Four Phases of a Workers' Compensation Claim

workers' voice

4 Phases of making a Workers' Compensation Claim

Phase One:

From injury to submitting a claim

Overview - From injury to submitting a claim

Overview

In Australia about **500,000 people are injured at work every year.** Many thousands more have an illness or disease due to their work.

Some injuries or illnesses will be sudden or will develop gradually and may worsen over time and others will have a fluctuating course where people feel fine one day and ill the next.

If you think your **injury or illness is due to work,** you may be able to make a **workers' compensation claim.**

Workers' compensation can **provide funding for treatment** for your injury and illness, **wage replacement** while you are unable to work, and **pay for services** to help you return to work.

Just like personal injury insurance (greenslip in NSW) is required for a motor vehicle, **employers are required** to have insurance to support workers if they are injured at work.

National data from **Safe Work Australia** shows that every year, about **130,000** people have an accepted workers' compensation claim that involves at least **5 days off work.**

Getting Medical Help After a Work-Related Injury or Illness

If you've been injured or become unwell because of your work, it's important to get medical treatment as soon as possible. Early diagnosis and care can help you recover faster, so you can get back to work and your normal life.

Where to Go for Treatment

Most people will see their regular doctor (GP) first. If you've had a serious injury, you might need to go to the hospital.

Your doctor will assess your condition and may:

- Refer you to another health practitioner such as a physiotherapist, psychologist or a specialist doctor
- Prescribe medication
- Order tests such as blood tests or x-rays
- Help you plan your recovery and return to work

Some workplaces also have in-house or outsourced medical services you can access early on. In some cases, your employer might pay for initial treatment or provide counselling through an Employee Assistance Program (EAP).

You can ask your employer **what support is available to you.**

We now know that work is generally good for health and for many people, working can support a faster recovery.

Your doctor may encourage you to return to work, maybe with **some adjustments** to your workplace or working hours, to help with your **recovery.**

If You Need Time Off Work

If your injury or illness means you can't work for a while, your doctor can issue a **Certificate of Capacity.** This certificate explains:

- What your injury or illness is
- What work you can or can't do
- How long you may need off work
- What adjustments could help you return to work sooner

You will **need** this certificate if you decide to lodge a workers' compensation claim.

Reporting Your Injury or Illness to Your Employer

Once you've been injured or become unwell because of work, the next important step is to **tell your employer** as soon as possible.

Most workplaces have a formal process for reporting injuries, often using an **incident or injury report form.**

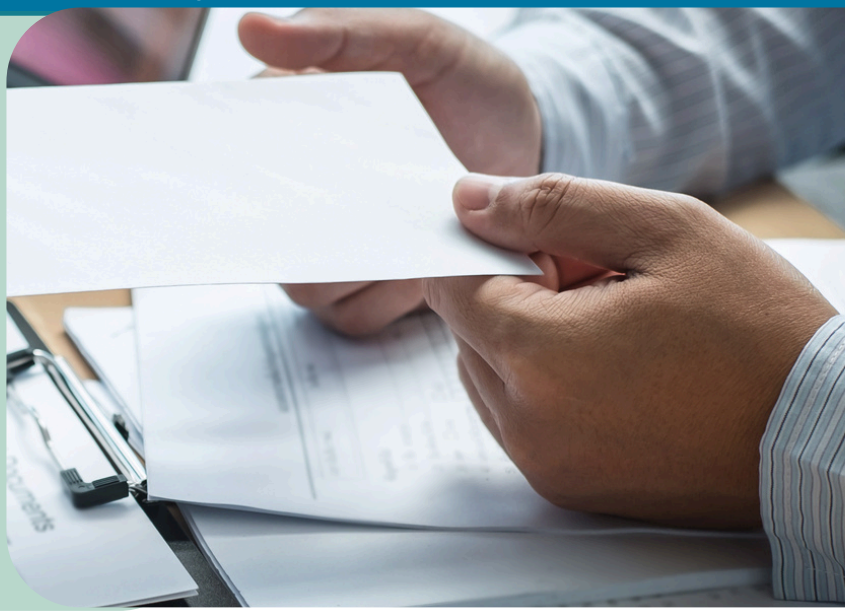
Every workplace is a little different, but this report is usually part of your workplace health and safety procedures. It helps prevent similar injuries in the future and is important for your workers' compensation claim.

If your workplace **doesn't have a formal process**, that's okay — you should still report your injury or illness. Speak to your manager, supervisor, or your **Health and Safety Representative (HSR)** if there is one. Make sure your report is in writing (like in an email), so there's a clear record of when and how you told your employer.

If you are unable to fill out the report yourself — for example, if you're too unwell or in hospital — you can ask your **manager, coworker, or HSR to do it on your behalf**. It's important to **report the injury or illness as soon as possible after it happens**, even if you're not sure how serious it is at the time.

