



# Future Empowered Workshop – Employers & Employer Representatives



## **CURRENT STATUS**

- Act has been proclaimed to commence 1 July 2024
- New Regulations supporting the new Act enacted
- Administrative instruments published on the WorkCover WA website
  - Approved forms and notices
  - Guidelines, orders, determinations
  - Blueprints
- Stakeholder workshops



# **ADMINISTRATIVE INSTRUMENTS**

Instrument	Description	Current Status
Principal Regulations	The principal regulations supporting the new Act.	Completed and enacted by the Governor.
WorkCover WA issued instruments	WorkCover WA issued Guidelines, Orders, and determinations – various.	Permanent Impairment Guidelines, Insurance related instruments published end of March.
Act approved forms	WorkCover WA CEO approved forms under the Act.	All key approved forms published.
Conciliation Rules and Arbitration Rules	Rules made by the Director, Conciliation Services, and Registrar, Arbitration Services.	Publication of Rules completed.
Costs Determination	New 2024 Costs Determination required to replace 2018 Costs Determination for legal and agent services in CAS.	Costs Committee convened in May. Draft determination out for consultation.
Medical and health fees orders (x4)	Fees orders for: medical and allied health services, workplace rehabilitation, impairment assessment.	Fee orders made and gazetted.
Transitional directions.	Transitional directions issued by CEO, Registrar, or Director relating to pending dispute proceedings.	In development.



## **SESSION OUTLINE**

Topic	Content	Resources
Issuing or renewing policies - before 1 July 2024	<ul> <li>Status of pre-1 July 2024 WC &amp; CIDF policies</li> <li>Status of &gt;75% loading applications</li> <li>Status of pending appeals</li> </ul>	<ul> <li>Act and regulations</li> <li>Blueprint for Underwriters</li> </ul>
Issuing or renewing policies - on or after 1 July 2024	<ul> <li>Status of policies issued or renewed from 1 July 2024</li> <li>Employer &amp; insurer obligations</li> <li>Remuneration declarations – approved form</li> <li>Obligation to quote premium &amp; insure</li> <li>Prescribed policy &amp; indemnity</li> <li>WorkCover WA insurance instruments</li> </ul>	<ul> <li>Act and regulations</li> <li>Remuneration declaration approved forms</li> <li>WorkCover WA issued instruments</li> <li>Blueprint for Underwriters</li> <li>Approved forms</li> </ul>
Premium & industry classification reviews	<ul> <li>Requirements for premium review &amp; industry classification review</li> <li>Outcome of a review</li> <li>WorkCover WA expectations</li> </ul>	<ul> <li>Act and regulations</li> <li>WorkCover WA issued instruments</li> <li>Blueprint for Underwriters</li> </ul>
Compensation claims & injury management	<ul> <li>Claims &amp; liability decision notices</li> <li>Provisional payments</li> <li>Stopping income compensation – RTW</li> <li>Settlements</li> <li>Worker's treating medical practitioner &amp; medical examinations</li> <li>Return to work programs &amp; return to work case conferences</li> <li>Employer obligations - pre-injury position and dismissal</li> </ul>	<ul> <li>Act and regulations</li> <li>Blueprint for Liability decisions &amp; provisional payments</li> <li>Approved forms</li> </ul>

## **ISSUING OR RENEWING POLICIES BEFORE 1 JULY 2024**

#### Former (1981) Act policy:

- Issued or renewed with policy period commencing before 1 July 2024
- Includes 30 June 2024 renewals
- Savings & transitional provisions address inconsistencies between 1981 Act policy wording and coverage and indemnity required under new Act

#### **Status of CIDF policies:**

- Insurance Commission CIDF policy covers liabilities arising in respect of injury from employment up to 1 July 2024
- Workers compensation policy covers liabilities arising in respect of injury from employment from 1 July 2024
- Seamless transition: no gap



