay for any medical treatment you receive that Comcare decides is not payable under the SRC Act.

If the cost of the treatment is high, or the type of treatment is unusual, you should get written approval from Comcare for payment of such treatment before undertaking the treatment. You should seek advance payment approval for treatments such as surgery, hospital admissions, costly tests like an MRI, types of treatments not usually related to your accepted condition or when you require medical aids and appliances.

To obtain advanced payment approval, you will need to have your doctor or specialist provide a note outlining the:

- treatment needed
- frequency of treatment
- relationship of treatment to your work-related injury or illness

Your CSO will write to you within 28 days advising of a decision on payment or reimbursement of the costs, except where further information is required. Where further information is required, your CSO will write to you or your doctor to request this information.

Checklist for claiming medical treatment

- 1 Discuss treatment options with your medical provider
- 2 Get written treatment plan from your medical provider
- 3 Send treatment plan to Comcare
- 4 Get written payment approval from Comcare for high cost or unusual treatment
- 5 Send invoices or receipts to Comcare for payment or reimbursement

The cost of medical treatment

For many treatment types, Comcare has established an appropriate payment limit. These payment limits are based on rates set by the various professional associations, such as the Australian Medical Association (AMA). You should ask your medical provider whether they charge more than the Comcare limit. The fee details are available by telephoning Comcare on 1300 366 979 or from Comcare's website at www.comcare.gov.au.

In limited circumstances, Comcare may reimburse more than its stated limit. For example, where someone lives in a remote location and only has access to treatment practitioners who charge more than the Comcare limit.

Travel to attend medical treatment

Comcare may reimburse costs related to travel to attend medical treatment in the following cases:

- the condition reasonably requires use of an ambulance or public transport, including a taxi
- a private motor vehicle is used for travel to attend medical treatment and the distance travelled for any one-off treatment session is more than 50 kilometres for the round-trip

Comcare will not reimburse the cost of travel in a private vehicle to treatment that is less than a 50 kilometre round-trip. Comcare will not normally pay for travel if the type of treatment is available from another medical provider who practises within the 50 kilometre limit.

If public transport is used to attend medical treatment, Comcare may reimburse the reasonable costs of that transport. Receipts will need to be provided with the relevant medical certificate.

If a private motor vehicle is used, Comcare will pay a specific rate per kilometre travelled. This rate is updated as appropriate.

How do I claim for travel to medical treatment?

You must give Comcare a medical certificate supporting the need to use public transport and evidence of attendance at the treatment.

Checklist for claiming travel to medical treatment

- 1 Discuss your transport needs with your medical provider
- 2 If your medical provider considers your work-related condition requires you to travel to treatment on public transport, you will need to obtain a certificate from the medical provider confirming this view
- 3 Send to Comcare the certificate from your medical provider, together with evidence of your attendance at the treatment and receipts for your travel

Supporting you at home

A serious work-related injury or illness may make it difficult to cope with home duties. Comcare may reimburse certain costs associated with helping you to manage day-to-day activities. The amount of reimbursement by Comcare is limited by the SRC Act.

Household services

Household services are services of a domestic nature needed for the proper running and maintenance of a household.

Household services may include cooking, house cleaning, laundry and gardening services. They are services that you are no longer able to undertake as a result of your work-related injury or illness.

Comcare would not normally pay for services that it is reasonable to expect other members of your family to undertake, even if these family members did not normally undertake those tasks prior to your work-related injury or illness.

Payment for household services is subject to two limits. The first is a weekly maximum limit. This limit is updated annually. The second is a maximum hourly rate payable to providers of the service. Comcare will advise you of the amount if it approves payment for household services.

How do I claim for household services?

You will need a medical certificate from your treating doctor confirming your need for this help. Comcare provides a form for you and your medical provider to complete. You can obtain this form by telephoning Comcare on 1300 366 979 or from Comcare's website at www.comcare.gov.au.

In some cases your employer or Comcare may ask an occupational therapist to carry out an assessment in your home.

Comcare will provide a written decision and if approved, will detail the number of hours and types of help that it has approved.

Comcare will not pay for the following services:

- painting and decorating
- washing, servicing, repairing or maintaining family vehicles
- repairing fences, doors and windows
- plumbing
- electrical repairs

Checklist for claiming household services

- 1 Get the home help form from Comcare
- 2 Take the form to your medical provider and discuss your requirements
- 3 Have your medical provider and employer complete the form
- 4 Submit the form to Comcare
- 5 Upon written approval from Comcare, send invoices or receipts to Comcare for payment

Attendant care

In some circumstances, Comcare may approve attendant care services. These are services of a personal nature and include things like help with washing and dressing. These attendant care services must be required as a result of a work-related injury or illness.