The Incident Report Form helps your employer understand:

- What happened
- What injury or illness you have
- What may have caused or contributed to it
- What treatment or support you've needed so far



Deciding to Make a Workers' Compensation Claim

Some workplaces have **early support programs** to help you recover and stay at work without needing to lodge a workers' compensation claim straight away. These are sometimes called **early intervention programs.** Ask your employer if a program like this is available to you.

If your injury or illness is **related to your work,** and you've needed **time off or medical treatment**, you may be eligible to make a **workers' compensation claim**.

If your worker's compensation claim is accepted it can help cover:

- Medical expenses
- Weekly payments while you're off work
- Support to return to safe and suitable work

There are rules about who can make a claim. These are explained in the **Phase 2 – Claim Review and Decision** information sheet.

Before you decide to lodge a claim, it may help to **talk to someone you trust,** such as:

- Your doctor
- A family member or friend
- A trusted colleague
- A union representative

Some people find the claims process stressful or overwhelming, especially when already unwell or injured.

Take the time you need and get advice if you're unsure. It's important that you make a decision that's right for you.

Submitting a Workers' Compensation Claim

If you decide to make a workers' compensation claim, there are a **few important steps to follow:**

1. Let Your Employer Know

Tell your employer that you intend to make a claim.

Many workplaces have formal processes for this, so ask your manager, HR, or Health and Safety Representative how to get started.

2. Collect the Right Information

You'll need to gather some key documents to support your claim.

These may include:

- A workplace injury or incident report
- A Certificate of Capacity from your doctor
- Any other relevant medical reports or evidence

You can find a full list of helpful documents in the "**Gathering Information"** guide.

3. Complete a Claim Form

Fill out a workers' compensation claim form.

This form will ask for:

- Details about your injury or illness
- What happened at work that led to it
- What treatment or care you've received
- Supporting information (like your Certificate of Capacity)

You'll then give the completed claim form to your **employer,** who **must forward it** to their workers' compensation insurer.

Acknowledgement
This fact sheet was produced as part of the Workers' Voice project.

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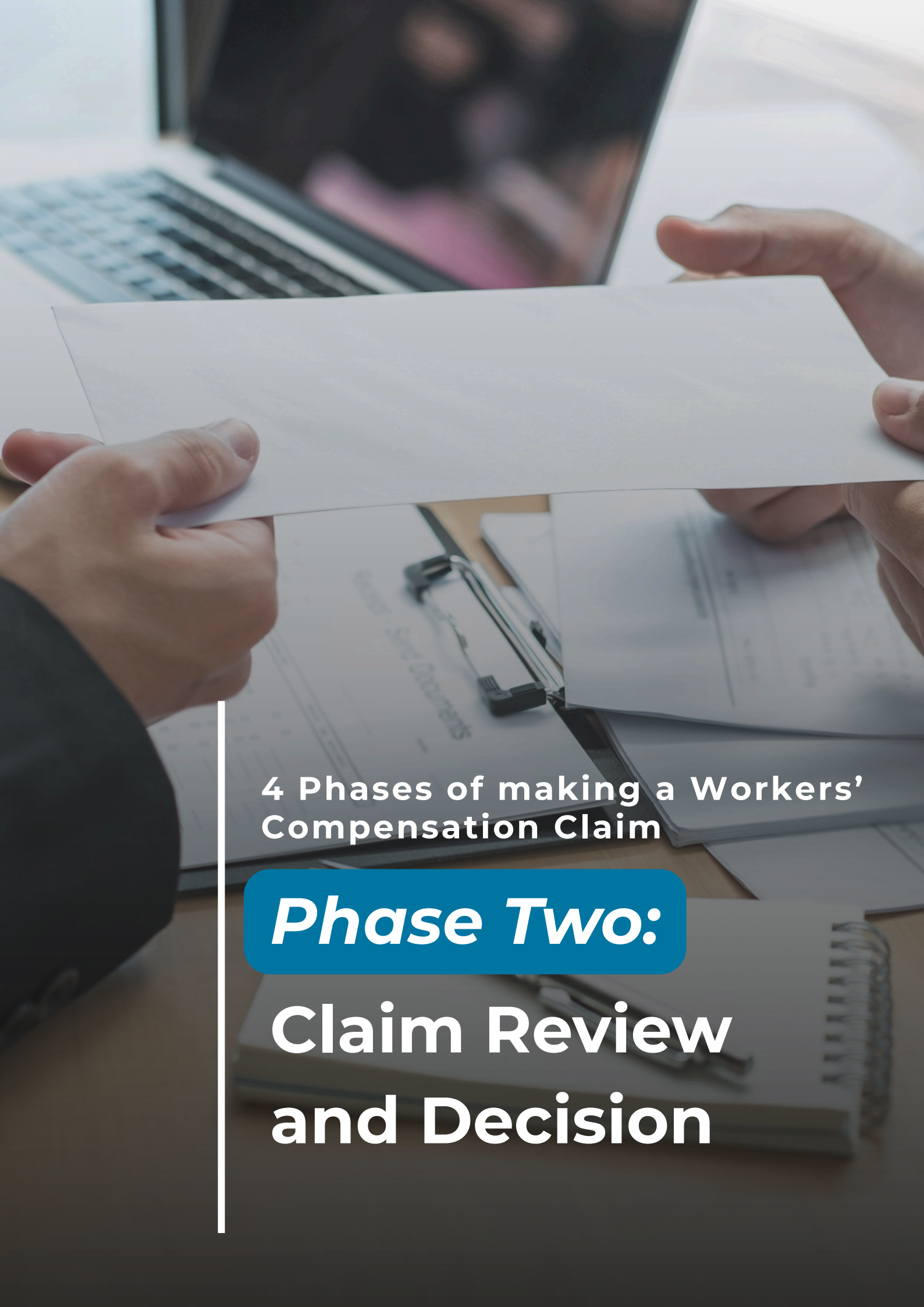

