



4 Phases of making a
Workers' Compensation
Claim

Phase Four

**The Claim
Ends**

Overview



Most workers' compensation claims finish when the **injured worker** has recovered enough to **return to work** and **no longer needs support** from the insurer for medical treatment or income payments.

However, you can **return to work** while still receiving **medical treatment or rehabilitation**. Many workers go back on **light or modified duties** while continuing physiotherapy, counselling, or other care — this is completely normal and supported under the system.

For some people, **recovery** happens quickly — within a few days or weeks. For others, it takes months or even years, and some may try **returning to work a few times** before they're ready to stay in their role permanently.

A **small number** of workers have **serious or long-term injuries** that keep them on the workers' compensation system until they reach retirement age.

Note: Everyone's experience is different, and every recovery journey is unique. This section gives you a general idea of what usually happens when a claim is coming to an end.



Why Do Claims End?

Workers' compensation claims can end for a few **different reasons**.

The most **common** reason is that the worker has **recovered enough** to return to work and **no longer needs** ongoing **income support** or help with **medical expenses**.

However, some claims end for **other reasons**.

A claim may **finish** when the **worker** has reached the **maximum** time limit for receiving weekly **payments or services**, even if they haven't returned to work.

In other cases, the **insurer or a medical panel** may **decide** the worker is fit for work, even if they haven't yet gone back to a job.

A claim can also end when a worker **reaches** the **retirement age** for the Age Pension, as they are no longer eligible for workers' compensation payments.

Every claim is different, and how or when it ends depends on the worker's recovery, medical advice, and the rules of the workers' compensation scheme.



What Happens When a Claim Ends?



When a **workers' compensation claim ends**, several things can change for the injured worker.

These **may** include:



Weekly payments stop:

Income support (your weekly payments) will come to an end.



Medical expenses stop being covered:

The insurer will generally stop paying for medical bills, treatments, and health services once the claim ends.

Note: *In some cases, payment for approved medical treatment can continue for a period (for example, up to 12 months) after weekly payments have stopped. This depends on your circumstances and the insurer's decision.*



Lump sum payment for permanent impairment:

You may receive a one-off payment (called a permanent impairment benefit) if an independent doctor — known as an impairment assessor — confirms that you have a lasting injury or condition caused by your work.

Note: *A permanent impairment can be assessed at any time during a claim, not just at the end.*

What to Do After Your Claim Has Ended?



What happens next depends on your situation and the **reason your claim ended**.

If your **claim ends** because you've **returned to work**, your regular wages from your employer will start again, and you'll no longer receive weekly payments from the insurer.

If you **haven't returned to work**, the insurer will usually send you a letter (often about three months before your payments stop) to let you know your claim is coming to an end and **what options** may be **available** to you (See following page).



What to Do After Your Claim Has Ended?



Depending on your circumstances, different forms of support may apply:

- **If you're still unable to work but don't have a permanent disability:**

You may be able to access disability income benefits (income protection) through your superannuation fund or life insurance policy.

Note: *Income protection is separate from workers' compensation, so you'll need to lodge a new claim and provide new medical evidence.*

- **If you're looking for new work:** You may be able to receive Centrelink JobSeeker payments to help with income support while you search for a new job.

Note: *Eligibility for JobSeeker depends on your income and assets. This is not part of the workers' compensation system.*

- **If you're permanently unable to work because of your injury:** You may be eligible for a Total and Permanent Disability (TPD) lump sum payment through your life insurer or superannuation fund.

Note: *TPD claims also require separate paperwork and medical assessments — they are not part of the workers' compensation system.*

- **If your injury was caused by employer negligence:** You may be entitled to pursue Common Law (Work Injury Damages) if your employer failed in their duty of care and their negligence caused your injury. The process for this varies between states and territories.

Note: *This involves legal proceedings, so it's important to get advice from a lawyer experienced in workers' compensation or personal injury law.*

- **If you're still employed but not yet fit to return:** You can use your medical certificate to access personal leave, annual leave, or leave without pay from your employer until you are ready to work again.



What Happens to My Medical Expenses When My Claim Settles?



If you receive a settlement payment of **more than \$5,000**, the insurer must notify Services Australia. **Services Australia** will then send you a **Medicare History and Care Services Statement**, which lists all the medical services Medicare has **paid** for that relate to your injury.

You'll need to confirm which of those **services you received** and **declare them**. Services Australia uses this information to work out if any Medicare benefits or subsidies **need to be repaid** from your compensation amount.

You can also request a **Notice of Past Benefits** from Services Australia to see exactly what medical costs have been recorded against your injury.



Is There Any Support Available When My Claim Ends?



Leaving the workers' compensation system while you're still off work can be stressful.

It's a good idea to seek support to help you **decide what to do next**.

Sometimes the insurer offers transition support, often called a **Transition Support Service**. This usually provides general information about managing your health, finances, and options after leaving the scheme.

If the information you receive feels too general, you can ask your **claim manager** for more tailored advice that fits your specific situation.

It can also be helpful to contact a **local support or advocacy group**. These groups have experience helping workers in similar situations, and their members can **share practical advice** about the steps you can take.



Acknowledgement

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