



Personal Injury Commission

August 2023

Application

Application for Determination to Commute Liability

This is the approved form for application for determination by the Personal Injury Commission under section 87G of the *Workers Compensation Act 1987* in respect of a commutation of an employer/insurer/scheme agent's liability with respect to a legally incapacitated worker.

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 | <input type="checkbox"/> Representative of person appointed as the financial manager |
| <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 |

NOTICE TO PARTIES

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

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

The information contained in the 'notes' to this form is provided as general information only and does not constitute legal advice. The relevant legislation governing the workers compensation jurisdiction should be consulted before submitting this form to the Personal Injury 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 numbers:

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 section 87G 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 871(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:

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 representative of employer/insurer/scheme agent:

Signature: _____ **Date:** _____

PART 5 – Certification and Signature

Applicant's (or representative's) signature: _____ **Date:** _____

Certification by Legal Representative

Legal representative's signature: _____ **Date:** _____

Lodgment Details

Hand delivery Level 21, 1 Oxford Street Darlinghurst NSW 2010

Postal address PO Box 594 Darlinghurst NSW 1300

Electronic lodgment help@pi.nsw.gov.au

Privacy Notice

Maintaining the privacy of personal information and health information is important to the Personal Injury Commission (**Commission**). The Commission collects and uses personal information and health information to exercise its statutory powers and to carry out its statutory functions as well as other related activities, including to register application forms such as this Form and to make decisions about disputes or claims.

Such personal information and health information may include, but is not limited to, the information contained, or referenced in, this completed Form, any other information which is provided by an Applicant, its representatives or a party or insurer in connection with proceedings before the Commission and/or such other information as may be obtained by the Commission or its members and staff in connection with the Commission exercising its statutory powers and carrying out its statutory functions as well as related activities or complying with any other obligations at law.

The Commission may disclose personal information and health information that it holds to another person (e.g. a doctor or a party to Commission proceedings etc) or to a Commonwealth or State Government department or agency (for example, Centrelink) as required or authorised by law. The Commission may also disclose personal information and health information to the State Insurance Regulatory Authority (**SIRA**) as required or authorised by law (including under the *Workplace Injury Management and Workers Compensation Act 1998* (NSW)) and for the purpose of assisting SIRA to exercise its statutory powers and to carry out its statutory functions.

The Commission's decisions will be published in accordance with section 58 of the *Personal Injury Commission Act 2020* (NSW). An application for de-identification or redaction of a decision can be made by a relevant person at any time during the proceedings.

More detailed information about the way that the Commission may collect, use and disclose your information is available at <https://pi.nsw.gov.au/resources/privacy>.

Applications to the Commission to access and correct any personal information and health information should be made in writing to the Commission, Level 21, 1 Oxford Street, Darlinghurst, NSW, 2010.