



Matter No:
/20

Reply

Reply to Application to Resolve a Dispute

This is the approved form for reply to an application to resolve a dispute.

Date Application Registered:

Applicant:

Respondent:

Filed by:

- | | | |
|---|--|--|
| <input type="checkbox"/> Worker | <input type="checkbox"/> Employer | <input type="checkbox"/> Self-insurer |
| <input type="checkbox"/> Worker representative | <input type="checkbox"/> Employer representative | <input type="checkbox"/> Insurer/scheme agent representative |
| <input type="checkbox"/> Dependant | <input type="checkbox"/> Scheme agent | <input type="checkbox"/> icare |
| <input type="checkbox"/> Dependant representative | <input type="checkbox"/> Specialised insurer | <input type="checkbox"/> TMF Agent |

NOTICE TO PARTIES

The respondent has 21 days from the date of registration of the Application to Resolve a Dispute to respond by:

- lodging a reply with the Commission, and
- serving a sealed copy of the Reply on each other party.

If you do not respond to the application, the Commission may progress the application in the absence of your reply.

Employers should contact their workers compensation insurer/scheme agent about lodging a reply.

PART 2 – Respondent Details

2.1 Respondent details

Respondent number (if more than one respondent):

Name of business/organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

2.2 Insurer/scheme agent details

Claim number:

Name of insurer/scheme agent:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

Period of risk (if more than one insurer/scheme agent):

From:

To:

2.3 Employer/insurer/scheme agent representative details

Complete this section only if the employer/insurer/scheme agent has a representative

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Phone number for teleconference:

Email address:

Phone number:

PART 3 – Matters in Dispute

Confirmed as per decision notice/s attached to the Application
 Confirmed as per exchange of offers attached to the Application
 Failure to determine

Yes No
 Yes No
 Yes No

Where failure to determine leave is sought to include the following:

PART 4 – Claim Details

(Please complete if different from Application)

4.1(a) Schedule of Earnings (Pre Workers Compensation Legislation Amendment Act 2012 – existing recipient and exempt worker)

Period from/to	Actual earnings/ability to earn (s40(2)(b))	Comparable/ probable earnings (s40(2)(a))	Current weekly wage rate (s42)
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

4.1(b) Schedule of Earnings (Workers Compensation Act 1987 – non-exempt worker)

Period From/To (First 13 weeks, s36)	PIAWE	Deductible amount "D" (for injuries received before 21 October 2019)	Able to earn in suitable employment/current weekly earnings "E"
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

Period From/To (Weeks 14-130, s37)	PIAWE	Deductible amount "D" (for injuries received before 21 October 2019)	Able to earn in suitable employment/current weekly earnings "E"
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

Period From/To (After week 130, s38)	PIAWE	Deductible amount "D" (for injuries received before 21 October 2019)	Able to earn in suitable employment/current weekly earnings "E"
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

PART 5 – Selection of Medical Assessor

The parties have agreed on the following Medical Assessor to conduct the assessment.

Name of Medical Assessor:

The parties request the President to appoint the Medical Assessor.

PART 6 – Supporting Documentation

Note: Supporting documentation is limited to documents that have been exchanged between the parties as and when required by the Workplace Injury Management and Workers Compensation Act 1998 and any regulation or guideline made under that Act, and by the Personal Injury Commission Rules 2021.

Refer to Procedural Direction PIC3 – Documents and late documents for the preferred order of documents to be attached.

Document	Author	Date of Document (in chronological order)	Start Page

PART 7 – Certification and Signature

The respondent certifies that:

- The respondent is entitled to lodge this reply because it satisfies the statutory procedural requirements under section 289 or section 289A of the *Workplace Injury Management and Workers Compensation Act 1998* and clauses 44,45 and 46 of the *Workers Compensation Regulation 2016*.
- The dispute is limited to those matters identified in Application to Resolve a Dispute lodged by the Applicant and those identified in Part 3

Respondent's (or representative's) signature: _____

Date:

Lodgment Details

Hand delivery	Level 21, 1 Oxford Street Darlinghurst NSW 2010 PO
Postal address	Box 594 Darlinghurst NSW 1300
Email	help@pi.nsw.gov.au

Privacy Notice

Maintaining the privacy of personal information and health information is important to the Personal Injury Commission (Commission). The Commission collects and uses personal information and health information to exercise its statutory powers and to carry out its statutory functions as well as other related activities, including to register application forms such as this Form and to make decisions about disputes or claims.

Such personal information and health information may include, but is not limited to, the information contained, or referenced in, this completed Form, any other information which is provided by an Applicant, its representatives or a party or insurer in connection with proceedings before the Commission and/or such other information as may be obtained by the Commission or its members and staff in connection with the Commission exercising its statutory powers and carrying out its statutory functions as well as related activities or complying with any other obligations at law.

The Commission may disclose personal information and health information that it holds to another person (e.g. a doctor or a party to Commission proceedings etc) or to a Commonwealth or State Government department or agency (for example, Centrelink) as required or authorised by law. The Commission may also disclose personal information and health information to the State Insurance Regulatory Authority (SIRA) as required or authorised by law (including under the *Workplace Injury Management and Workers Compensation Act 1998* (NSW)) and for the purpose of assisting SIRA to exercise its statutory powers and to carry out its statutory functions.

The Commission's decisions will be published in accordance with section 58 of the *Personal Injury Commission Act 2020* (NSW). An application for de-identification or redaction of a decision can be made by a relevant person at any time during the proceedings.

More detailed information about the way that the Commission may collect, use and disclose your information is available at <https://pi.nsw.gov.au/resources/privacy>.

Applications to the Commission to access and correct any personal information and health information should be made in writing to the Commission, Level 21, 1 Oxford Street, Darlinghurst, NSW, 2010.