Payment for attendant care is subject to a weekly maximum limit. This limit is updated annually.

How do I claim for attendant care?

You will need to get a medical certificate from your treating doctor confirming that this help is required. A form for you and your medical provider to complete is available by telephoning Comcare on 1300 366 979 or on Comcare's website at www.comcare.gov.au.

In some cases Comcare may ask an occupational therapist to carry out an assessment in your home.

Comcare will provide a written decision and if approved, will detail the number of hours and types of help that it has approved.

Checklist for claiming personal care

- 1 Get the attendant care form from Comcare
- 2 Take the form to your medical provider and discuss your needs
- 3 Have your medical provider complete the form
- 4 Submit the form to Comcare
- 5 Upon written approval from Comcare, send invoices or receipts to Comcare for payment

Alterations, modifications, aids or appliances

Comcare will consider claims for financial help with essential home, workplace and car modifications. These modifications must be required as a result of your work-related injury or illness.

Comcare may also approve provision, repair or replacement of any aid or appliance that you reasonably require as a result of your work-related injury or illness. Aids and appliances can include items such as backrests, telephones for the visually impaired, door openers and angled writing boards. General household items such as toasters, food processors, vacuum cleaners and dishwashers are not considered to be aids or appliances.

For Comcare to consider claims for these items, you must be undertaking, have completed or have been assessed as not capable of undertaking a rehabilitation program.

How do I claim for alterations, modifications, aids and appliances?

You should first discuss your needs with your medical provider.

As the costs associated with alterations or aids can be high, you should seek Comcare's approval before making any purchase or seeking any repairs, alterations or modifications. Comcare would normally require that you are undertaking or have completed a rehabilitation program.

To get advance approval from Comcare you will need to write to Comcare outlining your needs and include a note from your rehabilitation provider, doctor or specialist outlining:

- the modification or aid needed
- their relationship to your work-related injury or illness

Your CSO will write to you within 28 days advising of a decision on payment or reimbursement of the costs, except where further information is required. Where further information is required, your CSO will write to you or your doctor to request this information.

You will need to give Comcare two or three quotes from builders or suppliers. Comcare will then examine the quotes and notify you of its decision. If approved Comcare will advise you of the cost that it has approved. In some cases Comcare may decide that suitable alternatives are available and that the cost of the alternatives will be met.

Comcare's responsibility for modifications or aids ends with payment of the reasonable cost. You, your builder or supplier are responsible for obtaining any approvals, permits or permissions before undertaking any modifications or purchases.

Checklist for claiming for alterations, modifications, aids and appliances

- 1 Get the aids and appliances claim form from Comcare
- 2 Take the form to your medical provider and discuss your needs
- 3 Have your medical provider complete the form
- 4 Submit the form to Comcare
- 5 Once you have received written approval from Comcare for the aid, appliance or modification, obtain quotes and send them to Comcare
- 6 Obtain any other approvals, permits or permissions needed for the modification, aid or appliance
- 7 Purchase the aid, appliance or modification
- 8 Send invoices or receipts to Comcare

Income support

Under the SRC Act you may be entitled to receive income support while you are unable to work as a result of your accepted work-related injury or illness.

What is a fortnightly payment?

A fortnightly payment compensates you for your loss of income as a result of a work-related injury or illness. This is not a pension. It is aimed at compensating you for your loss of income until you return-to-work or until you recover from your work-related injury or illness.

The method used to calculate your rate of payment is set out in the SRC Act, and depends on a number of factors including:

- your normal weekly earnings (NWE)
- any amount you are able to earn (AE)
- the length of time you are unfit to work
- whether your loss of income is before or after the first 45 weeks of incapacity

How are my periods of incapacity added up?

Any period of approved compensation leave is added to an overall total. This total can either be consecutive weeks or any number of short periods of compensation leave.

For example:

- If you are absent from work on compensation leave for two weeks, you will have two weeks counted towards your compensation leave balance, or
- If you are working 30 hours per week and you normally work 40 hours per week, you will have ten hours per week counted towards your compensation leave balance

What happens if I require short-term compensation leave?

