



Workers Compensation  
Commission

**Matter No:**

**/20**

FORM 2A

Reply to Application to Resolve a Dispute

January 2019

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# Reply

## Reply to Application to Resolve a Dispute

This is the approved form for reply to an application to resolve a dispute.

**Applicant:**

**Respondent:**

**Filed by:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Worker                   | <input type="checkbox"/> Employer                | <input type="checkbox"/> Self-insurer                        |
| <input type="checkbox"/> Worker representative    | <input type="checkbox"/> Employer representative | <input type="checkbox"/> Insurer/scheme agent representative |
| <input type="checkbox"/> Dependant                | <input type="checkbox"/> Scheme agent*           | <input type="checkbox"/> icare                               |
| <input type="checkbox"/> Dependant representative | <input type="checkbox"/> Specialised insurer     | <input type="checkbox"/> TMF Agent                           |

*\*Note scheme agent means scheme agent for the nominal insurer*

**Date Application Registered:**    /    /

### NOTICE TO PARTIES

The Respondent has 21 days from the date of registration of the Application to Resolve a Dispute to respond by:

- lodging a reply with the Commission, and
- serving a sealed copy of the Reply on each other party.

If you do not respond to the application, the Commission may progress the application in the absence of your reply.

**The reply form (Form 2A) is available from the Commission's website at [www.wcc.nsw.gov.au](http://www.wcc.nsw.gov.au) or from the Commission on 1300 368 040.**

Employers should contact their workers compensation insurer/scheme agent about lodging a reply.

## PART 2 – Respondent Details

### 2.1 Respondent details

Respondent number (if more than one respondent):

Name of business/organisation:

ABN:

Postal or DX address:

Postcode:

Contact person:

**Phone number for teleconference:**

Email address:

Phone number:

### 2.2 Insurer/scheme agent details

Claim number:

Name of insurer/scheme agent:

Postal or DX address:

Postcode:

Contact person:

**Phone number for teleconference:**

Email address:

Phone number:

Period of risk (if more than one insurer/scheme agent): From:    /    /                      To:    /    /

Cross this box if this application relates to more than one insurer/scheme agent (additional insurer/scheme agent schedule must be attached)

### 2.3 Employer/insurer/scheme agent representative details

*Complete this section only if the employer/insurer/scheme agent has a representative*

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

**Phone number for teleconference:**

Email address:

Phone number:

## PART 3 – Matters in Dispute

- |  |  |
|--|--|
| <input type="checkbox"/> Confirmed as per decision notice/s attached to the Application  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Confirmed as per exchange of offers attached to the Application | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Failure to determine  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Where failure to determine leave is sought to include the following:

## PART 4 – Claim Details

(Please complete if different from Application)

### 4.1(a) Schedule of Earnings (Pre 2012 amending Act – existing recipients and exempt worker)

Period From/To	Actual earnings (s40(2)(b))	Comparable/ probable earnings (s40(2)(a))	Current weekly wage rate (s42)
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

### 4.1(b) Schedule of Earnings

Period From/To (First 13 weeks, s36)	Pre-injury AWE	Deductible amount (where applicable)	Able to earn/current weekly earnings
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

Period From/To (Weeks 14-130, s37)	Pre-injury AWE	Deductible amount (where applicable)	Able to earn/current weekly earnings
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

Period From/To (After week 130, s38)	Pre-injury AWE	Deductible amount (where applicable)	Able to earn/current weekly earnings
--	\$	\$	\$
--	\$	\$	\$
--	\$	\$	\$

## PART 5 – Selection of Approved Medical Specialist

The parties have agreed on the following Approved Medical Specialist to conduct the assessment.

**Name of Approved Medical Specialist:**

The parties request the Registrar to appoint the Approved Medical Specialist.

## PART 6 – Supporting Documentation

**Note:** Supporting documentation is limited to documents that have been exchanged between the parties as and when required by the Workplace Injury Management and Workers Compensation Act 1998 and any regulation or guideline made under that Act, and by the Workers Compensation Commission Rules 2011

Refer to the Guide for the preferred order of documents to be attached.

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## PART 7 – Certification and Signature

The Respondent certifies that:

- The Respondent is entitled to lodge this reply because it satisfies the statutory procedural requirements under section 289 or section 289A of the *Workplace Injury Management and Workers Compensation Act 1998* and clauses 44,45 and 46 of the *Workers Compensation Regulation 2016*.
- The dispute is limited to those matters identified in Application to Resolve a Dispute lodged by the Applicant and those identified in Part 3

Respondent's (or representative's) signature: \_\_\_\_\_ Date: / /

### Lodgment Details

<b>Hand delivery</b>	Level 20, 1 Oxford Street Darlinghurst NSW 2010
<b>Postal address</b>	PO Box 594 Darlinghurst NSW 1300
<b>Document exchange</b>	DX 11524 Sydney Downtown
<b>Electronic lodgment</b>	<a href="mailto:registry@wcc.nsw.gov.au">registry@wcc.nsw.gov.au</a>

### Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.