## PENDING PREMIUM LOADING APPLICATIONS AND APPEALS

### Status of pending >75% loading applications:

Applications not determined by WorkCover WA Board lapse 1 July 2024

### Status of pending premium and industry classification appeals:

- Pending appeals continue as reviews under new Act
- A pending appeal includes:
  - 1. If employer indicated intention to appeal before 1 July 2024
  - 2. If right to appeal arises because policy period commenced before 1 July 2024



# ISSUING OR RENEWING POLICIES ON OR AFTER 1 JULY

## What applies on or after 1 July 2024?

- Insurance obligations in Act and regulations
- Obligation to quote and insure
- Prescribed policy wording
- Remuneration declaration in approved form
- WorkCover WA recommended premium rates 2024/25
- WorkCover WA Remuneration Guidelines
- WorkCover WA Industry Classification Order
- Premium and industry classification review process



## **KEY EMPLOYER INSURANCE OBLIGATIONS**

Must have a workers compensation policy & provide remuneration declarations at policy inception and renewal:

increased penalties for non-compliance

### **Maintain records:**

keep insurance policy related records for 7 years

### **Principals and contractors:**

- Principal not required to make remuneration declaration if covered by contractor's policy
- No change to status of contractual indemnities

## **REMUNERATION DECLARATION**

Workers Com	pensation and Injury Management Act 2023	
DECLARA	TION OF ESTIMATED REMUNERATION	
	d Injury Management Act 2023 requires an emplo	
total remuneration to be paid or	al of a workers compensation policy to declare the payable to the employer's workers for the propos	ed policy
period of their workers compen employer's premium for the pro	sation policy. This estimate is used to calculate the	
	we have enclosed or attached a supporting docur	nent for
your reference titled Important	Information, which explains terms used in this fo ant to making a declaration of estimated total rem	rm, and
1. Policy details	an to making a declaration of committee total form	onorman.
Policy number:		
Policy period:	From:	
	To:	
WorkCover WA Number:		
O Faralance details		
<ol><li>Employer details Insured employer name:</li></ol>		
Postal address:		
ABN:		
Business description:		
Primary business location:		
Contact phone number: Contact email:	-	
Contact email:	-	
	Workers Com	pensation and Injury Management Act 2023
		ATION OF ACTUAL REMUNERATION
	The Workers Compensation and	d Injury Management Act 2023 requires an employer as soon
	as practicable after the end of the	ne policy period in their workers compensation policy to
	previous policy period.	ctually paid or payable to the employer's workers over the
	To help you complete this form	we have enclosed or attached a supporting document for
		Information, which explains terms used in this form, and ant to making a declaration of actual total remuneration.
D2024/69279		
	1. Policy details	
	Policy number:	
	Policy period:	From:
		To:
	WorkCover WA Number:	
	2. Employer details	
	Insured employer name:	
	Postal address:	
	ABN:	
	Business description:	
	Primary business location: Contact phone number:	
	Contact phone number:	
	Sometime.	
	D2024/90278	WorkCover WA Approved Form IN2 – V1 (s. 203(3),(5)) Effective from 1 July 2024

### **Approved forms:**

- Declaration of Estimated Remuneration
- Declaration of Actual Remuneration
- Employer must provide at policy inception/ renewal

### Important information document:

- Provided by insurer to employer
- Flexibility in content and delivery

### **Employer non-compliance:**

- Offence WorkCover WA regulatory action
- Policy can still be issued or renewed



## **INSURER OBLIGATION TO QUOTE AND ISSUE POLICY**

### Insurer must not refuse to:

- Issue a workers compensation policy to any employer
- Renew a workers compensation policy to an employer
- Provide a quote of the premium demanded

### **Exception:**

- Employer failed to comply with request for information 'reasonably required' by insurer
- Regulations sets out information that can be reasonably required



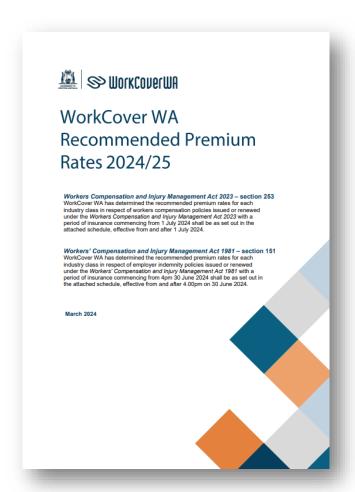
## WHAT'S IN THE POLICY?

