



March 2019

Matter No:

/20

(Office use only)

Application

Application for Determination to Commute Liability

This is the approved form for application to the Registrar for determination under section s87G of the *Workers Compensation Act 1987* for a commutation of an employer/insurer scheme agent's* liability with respect to a legally incapacitated worker by determination of the Workers Compensation Commission.

Applicant:

Respondent:

Filed by:

- | | |
|---|--|
| <input type="checkbox"/> Public Trustee | <input type="checkbox"/> Public Trustee representative |
| <input type="checkbox"/> Protective Commissioner | <input type="checkbox"/> Protective Commissioner representative |
| <input type="checkbox"/> Person appointed as the financial manager of the worker in accordance with the <i>Protected Estates Act 1983</i> | <input type="checkbox"/> Person appointed as the financial manager of the worker in accordance with the <i>Protected Estates Act 1983</i> representative |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Employer representative |
| <input type="checkbox"/> Self-insurer | <input type="checkbox"/> Self-insurer representative |
| <input type="checkbox"/> Scheme agent*/insurer | <input type="checkbox"/> Scheme agent*/insurer representative |
| <input type="checkbox"/> Specialised insurer | <input type="checkbox"/> Specialised insurer representative |
| <input type="checkbox"/> TMF Agent | <input type="checkbox"/> TMF Agent representative |

* Note scheme agent means scheme agent for the nominal insurer

NOTICE TO PARTIES

Before the Commission can make a determination, the requirements of s87EA of the *Workers Compensation Commission Act 1987* must be complied with. Certification from WorkCover under section 87EA of the *Workers Compensation Act 1987* must be attached to this form.

Form 5C should only be used where the worker is legally incapacitated. Where the worker is not legally incapacitated, Form 5A should be used.

Please note that the information contained in the 'notes' to this Form is provided as general information only and does not constitute legal advice. The relevant legislative provisions governing the workers compensation jurisdiction should be consulted before submitting this form to the Workers Compensation Commission.

PART 1 – Parties Details

1.1 Worker details

Date of birth: / /

Title: Mr Ms Mrs Miss Dr Other

Surname/Family name:

Given name(s):

Postal address:

Postcode:

Phone number:

Email address:

1.2 Details of the Public Trustee, Protective Commissioner, or worker’s financial manager appointed in accordance with the *Protected Estates Act 1983*

Firm or organisation:

Postal or DX address:

Postcode:

Contact person:

Phone number:

Email address:

1.3 Details of the representative of the Public Trustee, Protective Commissioner, or worker’s financial manager appointed in accordance with the *Protected Estates Act 1983*

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Phone number:

Email address:

1.4 Employer details

Name of
business/organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

Phone number:

Email address:

1.5 Employer representative details

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Phone number:

Email address:

1.6 Insurer/scheme agent details

Name of insurer/scheme agent:

Insurer/scheme agent number:

Claim number:

Postal or DX address:

Postcode:

Contact person:

Phone number:

Email address:

1.7 Insurer/scheme agent representative details

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

Phone number:

Email address:

PART 2 – Details of the Workers Circumstances

The following information is required to satisfy the requirements of s87G of the *Workers Compensation Act* 1987.

Is liability to pay compensation under the Workers Compensation Acts in dispute? Yes No

If yes, provide details of the dispute:

Date of injury: / /

Nature of injury:

Worker's occupation at time of injury:

General health of the worker:

Provide information about worker's diminished ability to compete in an open labour market:

Is the worker entitled to any benefit from any other source? Yes No

If yes, provide details of the benefit:

PART 3 – Particulars of Liability to be Commuted

The following is proposed to commute:

the employer's full liability for compensation (including weekly benefits, medical expenses and lump sum compensation) under the *Workers Compensation Act 1987* in relation to the injury referred to in Part 2 of this form; or

the employer's partial liability for compensation (including weekly benefits, medical expenses and lump sum compensation) under the *Workers Compensation Act 1987* in relation to the injury referred to in Part 2 of this form.

Details are provided below:

Note: In accordance with section 87I(1) of the *Workers Compensation Act 1987*, if a liability in respect of compensation is only partially commuted, the balance of the compensation continues to be payable under and subject to the *Workers Compensation Act 1987*.

Lump sum proposed for commutation: \$

If the Commission determines that a liability in respect of compensation under the *Workers Compensation Act 1987* may be commuted to a lump sum, it is proposed that the lump sum amount be paid to:
(insert details)

PART 4 - Signatories to the Agreement

Name of person lodging this form (Public Trustee, Protective Commissioner, or worker's financial manager appointed in accordance with the *Protected Estates Act 1983*):

Signature: _____ **Date:** / /

Name of the representative of the Public Trustee, Protective Commissioner, or worker's financial manager appointed in accordance with the *Protected Estates Act 1983*:

Signature: _____ **Date:** / /

Name of employer/insurer/scheme agent:

Signature: _____ **Date:** / /

Name of employer/insurer/scheme agent representative:

Signature: _____ **Date:** / /

PART 5 – Certification and Signature

Appellant's (or representative's) signature: _____ **Date:** / /

Certification by Legal Representative

Legal 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.