4 Phases of making a Workers' Compensation Claim

Phase Two:

Claim Review and Decision

Overview & Who's Involved

Overview

Once you submit your workers' compensation claim to your employer, the claim is then passed on to an insurer (also called a claims agent). The **insurer is responsible** for deciding whether to accept or reject your claim.

Who's involved in this phase?

- You (The Worker)
- The Agent*
- The employer
- Nominated representative

In some cases, this phase may also involve:

- Your doctor (GP) or surgeon
- Other healthcare practitioners (e.g. physiotherapist, psychologist)

*Agent = the organisation managing the claim. Sometimes this is the employer, but most often an insurance company.

What happens next?

The insurer will look at the information you provided with your claim.

In many cases, this information is enough for them to make a decision. Sometimes, they may need more details.

Important: If you work for a large organisation, your employer might also be the insurer (called a self-insurer). In that case, the employer decides whether your claim is accepted or not.

Additional information can include:

- Further information from your employer
- Reports from your treating doctor
- Asking you to attend an Independent Medical Examination (IME) with another doctor they choose

How long do they have to decide?

The insurer must make a decision within a set time limit – **usually 28 days.**

This time frame can vary slightly depending on:

- Which **state or territory** you live in
- What type of **injury or illness** you have

Before your claim is accepted

Before your workers' claim is accepted, the agent need to find out whether:

You meet the criteria of an '**employee'**

The injury or illness occurred **during** your employment

The injury or illness resulted in **time off work** and/or medical expenses

For each of these things, there are specific criteria that need to be met.
These are written down in the legislation.

What Are 'Presumptive Rights' Claims?

In some rare cases, a workers' compensation claim will be **automatically accepted.**

This usually happens when a worker:

- Has developed a **specific disease**
- Has worked in a job where they are much **more likely** to get that disease (eg: certain cancers in firefighters).

These are called **'presumptive rights claims'** because the law presumes the illness was caused by the job, and the worker doesn't have to prove it.

4 Phases of making a Workers' Compensation Claim

Phase Three:

Benefits and Services

Overview

Once a claim has been accepted, a range of benefits and services are provided to **support the injured worker's** recovery and safe return to work. Each claim is assigned a claim number and a claims manager, who is responsible for coordinating claim-related processes and services.

The claim number will remain the same until the claim ends, however, it is common for the assigned **claims manager to change** over the life of the claim.

The **duration of this stage** can vary significantly — from a few days to several years — depending on the nature and severity of the workers' injury or condition.

There are generally **two types of claims:**

- **Medical-only claims**: where the worker requires medical treatment but is able to continue working, possibly with modified or restricted duties.
- **Time-loss claims:** where the injury or illness prevents the worker from performing their job for a period of time. In these cases, compensation may include both medical expenses and a proportion of lost wages.

Important: Each claim is unique.
The benefits, services, and processes that apply may vary depending on your injury or condition, the state or territory you work in, your employer's arrangements, and the insurance company managing your claim.

Benefits and Services

The benefits and services you can get depend on your injury or condition.

They are usually provided if the claims manager decides they are reasonable and necessary.

These may include:

- **Salary support** for time off work due to your injury
- **Medical and treatment costs**, including:
  - Surgery and other medical treatment
  - Mental health treatment (e.g., psychiatrist)
  - Medication
  - Medical equipment
  - Rehabilitation and allied health services (e.g., physiotherapy, occupational therapy, psychology)
- **Reimbursement** of costs you have already paid for treatment.
- **Help at home,** like support for household chores if you are unable to do them yourself.

Claims managers regularly check your progress. They monitor whether you are **recovering** enough to **return to work**, either full-time or with modified duties.

