REPORT ON THE EMPLOYER'S DETERMINATION OF A CLAIM FOR PERMANENT IMPAIRMENT

Seafarers Rehabilitation and Compensation Act 1992

Australian Government

Seafarers Safety, Rehabilitation and Compensation Authority

Information about determining a claim for permanent impairment

This form should be completed when you receive a claim, permanent impairment and non-economic loss 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 subsection 63(2) of the Seafarers Act.

The Seacare Authority produces guidance material to assist claimants and employers understand their rights and obligations regarding workers' compensation and rehabilitation. Copies of these information brochures and booklets are available from the Seacare Authority website at www.seacare.gov.au.

Pursuant to section 73A of the Seafarers Act, you must determine claims relating to permanent impairment within **30 days** of receipt.

This period can only be extended by a written request to the employee pursuant to section 67 for additional information relevant to a claim (within the relevant time period) or by a written request to the Seacare Authority for an extension of time (also within the relevant time period).

Privacy information

Personal information on this form is collected under sections 63, 105 and 106 of the *Seafarers Rehabilitation and Compensation Act 1992* to help the employer determine your eligibility for workers' compensation and to allow the Seacare Authority to perform its functions under the Seafarers Act. If you do not provide the personal information requested in this form, it may not be possible to assess or manage your claim for compensation.

This form is used to collect information on behalf of the Seacare Authority, your employer and the insurance company. Your employer and the insurance company are subject to their own obligations under Privacy legislation. Please contact your employer or the insurance company if you require further information on how they will manager your personal information under their privacy policies.

Your privacy is important to us. The Seacare Authority will only collect, use, store or disclose your personal information in accordance with the *Privacy Act 1988*. The Seacare Authority collects information from the employer about workers' compensation claims made under the Seafarers Act in order to maintain a database of Seacare scheme workers' compensation statistics. In addition, in some cases the Seacare Authority manages claims against the Seafarers Safety Net Fund. For these purposes, and for other purposes related to the Seacare Authority's functions under the Seafarers Act, the Seacare Authority may use or disclose your personal information to bodies and agencies including (but not limited to):

- the employer
- the employer's insurer
- an approved rehabilitation program provider
- government agencies including Centrelink, the Australian Taxation Office, the Department of Employment, Comcare and Safe Work Australia
- any external third party that the Seacare Authority contacts to carry out statutory functions
- courts and tribunals
- any other person where there is an obligation under law to do so.

We want to ensure that your personal information that is collected, used, stored or disclosed is accurate, up-to-date and complete. The Seacare Authority's Privacy Policy contains information on how you can request access to personal information held about you and how to seek correction of that information.

You may make a complaint if you consider that the Seacare Authority has interfered with your privacy or otherwise breached its obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to make a complaint and how we will respond.

The Seacare Authority is not likely to disclose personal information to a person who is not in Australia or an external Territory, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to an overseas recipient, the Seacare Authority will comply with APP 8.

The Seacare Authority's Privacy Policy is available at www.seacare.gov.au/Privacy and is administered on the Seacare Authority's behalf by Comcare. For further information about our information handling practices, for a copy of our Privacy Policy, to request an amendment of your personal information or to make a privacy complaint, please telephone 1300 366 979 or email privacy@comcare.gov.au.

What you need to do

Step 1—Register the claim

Register or record receipt of the claim

Check the claim form to ensure:

- it is fully completed, signed and dated by the claimant
- that all necessary attachments are included

Check the prescribed ship and voyage details to confirm this is a Seafarers Act claim and note them on this form.

If any of the required details and/or documents have not been provided, contact the claimant to obtain the necessary information.

Notify the insurer of the claim in accordance with the conditions of your insurance policy.

Step 2—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 3—Fill in this form

Please use a black or blue 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 4—Lodge this form and the claim form

On the day this is signed, send a copy of this form and a copy of the Claim for Permanent Impairment and Non-Economic Loss form to:

Seacare Authority
GPO Box 9905
Canberra ACT 2601.

Keep the original copy for your records.

Step 5—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.

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1 Full name of employer responsible for determining the claim

2 Australian Business Number (ABN)

3 When was this claim received by the employer?

/ /

4 Full name of claimant

5 Does the claimant have an accepted workers' compensation claim?

No ☐ Yes ☐ ► Date claim was accepted

/ /

6 What area(s) of the body have been permanently impaired?

7 Has the condition stabilised?

No ☐ Yes ☐

8 Did the claimant provide a medical report with this claim?

No ☐ Yes ☐ ► Date of report

/ /

9 Ship and voyage details

Name of ship

IMO No

(a) Prescribed ship

Australian registered ☐
Coastal trading licence ☐
Majority Australian crew ☐
Ministerial declaration ☐

(b) Voyage

Interstate ☐   Intra-territory ☐
Places outside Australian 12 NM limit ☐
Seacare Authority declaration ☐

From

To

Via

10 Decision

This claim is:

Accepted ☐

WPI%

Total lump sum payable

Rejected ☐

Determination date / /

11 Was the time period extended?

No ☐ Yes ☐

Date stopped / /

Date restarted / /

Explanation

Employer representative to sign

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

Signature

Date / /

Name

Position in company