If you sustain a work-related injury or illness, you may require a short period of compensation leave. If this is the case, compensation would be payable at a rate equal to 100% of your NWE, less any amount you are actually earning, for periods of compensation leave up to a total of 45 weeks.

What happens if I require long-term compensation leave?

If as a result of your work-related injury or illness you require a period of compensation leave longer than a total of 45 weeks, your compensation is calculated based on the percentage of normal weekly hours you worked during the week. This is subject to statutory limits. These percentages are:

% Normal Weekly Hours Worked	% NWE Limit	Compensation Payable
Not working	75%	75% NWE
25% or less	80%	80% NWE - AE
More than 25% but not more than 50%	85%	85% NWE - AE
More than 50% but not more than 75%	90%	90% NWE - AE
More than 75% but less than 100%	95%	95% NWE - AE
100%	100%	100% NWE - AE

What happens when I reach age 65?

The SRC Act states that fortnightly payments stop when you reach 65 unless:

- You are injured after 1 October 2001 and are aged 63 or over at the date of injury - you are able to access a maximum of 104 weeks incapacity, or
- You were injured before 1 October 2001, were aged 63 or over at the date of injury and were receiving fortnightly payments at 1 October 2001 – you are able to access a maximum of 104 weeks incapacity if you were an APS employee at the date of injury

If you are a non-APS employee, injured before 1 October 2001, payments cease at age 65 regardless of your age at the date of injury.

Turning 65 years of age will NOT affect other benefits you may be receiving under the SRC Act, such as medical treatment and attendant care.

Other factors

When assessing your fortnightly payments, Comcare must take into account:

- any government-financed portion of the Commonwealth superannuation, you receive
- your ability to earn income from other employment, including self-employment

In some cases employees who were earning high incomes before their work-related injury or illness will be subject to a maximum limit to their fortnightly payments. The upper limit is reviewed four times a year.

Other employees who were on very low incomes before their work-related injury or illness may have increased payments in line with minimum earnings entitlements. The minimum earnings rates are updated annually in line with other Comcare rates.

How do I claim fortnightly payments?

For long-term payments Comcare will require regular (usually at least once a year) medical certificates from your doctor confirming your inability to work as a result of your work-related injury or illness.

From time to time Comcare will also ask you to confirm whether or not you have been working or have undertaken other activities that should be taken into account when deciding your benefit rate.

When are my fortnightly payments updated?

Your fortnightly payments are based on your NWE. While you are an employee of the Commonwealth, your weekly earnings usually change in line with changes at your workplace. Where it is not possible to change your earnings in line with changes at your workplace, and your NWE has not been updated for 12 months, your NWE are updated by using the Australian Bureau of Statistic's Labour Price Index on 1 July each year (from 1 July 2007).

If the Commonwealth no longer employs you, your NWE are updated by using the Australian Bureau of Statistic's Wage Cost Index on 1 July each year (from 1 July 2002).

Other times that your fortnightly payments will change are when:

- your superannuation payments change, if you are receiving such payments
- your earnings change
- statutory rates, if they apply, change

You will receive a written determination when Comcare decides your fortnightly benefit. The determination will include the amount payable, a start date and an end date. The end date does not mean that the benefit will automatically stop at that time. It is simply the last date to which Comcare has determined that benefits will be paid. Further evidence of an ongoing need for payment of the benefit will then need to be provided to Comcare to allow any further payments to be considered.

Comcare will advise you in advance and in writing if an ongoing payment is to stop.

How does the payment of compensation leave affect the accrual of other leave?

If an injured employee is receiving compensation for incapacity, the accrual of their sick leave and recreation leave may be affected.

The effect of compensation payments on leave accrual is as follows:

	Personal and Sick Leave	Recreation Leave	Long Service Leave
Totally Absent: first 45 Weeks	Normal accrual	Normal accrual	Normal accrual
Totally Absent: after first 45 Week	Ceases to accrue	Ceases to accrue	Normal accrual
Part Hours: first 45 Weeks	Normal accrual	Normal accrual	Normal accrual
Part Hours: after first 45 Weeks	Proportionate accrual (based on hours actually worked)	Proportionate accrual (based on hours actually worked)	Normal accrual

Checklist for claiming fortnightly payments

- 1 Get a regular medical certificate from your medical provider
- 2 Get details, including wages and hours for any employment (including self or voluntary employment) you are undertaking
- 3 Send medical certificate and wage details to Comcare

Redemption payment

If you are in receipt of a fortnightly payment from Comcare and if that payment is less than a 'threshold amount' you must convert your fortnightly payments to a lump sum payment. This is called a redemption payment. It means instead of being paid fortnightly payments, you will receive your future fortnight payments in a one-off lump sum payment.