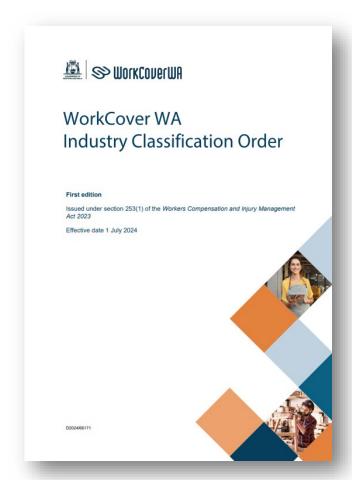
- Prescribed terms, conditions, exclusions
- Generally consistent with longstanding industry policy wording
- Removal of "reasonable precautions" clause
- Flexibility to make additions via schedule
- Flexibility for principal/ contractual indemnities/ waivers
- Indemnity refusal constrained

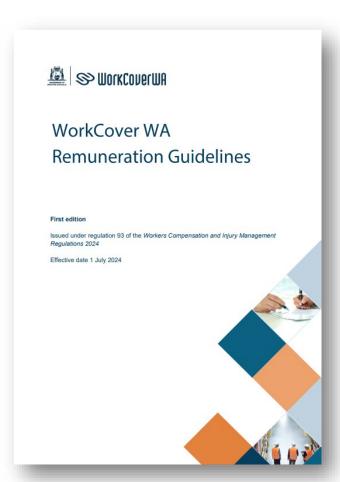




## **WORKCOVER WA INSURANCE INSTRUMENTS**









## PREMIUM AND INDUSTRY CLASSIFICATION REVIEWS

### Requirements apply to review application:

- Application made within 1 month
- Reasonable efforts to resolve
- State grounds of objection & industry classification or premium sought

#### **Premium review:**

Available only if premium determined is at least 75% greater than recommended premium rate

**Outcome of review & WorkCover WA expectations** 



## **MAKING A CLAIM**

Insurer please complete Insurer name Claim number	Estimated time off work:	Date form	n received from employer
ANZSIC Code	1-4 work days (inclusive)		
Policy number	5-9 work days (inclusive)		
WorkCover number	10-20 work days (inclusive more than 20 work days	e)	
Has employer contacted medical practitioner Y N		ANZSCO (office	use only)
Employer please complete			
Name of policy holder/employer:		ABN	t
Trading as (if different to above): Address:			Postcode:
Contact person name:	Phone:	Email:	
Address of injured worker's usual work			Postcode:
Major activity of workplace (eg sheep fare Date employer received the completed			
Date employer sent the claim form and			
Worker please complete			
Sumame:		Date of Birth:	
Other names:			_
Address:		Male Fema	le Unspecified
Suburb/City/Town:	Postcode:	Preferred language: (if not English)	
Email:		(in not Englan)	
Daytime contact phone number:		At the time of the injur	ry I was working as a:
Occupation		direct employee	sub contractor
(eg first class welder)		working director	□ visa worker
Main tasks/duties performed (eg weldin	g of high pressure steam pipes)	Contractor	Other
full time (F) part time (P)		employee of	If other, please specify:
permanent (P) temporary (T	) asual (C)	contractor	
Other Employment	If more than	n one employer, please a	ttach details on separate she
Do you have any other job?	N If yes, please give details:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Employer name:	Phone no:	н	lours per week:
Occurrence details		Attach separate	sheet if more space is requir
Day of occurrence:	Date of occurrence:	Time of occurrence:	ПАМ ПРМ
At what address did the occurrence h	appen?		
Did you have to stop working?	□N If so when? Date	: Time:	☐AM ☐PM
Were you:	Describe the occurrence. Include:		WorkCover WA
working – at your normal workplace	(i) What action was involved (i.e. tel.	struck by object)	Staff Only Mechanism
working from home			mechanism
on work break – at normal workplace	(ii) What object/machine/substance	e was involved (i.e. tunes, d	Agency
working – away from normal workplace			
on work break – away from normal workplace	(iii) The injury or disease caused (a	s. fracture, burn, abrasion)	Nature
working - road traffic accident	(b) The hadly location of the letter	or discount	
commuting/journey other duty status	(iv) The bodily location of the injury	Of GISBBSB (i.e. upper arm, ey	Bodily location

