



WorkCover Claims

All members

For generations, our union has worked to keep our members as safe as possible, fighting for Personal Protective Equipment, fatigue management strategies and strict training and capability standards. Our emergency response duties are now a tightly controlled risk, though from time to time people still get hurt.

If you are injured or fall ill through the course of your work you will be entitled to compensation. Your union is here to defend your rights, and to ensure you are not left out of pocket.

This fact sheet will run through what you should do if you need to lodge a claim for workers' compensation.

What to do if you're injured at work:

At any point during this process, you can contact the state office on 1800 816 589 for advice.

NB: You should not sign a form that authorises your employer to speak to your doctor without talking to the union first.

1. Seek medical attention

- Make sure your treating doctor knows your injury is work-related and explain how it occurred.
- If your doctor can diagnose a workplace injury or illness, you should ask them to issue a Workers' Compensation Medical Certificate, noting their opinion on the cause of your injury.
- If you have any questions or concerns regarding this process, and require union assistance, please contact the state office on 1800 816 589.

2. Contact WorkCover Queensland

WorkCover Queensland (WorkCover) has a simple process for employees to lodge their own claims, and your union is available to assist or give guidance at any stage.

- You can lodge a claim:
 - **online** at
<https://ols.workcoverqld.com.au/ols/public/claim/lodgement.wc>
 - by downloading and **filling out a claim form** from
<https://www.worksafe.qld.gov.au/rehab-and-claims/injuries-at-work/making-a-claim>, and
 - uploading it using the online service
 - faxing it to 1300 651 387
 - posting it to GPO Box 2459, Brisbane Qld 4001
 - **over the phone** on 1300 362 128
- You may need to add additional information about the circumstances of your injury to make it clear that the injury was caused by your work.
- WorkCover should contact you and the Fire and Rescue Service within 3-5 days, and a decision should be made within 20 business days.

Should you require union assistance with lodging a claim please contact the state office on 1800 816 589.

Note: You must lodge a claim within 6 months of sustaining the injury. If you have left it longer than 6 months, but you have a reason for doing so, you should seek advice from your union regarding your ability to lodge a claim.

If WorkCover decides to reject your claim, it is possible you will be able to have the case reviewed by the Workers' Compensation Regulator. You should seek advice from your union if this occurs.

What compensation is available?

1. **Weekly compensation for lost wages**

The rate of compensation available will depend on the length of time you are unable to work and the date of your injury.

Generally speaking –

For the first 6 months you are unable to work you will receive, as a minimum, the amount payable to you under the certified agreement (your normal fortnightly pay).

After 26 weeks (6 months), WorkCover will reduce your compensation rate. This reduction commonly results in a compensation amount of 75% of 'normal weekly earnings'.

After 2 years, weekly compensation may be reduced to as low as an amount equal to the single pension rate.

Weekly compensation under WorkCover will cease after 5 years.

If you have any questions about your specific circumstances, and what compensation amount applies to you, please contact the state office for advice.

2. **Medical, surgical and hospital expenses and medicines**

Generally speaking –

Non elective hospitalisation will be covered for up to four days.

Non elective hospitalisation beyond 4 days, or elective hospitalisation for any period must be agreed to in advance by WorkCover.

3. **Rehabilitation treatment and equipment or services**

This will include medical treatment by a registered practitioner (for example, a GP, a specialist, a dentist or physiotherapist), hospital expenses, medicines and rehabilitation treatment, equipment or services (for example, crutches or return to work services).

Medical and rehabilitation costs will be covered up to the maximum amount specified on either the WorkCover 'Medical Table of Costs' or 'Allied Health Table of Costs' for the specific injury and/or service.

If you attend a medical or allied health practitioner who charges above the 'Table of Costs', you'll be responsible for paying the 'gap' or the difference in the fee charged. However, in most circumstances a medical or allied health practitioner will bill WorkCover directly, and the 'Table of Costs' will sufficiently cover their fee.

4. Travelling expenses

You will be able to claim reimbursement for the costs of any necessary travel related to your treatment and/or rehabilitation.

This will only apply if the distance travelled is over 20km (one way), and if there is no closer treatment provider to your home.

5. Lump sum compensation

Generally speaking, lump sum compensation is available if you are assessed as having a permanent impairment from a workplace injury.

There are other circumstances where lump sum compensation may be available.

If you have any questions about your specific circumstances, and what lump sum compensation may apply to you, please contact the state office for advice.