



Employer's determination of a claim for **Workers' Compensation**

Seafarers Rehabilitation and Compensation Act 1992

Notes for employers

This form should be completed when you receive a claim for workers' compensation under the *Seafarers Rehabilitation and Compensation Act 1992* (Seafarers Act). This form is approved by the Seafarers Safety, Rehabilitation and Compensation Authority (Seacare Authority) in accordance with subsections 63(2)(a) and (b) of the Seafarers Act.

You must determine liability for the claim within the time periods specified in sections 72, 73 or 73A of the Seafarers Act. The time limit for determining a claim relating to incapacity for work, loss of or damage to property, or cost of medical treatment is **12 days from the date the employer receives the claim**. This period can only be extended by an employer request to the claimant to provide additional information made under section 67 (within 12 days) or by a request to the Seacare Authority for an extension of time (also within 12 days).

Privacy and personal information

The authority to collect this information is provided by section 63 of the *Seafarers Rehabilitation and Compensation Act 1992*.

Personal information collected on this form is provided to the employer and to the organisation which maintains a database of Seacare scheme workers' compensation statistics, and in some cases to the organisation managing the Seafarers Safety Net Fund established under section 96 or section 100 of the Seafarers Act. Such organisations are required to comply with the applicable principles as set out in the *Privacy Act 1988*.

Personal information collected on this form can also be provided in certain circumstances to the employer's workers' compensation insurance company, an approved (rehabilitation) program provider, courts and tribunals, the Seacare Authority and government agencies such as Centrelink, the Department of Employment and Workplace Relations, Comcare and the Australian Safety and Compensation Council. In other circumstances personal information on this form can be disclosed without your consent where authorised or required by law.

This sheet MUST be inserted beneath each page set as you complete the form.

What you need to do when you receive a Claim for Workers' Compensation

Step 1	Register the claim
---------------	---------------------------

- a) Register or record receipt of the claim.
- b) Check the claim form to ensure:
 - it is fully completed, signed and dated by the claimant;
 - that all necessary attachments are included.If any of the required details and/or documents have not been provided, contact the claimant to obtain the necessary information.
- c) Notify your insurer of the claim in accordance with your insurance policy.

Step 2	Fill in this form
---------------	--------------------------

Please use a black or blue hard tip pen to answer the questions in this form.
Answer all questions. Where you are required to make a choice, please tick the appropriate box.

Step 3	Notify the claimant
---------------	----------------------------

When the form has been completed and a determination made, notify the claimant in writing in accordance with section 77 of the Seafarers Act.

Step 4	Assess capacity to undertake a rehabilitation program
---------------	--

If the injury results in an impairment or an incapacity for work, and the impairment or incapacity is expected to last 28 days or more (or has lasted 28 days or more), arrange for the assessment of the employee's capability to undertake a rehabilitation program.

Step 5	Lodge this form and the claim form
---------------	---

On the day this form is signed, send the **blue** copy of this form and the **blue** copy of the *Claim for Workers' Compensation* form to:

Seacare Authority
GPO Box 9905
Canberra ACT 2601

Keep the white (employer) copy for your records.

Step 6	Provide a Claim Update Report
---------------	--------------------------------------

Provide a claim Update Report in respect of each claim to the Seacare Authority on a six monthly basis while the claim remains active.



Australian Government

Seafarers Safety, Rehabilitation and Compensation Authority

Employer's determination of a claim for Workers' Compensation

Seafarers Rehabilitation and Compensation Act 1992

1 Full name of employer responsible for determining the claim

2 Australian Business Number (ABN)

3 When was this claim received by the onshore manager with responsibility for determining the claim?

4 Full name of claimant

5 Did the claimant provide a medical certificate with this claim?

No

Yes Date of medical certificate

Summary of the diagnosis on the certificate

6 Did the injury arise from a notifiable incident?

No

Yes Was an Incident Report lodged with AMSA?

No Yes Date of lodgement

7 At the time of the injury or illness was the claimant supplied by your organisation, as the employer, to another vessel operator under a labour (manning) supply contract?

No Yes

8 At the time of the injury or illness was the claimant an apprentice or trainee where the training was regulated by law (including an industrial agreement) or by custom, and combined on-the-job training with formal off-the-job training?

No Yes

9 When the injury or illness happened, what were the claimant's:

(a) normal on-duty WEEKLY hours? hrs mins

(b) normal weekly earnings (as defined in s13 of the Seafarers Act)?

10 Is the claimant eligible for weekly compensation payments (as at today)?

No

Yes Date they became eligible

Determination pending

11 Since the injury or illness happened has the claimant returned to work with your company (up to today)?

No

Yes Date they returned to work?

Have they returned to:

- their pre-injury working hours
- less than their pre-injury working hours (for example, on a graduated return to work program) Please specify hours

Decision

Note: Please check your workers' compensation insurance policy conditions before determining this claim.

12 This claim is:

Accepted Date of acceptance

Rejected Date of rejection

Pending

13 Manager to sign

I am satisfied that the information provided on this form is true and correct.

Signature

Date

Name

Position in company



If this form was completed by a business with fewer than 20 seafarer employees, please provide an estimate of the time taken to complete this form.

Include:

- the time actually spent reading the instructions, working on the questions and obtaining the information; and
- the time spent by all employees in collecting and providing this information.

Hours Minutes