	nformation		
Who can make a claim?			
You are entitled to make a claim if you	ou sumer ai	n injury from employment	and are defined as a worker.
How to claim:			
Seek firs	t aid and r	report the injury to your e	employer
		Ψ	
See a doctor of your ch This is known as a First 0		on as possible and get a	
Tilla la NIOWII da di Firat C	Jul Diricolo 1	4	a compensation ayatem.
		pages of this form and	
and your I	First Certifi	icate of Capacity to your	employer.
Your employer must comp	data thalas		d -1 is an
First Certificate of Capac			
		<b>.</b>	
The insurer has 14 days to a	ssess the	claim and make a decisi	on to do one of the following
Accept the claim	Not	accept the claim	Defer making a decision
4		4	<b>V</b>
Workers compensation entitlements are payable		lements are payable – n dispute this decision	No entitlements are payable unless liability decision note not given in time
What happens if you don't a with the insurer's decision?  Your employer's house had not decision?  Your semployer's house had not approach be insurer to an animal decision.  In addition, WorkCover WA provide decision.  To find out more about having a discussion requiring resolving depotent of the control	their s utes. pute ujury vA's	An insurer or self-insu on your claim if they no decision. Insurers and self-insur liability decision not notice within 14 days of these notices are git taken to be accepted. If a liability decision no days of receipt of the become payable. While your claim is be accrued leave (sick let you with interim financ	een my claim is deferred" er can defer making a decision of make a make a decision of make a

