



2 Bedbrook Place  
Shenton Park  
Western Australia 6008  
[workcover.wa.gov.au](http://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 - Medical Evidence**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for the written notice of the proposed action that must be given to the worker for the purposes of section 64(2) of the Act and regulation 28 of the *Workers Compensation and Injury Management Regulations 2024* is **Intention to Reduce or Discontinue Income Compensation – Medical Evidence** in Appendix 1.

**Intention to Reduce or Discontinue Income Compensation – Medical Evidence** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CN3 – v1 [D2024/36874].

CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

26 March 2024

*Workers Compensation and Injury Management Act 2023*

**INTENTION TO REDUCE OR DISCONTINUE INCOME COMPENSATION  
MEDICAL EVIDENCE**

**Worker**

Name: .....

Address: .....

**Employer**

Name: .....

**Claim**

Insurer: .....

Insurer claim number: .....

Date of injury: .....

---

**Proposed Action**

Based on medical evidence your employer intends to make the following change to your income compensation 21 days after this notice is given to you:

Reduce:

Discontinue:

Date of proposed action: .....

**Medical evidence summary**

---

A copy of the medical evidence relied upon is **attached** to this notice.

**Compensation to be paid**

Current income compensation: \$ .....

Proposed income compensation: \$ .....

**Signed**

Employer/Insurer: \_\_\_\_\_ Date: \_\_\_\_\_

**Further information**

If you disagree and wish to dispute the proposed action to reduce or discontinue your income compensation, you can lodge an application for conciliation in WorkCover WA's Conciliation and Arbitration Services within 21 days after this notice is given to you.

Payments cannot be reduced or discontinued until any dispute related to that action has been finalised, if you lodge an application for conciliation within 21 days after this notice is given to you.

If you don't make an application for conciliation within 21 days, your income compensation payments will be reduced or discontinued as set out in this notice.

Information about WorkCover WA's Conciliation and Arbitration Services can be obtained from WorkCover WA Advice and Assistance on 1300 794 744 or at the WorkCover WA website: <https://www.workcover.wa.gov.au/>.

---

**Notice Details**

Notice issued by: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Web: \_\_\_\_\_