The redemption 'threshold amount' is updated each year in line with other Comcare rates. The current rate is available by telephoning Comcare on 1300 366 979 or on Comcare's website at www.comcare.gov.au.

Comcare will only approve a redemption payment if the level of your inability to work is unlikely to change.

If you had not left your Commonwealth employment before 1 December 1988, or if you were not receiving compensation payments immediately before 1 December 1988, Comcare must pay a redemption when it becomes clear the payment is less than the 'threshold amount' and the degree of your inability to work is unlikely to change. After the payment of a redemption lump sum you

will no longer receive fortnightly payments, although you might again become eligible to receive fortnightly payments if you are not able to engage in work indefinitely.

A redemption payment does not affect the payment of other forms of help and benefits such as for medical treatment.

According to the Australian Tax Office (ATO), any part of the lump sum redemption that includes fortnightly payments that would have been made to you before you reach age 65 is subject to taxation. The part of the lump sum redemption of fortnightly payments after you reach age 65 is not subject to taxation. This information is based on advice Comcare has received from the ATO. You should seek up-to-date advice from the ATO if you are to receive a redemption payment.

How do I claim for a redemption payment?

Your CSO will let you know if a redemption payment must be made.

Permanent impairment payment

If your work-related injury or illness results in a permanent impairment, you may wish to claim a permanent impairment lump sum payment. An impairment includes hearing loss. A permanent impairment is one that is likely to continue indefinitely.

In most cases, to be eligible for a permanent impairment payment a doctor must assess you as having a work-related injury or illness that results in a permanent impairment of at least 10%.

Permanent impairment lump sums must be assessed according to Comcare's 'Guide to the Assessment of the Degree of Permanent Impairment'. The guide informs a doctor about how to make an assessment and what different impairments are available for the full range of bodily systems and functions. You can purchase a copy of the guide from Comcare or view it on Comcare's website at www.comcare.gov.au.

A permanent impairment payment does not affect payments for benefits by Comcare.

Important

If your work-related injury or illness became permanent before 1 December 1988, you are also subject to the requirements of earlier compensation Acts. These Acts have different provisions and do not award a lump sum payment if, for example, you were totally incapacitated for work.

How do I claim for permanent impairment?

To claim a permanent impairment you should obtain the compensation claim for permanent injury form from Comcare.

You should take this form to your treating medical provider to complete the relevant sections. Your doctor should indicate whether you suffer an impairment as a result of your work-related injury or illness and whether your impairment is permanent.

Once your medical provider has completed the form, submit it to Comcare. Comcare will then assess your claim and will advise you whether or not you qualify for an assessment of your level of impairment and what you should do next.

Assessment for a permanent impairment will normally include an assessment by a medical specialist to determine the percentage of your impairment. Comcare will ask you to complete a questionnaire about the effects of your work-related injury or illness on your life.

Comcare will advise you in writing about whether or not you are entitled to a lump sum and if so, the percentage impairment and the amount of compensation that will be paid.

Assessment of a permanent impairment is not a quick process. It usually takes about six months to one year to complete the process.

Note that there is an alternative to claiming compensation for permanent impairment and non-economic loss. Pursuant to section 45 of the SRC Act, it is possible to bring an action or proceeding against your employer or another employee for damages. Such an election is irrevocable and if successful, damages are limited. You should seek independent legal advice before making a claim for permanent impairment.

Checklist for claiming for permanent impairment

- 1 Get a compensation claim for permanent injury form from Comcare
- 2 Take the form to your medical provider, discuss your needs and have your medical provider complete the form
- 3 Submit the form to Comcare
- 4 If requested by Comcare, attend a medical examination by an independent medical specialist
- 5 Complete the questionnaire when requested by Comcare
- 6 Comcare will advise you in writing of its decision

What happens if I die while receiving compensation?

When an injured employee in receipt of fortnightly payments dies, their fortnightly payments cease. Any dependents should notify Comcare immediately to prevent any overpayment. In the event of an overpayment of compensation, Comcare is obliged by law to recover any overpayment, including from the estate of a deceased person.

