



2 Bedbrook Place
Shenton Park
Western Australia 6008
workcover.wa.gov.au

telephone 08 9388 5555
advisory services 1300 794 744
TTY 08 9388 5537

Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Intention to Reduce or Discontinue Income Compensation – Consent

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for obtaining the written consent of a worker under section 62(d) of the *Workers Compensation and Injury Management Act 2023* is **Intention to Reduce or Discontinue Income Compensation – Consent** in Appendix 1.

Intention to Reduce or Discontinue Income Compensation – Consent in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CN1 – v1 [D2024/36873].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

26 March 2024

APPENDIX 1

Workers Compensation and Injury Management Act 2023

INTENTION TO REDUCE OR DISCONTINUE INCOME COMPENSATION — CONSENT

Worker

Name:

Address:

Employer

Name:

Claim

Insurer:

Insurer claim number:

Date of injury:

Proposed Action

Your employer seeks your consent to the following change to your income compensation:

Reduce:

Discontinue:

Date of proposed action:

Reason

.....

Compensation to be paid

Current income compensation: \$

Proposed income compensation: \$

Signed

I consent to the proposed action by my employer.

APPENDIX 1

Worker: Date:

Further information

Advice or assistance on workers compensation claims and disputes can be provided by WorkCover WA Advisory Services on 1300 794 744 or www.workcover.wa.gov.au, trade unions, or legal practitioners.

Notice Details

Notice issued by:

Email address:

Phone number:

Web: