



Workers Compensation
Commission

March 2019

Matter No:

/20

(Office use only)

FORM 2D

Application in Respect of Death of Worker

March 2019

Application

Application in Respect of Death of Worker

This is the approved form to apply in respect of a claim for compensation for the death of a worker.

Applicant:

Respondent:

Filed by:

- | | | |
|---|--|--|
| <input type="checkbox"/> Dependant | <input type="checkbox"/> Employer | <input type="checkbox"/> Legal practitioner or agent of insurer/scheme agent |
| <input type="checkbox"/> Legal practitioner or agent of dependant | <input type="checkbox"/> Legal practitioner or agent of Employer | <input type="checkbox"/> icare |
| <input type="checkbox"/> Legal personal representative of deceased | <input type="checkbox"/> Scheme agent* | <input type="checkbox"/> TMF Agent |
| <input type="checkbox"/> Legal practitioner or agent of legal personal representative of deceased | <input type="checkbox"/> Specialised insurer | |
| | <input type="checkbox"/> Self-insurer | |

*Note scheme agent means scheme agent for the nominal insurer

Part 1 – Matters in Dispute

1.1 Application for lump sum compensation

- The Applicant claims lump sum compensation.
- The Applicant claims weekly amounts of compensation under section 25(1)(b) and/or orders under section 31.
- Compliance documentation attached.

1.2 Application under section 26 of the *Workers Compensation Act 1987* for funeral expenses

- The Applicant claims funeral expenses.
- Compliance documentation attached.

1.3 Application under section 28 of the *Workers Compensation Act 1987* for transportation expenses

- The Applicant claims the costs of transporting the deceased worker to an appropriate place or residence.
- Compliance documentation attached.

1.4 Application under section 29 or section 30 of the *Workers Compensation Act 1987* for apportionment

- The Applicant seeks apportionment of lump sum compensation.
- The Applicant applies under section 30 for variation of a previous apportionment.

1.5 Application under section 85 of the *Workers Compensation Act 1987* for investment variation

- The Applicant applies to vary the manner in which the Public Trustee deals with money invested.

1.6 Application for orders under section 85A of the *Workers Compensation Act 1987*

- The Applicant applies for an order authorising payment of compensation to the Applicant or some other person.

NOTICE TO APPLICANT

Form 1 or Form 2 is to be used if compensation is being claimed for a period prior to the death of the worker, such as weekly benefits compensation and medical, hospital and related expenses which were incurred prior to the worker's death.

A sealed copy of this application must be served on the employer and insurer/scheme agent.

NOTICE TO RESPONDENT

You have 21 days from the date of registration of this application 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.

The reply form (Form 2A) is available from the Commission's website at www.wcc.nsw.gov.au or from the Commission on 1300 368 040. Employers should contact their workers compensation insurer/scheme agent about lodging a reply.

NOTICE TO PARTIES

The application and the reply must accord with the *Workers Compensation Commission Rules 2011* and the Guide to completing Form 2D available on the Commission's website www.wcc.nsw.gov.au

PART 2 – Previous Proceedings and Claims

2.1 Has this injury or death been subject to a determination on liability by the Workers Compensation Commission or any other tribunal or court? Yes No

If yes, give the Commission/court/tribunal details, including the matter number and attach a copy of the determination

PART 3 – Parties Details

3.1 Deceased worker name and date of birth

Date of birth: / /

Title Mr Ms Mrs Miss Dr Other

Surname/Family name: Given name(s):

3.2 Applicant contact details

Date of birth: / /

Title: Mr Ms Mrs Miss Dr Other

Surname/Family name: Given name(s):

Postal address: Postcode:

Phone number for teleconference:

Email address:

Home phone number:

Mobile phone number:

Cross this box if correspondence and documents are to be sent to or served at address of representative

Indicate language if the applicant needs an interpreter:

Indicate any special needs of the applicant (e.g. wheelchair access):

Preferred city/town/region for conciliation conference/arbitration hearing:

3.3 Applicant representative before Commission

Complete this section only if the applicant is represented before the Commission by a legal practitioner or agent

Firm or organisation:

Postal or DX address:

Postcode:

Street address:
(where interpreter required)

Postcode:

Name of representative:

Phone number for teleconference:

Email address:

Phone number:

3.4 Employer details

Name of
business/organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

Phone number for teleconference:

Email address:

Phone number:

3.5 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:

3.6 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 4 – Injury Details

Date of injury: / / Date of notice of injury: / /
Date of death: / / Date of compensation claim: / /
Place of injury:
Cause of injury and death:

Describe how injury occurred:

PART 5 – Claim Details

5.1 Compensation for death of a worker

Lump sum: \$
Weekly amount(s): \$ from / / to / /
Other amount: \$ for

Dependants (If no dependants, state "Not Applicable")

Name	Date of Birth	Relationship to Worker
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Are you aware of any other person who may have been dependent for support upon the deceased worker at the time of death or who may be claiming to be dependent? No Yes

If yes, give details of the name and address of each person:

5.2 Apportionment, variation or other order(s) sought

Provide particulars of the order(s) sought.
Attach arguments and submissions in support of the proposed order(s):

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 Workers Compensation Commission Rules 2011

List any documents attached in support of this application (including authority as the appointed Legal Personal Representative, if applicable)

Document	Author	Date of Document (in chronological order)	Start Page
		/ /	
		/ /	
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PART 7 – Certification and Signature

The Applicant certifies that:

- The Applicant is entitled to lodge this application.
- The application is limited to those matters identified in Part 1 of this form.

Applicant's (or representative's) signature: _____ Date: / /

Lodgment Details

Hand delivery	Level 20, 1 Oxford Street Darlinghurst NSW 2010
Postal address	PO Box 594 Darlinghurst NSW 1300
Document exchange	DX 11524 Sydney Downtown
Electronic lodgment	registry@wcc.nsw.gov.au
Facsimile	1300 368 018

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.