	FIRST certificate of capacity
1. WORKER'S DETAI	
First name	Last name
Date of birth	Frank
Date of birth Phone	Email Address
Prione	Address
2. EMPLOYMENT DE	AILS
Worker's job title	Employer's name
Employer's address	
3. CONSENT AUTHO I consent to any medical pra medical condition with my e	titioner who treats me (whether named on this certificate or not) to discuss in ployer, insurer and other medical or allied health professionals for the purpo on and return to work options.
CONSENT AUTHO     consent to any medical pra     medical condition with my e     claim for workers compensa	titioner who treats me (whether named on this certificate or not) to discuss r ployer, insurer and other medical or allied health professionals for the purpo
3. CONSENT AUTHO I consent to any medical pra medical condition with my e	Afforder who treats me (whether named on this certificate or not) to discuss in pipoyer, insured and other medical or affect health professionals for the purpo on and return to work options.  Print name  Date
3. CONSENT AUTHO I consent to any medical pro medical condition with my e claim for workers compensa Worker's signature	Afforder who treats me (whether named on this certificate or not) to discuss in pipoyer, insured and other medical or affect health professionals for the purpo on and return to work options.  Print name  Date
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Worker's usual duties				
Having considered the hea	ith benefits of work, I find the	his worker to h	ave:	
full capacity for work	from			but requires further treatment
some capacity for wo	ork from		to	performi
pre-injury duties	modified or alte	emative duties		workplace modifications
pre-injury hours	modified hours	of	hrs/day	days/wk
no capacity for any w	eork from	to		(outline clinical reason below)
Worker has capacity to:				
(Please outline the worker)				planafory notes for examples.
Where there is no capacity	for work, please provide of	inical reasonin	g)	
lift up to	kg			
sit up to	mins			
stand up to	mins			
walk up to	m			
work below shoulder h	eight			
7. INJURY MANAGE				
Activities/interventions	Purpose/goal (likely	change in symp	otoms, functi	on, activity and work participation)
Examples of injury manageme  Anther assessment - diag intervention - physiothera return to work planning - it		the RTW pro le: list consults, wor i physiology, pre i return to work i	gram kale assessm scribed medic xogram	ations, workplace mediation
Examples of injury manageme  Arther assessment - diag intervention - physiothera return to work planning - it	to be involved in developing of activities/interventions include nostic imaging, medical special py, ofinical psychology, exercise identify suitable duties, establish	the RTW pro le: list consults, wor i physiology, pre i return to work i	gram kale assessm scribed medic xogram	eent ations, workplace mediation
Examples of injury manageme  Arther assessment - diag intervention - physiothera return to work planning - it	to be involved in developing of activities/etherwediens includ nostic imaging, medical special py, clinical psychology, exercise dentity untable duties, establish VTE.  I to be reviewed again (FIR:	the RTW pro le: list consults, won physiology, pre in return to work;	gram kshe assessm soribed medic regram	eent ations, workplace mediation
Examples of injury manageme - further assessment - dag - intervention - physiotheray - rotum to work planning - i  8. NEXT REVIEW DA  Worker does not need	to be involved in developing of activities/etherwediens includ nostic imaging, medical special py, clinical psychology, exercise dentity untable duties, establish VTE.  I to be reviewed again (FIR:	the RTW pro le: list consults, won physiology, pre in return to work;	gram kshe assessm soribed medic regram	ent ations, workplace mediation of capacity)
Examples of injury manageme  * Author assessment - diag intervention - physiotheria return to work planning - if  * NEXT REVIEW DA  Worker does not need  I will review worker ag	to be involved in developing of activities of the very second of the mode inaging, medical special possible possible of the possible of the STE TO be reviewed again (FIR pain on	the RTW pro le: list consults, won physiology, pre in return to work;	gram kshe assessm soribed medic regram	ent ations, workplace mediation of capacity)
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Examples of injury management - diagrams assessment - diagrams - diagrams - diagrams - physiotheras - physiothe	to be involved in developing of activities of the very second of the mode inaging, medical special possible possible of the possible of the STE TO be reviewed again (FIR pain on	g the RTW pro- le: list consults, won physiology, pre- n return to work; ST and FINAL (# 5	gram ksite assessm soribed medic program oertificate o preater than 5-	ent ations, workplace mediation of capacity)
Examples of injury management - disp striber assessment - disp intervention - physiotherapement - disp intervention - physiotherapement - physiotherapement - own to work planning - in the control of th	to be involved in developing of activities of the very second of the mode inaging, medical special possible possible of the possible of the STE TO be reviewed again (FIR pain on	g the RTW pro- le: list consults, won- list co	gram  kshe assessm sorbed medic rogram  certificate o prester than 1-1	ent ations, workplace mediation of capacity)
Examples of njury managering at the father association - physiotices a sharing association - physiotices - ph	to be involved in developing of activities of the very second of the mode inaging, medical special possible possible of the possible of the STE TO be reviewed again (FIR pain on	y the RTW pro- lic.  Ist consults, work  physiology, pre- h return to work y  ST and FINAL  (if s	gram  kshe assessm sorbed medic rogram  certificate o prester than 1-1	ent ations, workplace mediation of capacity)
Examples of lejusy management - day further assessment - day intervention - physiothera; return to every function - Worker does not resed I will review worker ag Comments 9. MEDICAL PRACTI	to be involved in developing of activities of the very second of the mode inaging, medical special possible possible of the possible of the STE TO be reviewed again (FIR pain on	g the RTW pro- le: list consults, won- list co	gram  kshe assessm sorbed medic rogram  certificate o prester than 1-1	ent ations, workplace mediation of capacity)