If the death is a direct result of a work-related injury or illness, compensation may be payable to the dependants of the deceased person. This may include:

- a lump sum payment to dependants
- fortnightly payments for each dependant child who was a dependant of the employee at the date of death and is under the age of 16, or aged between 16 and 25 and receiving full-time education and not working
- help with funeral expenses

How to claim for death benefits

A claim for the death of a Commonwealth employee should be lodged on the form available from Comcare.

The person claiming should attach the following documents to that claim:

- a copy of the death certificate
- if there are dependants, a copy of the marriage certificate for a spouse and birth certificates for children

Comcare may need to get information about the deceased's employment and ask for medical reports about the deceased's work-related injury or illness.

A CSO will write to the person who made the claim within 28 days of Comcare receiving the claim. They will advise of any decision Comcare has made, or explain what further investigation or information they need.

What happens once I make any type of claim?

How long will it take for Comcare to make a decision?

Comcare will give you a written response to your claim within 28 days of receipt. If this response is a determination (decision) of your claim, the written response will include advice about your rights if you do not agree with the determination.

How does Comcare protect my privacy?

Comcare undertakes the collection, storage and release of information in accordance with the privacy principles set out in the *Commonwealth's Privacy Act 1988*. A copy of Comcare's privacy policy is available by telephoning Comcare on 1300 366 979 or on Comcare's website at www.comcare.gov.au.

Access to your Comcare claim records

If you want copies of documents held on your claim file held by Comcare, write to Comcare asking for the documents you need. Section 59 of the SRC Act states that if requested by you, Comcare must provide you with any documents held on your claim file.

You may ask for other Comcare information under the *Freedom of Information (FOI) Act 1982*. You may have to pay for FOI requests.

What if I want to travel overseas?

If you are receiving fortnightly payments from Comcare and decide to travel overseas, you should let your CSO know. Penalties apply in certain circumstances if you do not tell Comcare that you are leaving the country.

What if I take legal action against my employer or another third party?

If you have lodged a claim with Comcare and you or a dependant take legal action against a third party, your employer (the Commonwealth) or another employee, you must advise Comcare of this action. There are penalties that apply if you do not do this within seven days of starting the action.

If you are paid damages as a result of your work-related injury or illness, you must let Comcare know within 28 days of receiving the damages payment. Penalties apply if you do not notify Comcare of the payment within that time.

Comcare is required to recover compensation that it pays in relation to a work-related injury or illness from any damages you receive.

What changes should I let Comcare know of?

You should write to Comcare about any of the following changes in your circumstances, if you:

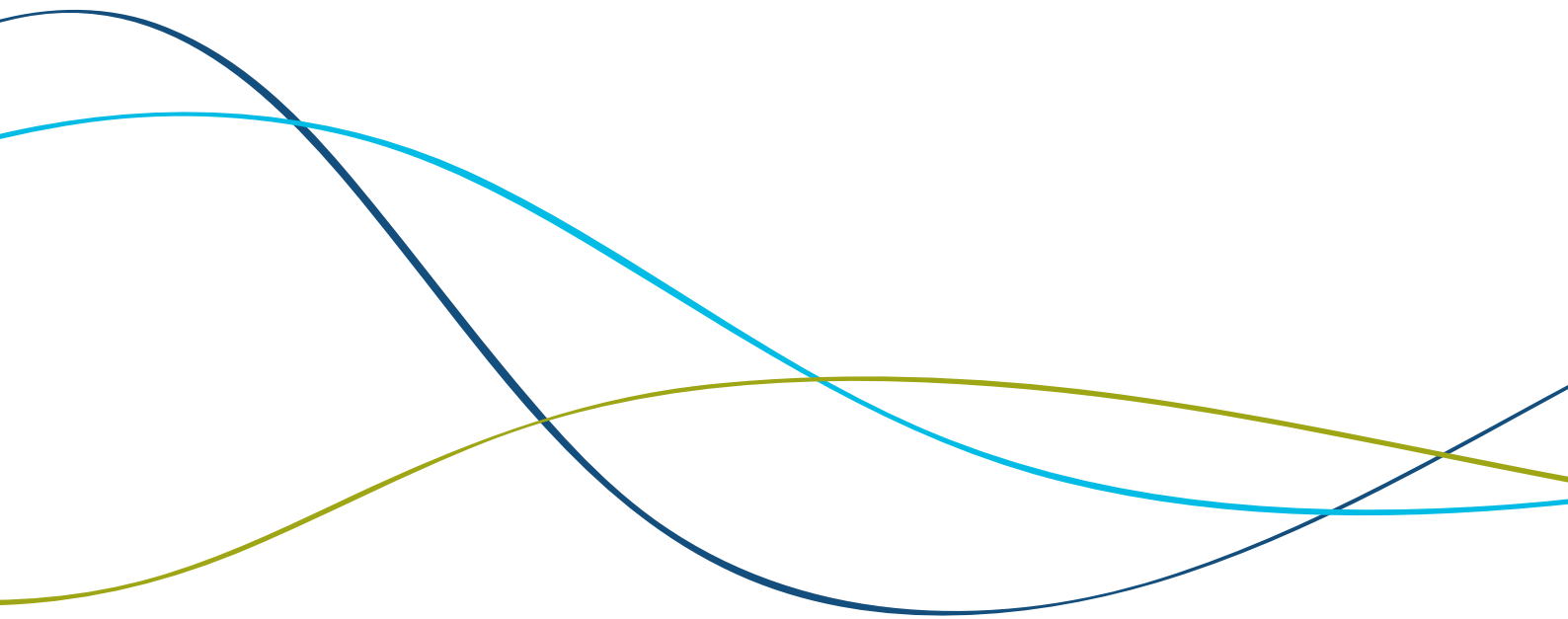
- change your address
- change your name
- change your bank details (if you receive fortnightly payments from Comcare)
- engage in any employment (whether paid or unpaid)
- you get a pension, allowance or benefit