This means that, when it is **safe**, it may be **appropriate** for you to go back to work while still recovering.

Who Determines What Treatment I am Getting?

While the **claims manager** oversees the administrative aspects of the claim, they are **not medically qualified** to determine the appropriateness or necessity of treatment.

Decisions about medical and like services must be informed by a **medical advisor** or **technical specialist** employed or engaged by the **insurer.**

These advisors provide **clinical advice** to ensure that treatment decisions are based on **sound medical judgment** and consistent with the nature of the **compensable injury.**

Where **uncertainty** remains, the insurer may ask your treating doctor for more information or seek an Independent Medical Examination (IME) for an **external opinion.**

What Happens if I Disagree With a Claim Decision?

If you disagree with a decision made by the insurer, you may ask the **insurer to review** the decision, which is called an **internal review**. This is your choice — you **do not** have to request an internal review if you prefer to take other options.

If you choose **not to** go down the internal review path, you may **take your dispute** outside the insurer. For example, in Victoria you can request a formal **appeal** through the Workers' Injury Commission (WIC). In other states there are other relevant tribunals.

If you **disagree** with the outcome of the **internal review,** you also may take your dispute outside the insurer, for example, by requesting a **formal appeal** through WIC or another tribunal.

The tribunal or commission is an independent body that may make the final decision on your claim.

Note: Please check which dispute process applies to you in your state.

Phase 3: Benefits and Services

Returning to Work After a Workplace Injury

workers' voice

Return to work

You are in control of your return to work — there is **no rush** but, in most cases, returning to work can **help you to recover** from your injury. You should go back when you feel ready and are **medically able.**

Your doctor (GP or specialist) will guide you and decide when you are **fit to return**, either to **full duties** or to **modified duties** that suit your recovery.

A **Certificate of Capacity** from your **doctor** explains what work you can **safely** do and what you should **avoid.**

Your workplace has a responsibility to provide **safe and suitable tasks** that match your medical capacity.

Your **claims manager** can support and coordinate your return to work, but the process is led by you, your workplace and your doctor.

Your **Certificate of Capacity** can be updated whenever your condition changes, so your return is always **safe and gradual**.

Remember: Your recovery comes first. Returning to work can be a gradual, worker-led process with guidance from your doctor and support from your workplace.

What Will My Return to Work Look Like?

Everyone's return is different.

Some people go back to the same role and hours as before their injury. Others return gradually, with modified tasks or reduced hours. Some may need a longer time to recover before returning.

Your return is usually guided by a **Return-to-Work Plan.**

This plan is developed by your **claims manager** with input from you, your treating **doctors**, and your **employer.**

It sets out the **steps to return safely** and clarifies the **responsibilities** of everyone involved.

A Return-to-Work Plan usually includes:

- **Everyone** involved in your return-to-work plan
- **Recommendations** from your doctor based on your health status

Phase 3: Benefits and Services

What Will My Return to Work Look Like?

Return-to-Work Plan usually includes:

Everyone involved in your return-to-work plan

- You (the injured worker)
- Your employer
- Your claims manager
- Your rehabilitation provider or allied health professional (e.g., physiotherapist, psychologist)
- Your GP or other treating doctor (e.g., surgeon, psychiatrist)
- Your return-to-work coordinator
- Your goals and preferences for returning to work

Recommendations from your doctor based on your health status, including:

- What tasks you can safely do and for how long
- What tasks you should avoid
- Any changes needed at work to support you
- Who to contact about the plan
- When the plan will be reviewed

You must be provided with a copy of your **Return-to-Work Plan** by the claim manager, so you have it for your own records.

Note: Not every worker will have a formal Return-to-Work Plan, but there should always be a strategy in place to guide your safe return.

Benefits and Services

What Are Step-Downs of Weekly Payments?

Step-downs happen when the weekly payments you receive are **reduced over time.** The exact rules depend on your state or territory.

For example: Some states pay 95% of your usual pre-injury earnings for the first 3 months, then reduce ("step down") to 80% afterward.

The timing and percentage of **step-downs vary** — common periods are at 13 or 26 weeks from your first day off work.

Always check with your claims manager to know the rules that apply to your claim.

What Happens if I Am on a Claim for a Long Time?

Although it is **not common**, some workers remain on a claim for months or even years.

During this time, a few things may happen:

- You may be referred to workplace/occupational rehabilitation provider who works with you, your doctor, and your employer to plan and support your safe return to work.
- You may undergo independent medical examinations (IMEs) to assess your work capacity.
- Your weekly payments may step down over time (see left).

Note: Wage payments are usually time-limited, but workers with very serious impairments may receive longer-term benefits.

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).*

Phase 4: The Claim Ends

What to Do After Your Claim Has Ended?

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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 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 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.

- **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 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.*

Phase 4: The Claim Ends

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.

Phase 4: The Claim Ends

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.

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