		nsation and Injury Management A		
PI	ROGRESS	certificate of	capacity	
1. WORKER'S DE	TAILS			
First name		Last name		
Date of birth		Claim no.		
Phone		Email		
Address				
2. FMPI OYFR'S I	DETAIL 6			
Employer's name	JE IAILS	Employer's pi	hone	
Employer's address				
3. MEDICAL ASSI	SSMENT			
Date of this assessmen	t	Da	ste of injury	
Diagnosis				
4. PROGRESS RE	PORT			
Activities/interventions	Actual outcome (chang	je in symptoms, function, activity	y and work participation)	Still required?"
				Yes N
				Yes N
				Yes N
				☐ Yes ☐ N
				Yes N
		quired, please also list them in	Section 6 Trijury Manage	ament Plan')
	ear to be impacting re	coovery and return to work		
Comment				
5. WORK CAPACI	TY			
Worker's usual duties				
Having considered the I	nealth benefits of work	, I find this worker to have:		
full capacity for w	rork from		but requires further tr	eatment
some capacity fo	r work, from	to		performing:
pre-injury duties	modified	or alternative duties	workplace mod	lifications

5. WORK CAPA	CITY (CC	NTINUED)			
Worker has capacity					
			cial capacity - refer to	explanatory no	oles for examples.
		ork, please provide o	inical reasoning.)		
lift up to	kg				
sit up to	mins				
stand up to	mins				
walk up to	m				
work below sho	ulder height				
6. INJURY MAN	IAGEMEN	IT PLAN			
Activities/interventi	ons	Purpose/goal (likely o	hange in symptoms, funct	ion, activity and us	ork participation)
I townsend the D	TIM	and the base of the state of	mployer/insurer/WRP	dated	
		esautisned by the e		OBIEG	
I would like mo	re informatio	n about available dut	ies		
		n about available dut			
I would like to b	e involved i	developing the RTV	/ program	Don't novide exem	a and analysi dalylis balain
I would like to b	e involved i	developing the RTV	/ program	Nerral, provide nam	e and contact details belo
I would like to b	e involved i a workplace	n developing the RTV rehabilitation provid	I program er (II you have made a re	Serral, provide nam	e and contact details belo
I would like to be Please engage	e involved i a workplace	n developing the RTV rehabilitation provid	I program er (II you have made a re: e:		e and contact defails belo
I would like to b Please engage  Examples of injury mar  further assessmen inturvation - phys	a workplace agement active diagnostic fotherapy, cfin	n developing the RTV rehabilitation provid ities/interventions inclus maging, medical special cal psychology, exercis-	I program  or (If you have made a re-  or  or  or  or  solutions and a re-  or  or  physiology, prescribed in  physiology, prescribed in	essment	
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I would like to be Please engage Examples of injury man further assessment infurnation - physic metum to work plan 7. NEXT REVIE  I will review wo	a workplace a workplace agement acti at - diagnostic iotherapy, offi ming - identify W DATE	n developing the RTV rehabilitation provid ities/interventions inclu- maping, resolut special call psychology, exercis- suitable duties, establis-	I program  If you have made a re-  If you have made a	essment sedications, workp	
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## **RESPONDING TO CLAIMS**

- Completing liability decision notices
- Must be in approved form

	npensation and Injury Management Act 2023
Worker	TIT DECISION NOTICE - ACCEL TED
Name:	
Address:	
Date of birth:	
Phone number	
Email address:	
Employer	
Name:	
Address: ABN:	
ADN:	
Claim	
Insurer:	
Insurer claim number:	
Date of injury:	
Date claim given to insurer:	
Date of notice:	
LIABILITY DECISION	
In relation to the above claim winjury.	ve accept the employer is liable to compensate you for the
	ete as applicable] the employer is liable for payment of pacity for work resulting from the injury.
Compensation	
Compensation includes:	
	and health expenses. Please provide the claim number vider or practitioner for these expenses to be paid. Other