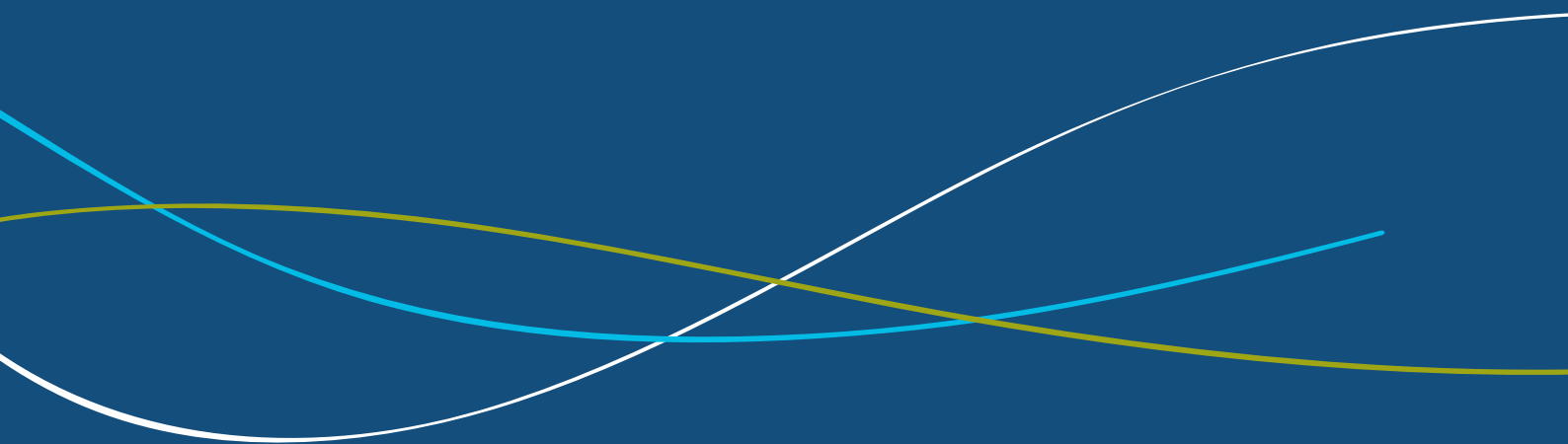
Service Charter

Comcare has in place a service charter. It sets out what you should expect from Comcare and your employer. The charter is available from Comcare by telephoning 1300 366 979 or from Comcare's website at www.comcare.gov.au or a copy can be provided by your CSO.

Do you want any further information?

If you would like any further information on any of the topics covered in this booklet, please telephone Comcare on 1300 366 979 and ask to speak to your CSO.





For further information contact
Comcare
GPO Box 9905
Canberra ACT 2601

Telephone — 1300 366 979
E-mail — claims.help@comcare.gov.au
Internet — www.comcare.gov.au

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