	Workers Compe	ensation and Injury Management Act 2023
	DEF	FERRED DECISION NOTICE
Wo	rker	
Na	me:	
Ad	dress:	
Da	te of birth:	
Ph	one number:	
Em	nail address:	
Em	ployer	
	me:	
Ade	dress:	
AB	N:	
Cla	im	
Ins	urer:	
Ins	urer claim number:	
Da	te of injury:	
Da	te claim given to insurer:	
Da	te of notice:	
DEI	FERRED DECISION	
In re		are informing you that a decision on whether liability is to
	been deferred.	ble to be made within the time allowed and the decision
has	son(s) and details:	
has Rea	son(s) and details: Further medical information	
has Rea		required:
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## LIABILITY DECISIONS - CRITICAL TIMEFRAMES

- Liability decision notice or deferred decision notice: within 14 days after insurer or self-insurer receives the claim.
- **Provisional payments day:** day after the period of 28 days beginning on the day on which the insurer or self-insurer receives the claim.
- **Deemed liability acceptance day:** day after the period of 120 days beginning on the day on which the insurer or self-insurer receives the claim.



## LIABILITY DECISIONS - MAKING PROVISIONAL PAYMENTS

### Provisional payments of income compensation:

from date of incapacity until insurer or self-insurer gives liability decision, or Certificate of Capacity indicates no longer any incapacity for work.

### Provisional payments for medical and health expenses:

from date of injury until insurer or self-insurer gives liability decision. Capped at 5% of medical and health expenses general limit.



## **WORKCOVER WA EXPECTATIONS**

#### **Liability decisions:**

- Made in time, no exceptions
- No declining claims simply to avoid making provisional payments
- No inappropriate use of CAS to dispute claims due to administrative error

#### **Deferred decisions:**

- Complete medical and factual investigations in timely manner
- Consider other options if preferred specialist not available

#### **Provisional payments:**

Paid in all cases where decision not given in time

### **Evaluation and monitoring**





## STOPPING OR REDUCING INCOME COMPENSATION

Income compensation payments cannot be reduced, suspended or discontinued, except in accordance with the Act.

#### **Return to work**

Requirement if worker has returned to work: notice to worker in approved form

#### Medical evidence

• Requirement if medical evidence given by insurer or self insurer indicates capacity for work: notice to worker in approved form & 21 days for response

**Consent by worker** 

Other circumstances & notices



### **SETTLEMENTS**

- Single statutory settlement pathway. Separate pathway to common law damages and settlement.
- Streamlined process for lodging settlement documents.
- Compliance and expectations.
- PI % and PI compensation amount must be recorded correctly
- New settlement agreement form to be used after 1 July 2024
- Transitional issues



## **INJURY MANAGEMENT & RETURN TO WORK**

### **Rights and obligations:**

- Worker's treating medical practitioner
- Medical examinations
- Return-to-work programs
- Return-to-work case conferences
- Maintain pre-incapacity position for 12 months
- Worker cannot be dismissed solely or mainly due to incapacity for work
- Workplace rehabilitation services



### **RETURN TO WORK CASE CONFERENCES**

#### **Attendance:**

- Worker (mandatory) and support person (optional)
- Treating medical practitioner, employer, employer's insurer, WRP

#### To be discussed:

Matters to support worker's recovery and return to work

#### Not to be discussed:

• Challenging clinical findings, or factual information in claim form or Certificate of Capacity

#### Frequency:

Worker not required to attend more frequently than once every four weeks

workcover.wa.gov.au









Advice and Assistance 1300 794 744



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Compensation Matters

