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Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Settlement Agreement

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the **Settlement Agreement** in Appendix 1 is the approved form for:

1. A settlement agreement referred to in section 149(2); and
2. The statement by a worker acknowledging the worker is aware of the consequences of registering the settlement agreement required by section 154(1)(a).

The **Settlement Agreement** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form SF1 – v1 [D2024/36877].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

26 March 2024

Workers Compensation and Injury Management Act 2023

SETTLEMENT AGREEMENT

This agreement is between:

Employer

Name:

Address:

ABN:

and

Worker

Name:

Address:

Date of birth:

Agreement

Total lump sum: \$

Agreement date:

By this agreement the employer agrees to pay, and the worker agrees to accept, the total lump sum set out above to permanently finalise the worker's entitlement to compensation for the injury as set out in this agreement. This agreement permanently discharges the liability of the employer to pay compensation to the worker.

This settlement agreement is made in accordance with the *Workers Compensation and Injury Management Act 2023* and has no effect unless and until it is registered by the WorkCover WA Director (the Director).

Agreement Particulars

Injury

Date of injury:

Circumstances of injury:

Description of injury:

Claim

Insurer claim number: _____
 Date claim made: _____
 Date claim given to insurer: _____
 Liability status: Accepted Not Accepted No Decision

Prior Amounts Paid

Prior to the date of this agreement the worker has received:

Income compensation:* \$ _____
 Medical and health expenses compensation:* \$ _____
 Workplace rehabilitation expenses compensation: \$ _____
 Miscellaneous expenses compensation: \$ _____

* Including provisional payments

Permanent Impairment Compensation

Permanent impairment compensation: Yes No
 Applicable General Maximum Amount (GMA): \$ _____

Item #	Item Maximum of GMA		Assessed, Agreed or Determined Degree of Permanent Impairment#	Item Lump Sum
	%	\$		
Permanent impairment lump sum:				\$ _____

As indicated in APIA report or agreed % within range of APIA original and further assessment.

Dust Disease Impairment Compensation

Dust disease impairment compensation: Yes No
 30% of the Applicable General Maximum Amount (GMA): \$ _____

Other Amounts

Future income compensation:	\$
Future medical and health expenses compensation:	\$
Future workplace rehabilitation expenses compensation:	\$
Future miscellaneous expenses compensation:	\$

Settlement Total Lump Sum

Total lump sum:	\$
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Worker statement

By signing this agreement, I acknowledge:

- I have had the opportunity to seek legal advice about this settlement agreement.
- I am not aware of any expenses due but unpaid.
- I am aware of and understand the consequences of entering into this agreement and specifically:
 - I will have no further entitlement to compensation for the injury when this agreement is registered by the Director; and
 - I will not be able to claim or receive common law damages for the injury unless my claim is for dust disease impairment compensation only; and
 - this agreement permanently discharges the liability of the employer to pay compensation to me.

Worker signature:

Name: _____

Date: _____

Employer statement

By signing this agreement, the employer acknowledges liability for payment of any unpaid compensation and expenses it was obligated under this Act to pay prior to the date of entry into this settlement agreement.

Employer (or representative)
signature:

Name: _____

Date: _____

Note

An application to register this settlement agreement must be submitted to the Director as soon as practicable after the signed agreement has been received by the insurer. Unless otherwise approved the application for registration must be made through the WorkCover WA electronic document system (WorkCover WA Online).

A settlement agreement will not be registered by the Director if it is not in the approved form, is not accompanied by required supporting information or the application does not comply with the requirements of the regulations related to settlement agreements.

A settlement agreement may be signed electronically or digitally.

The Director will notify all parties when the settlement agreement has been registered.

The employer or insurer must pay the settlement amount within 14 days of the registration date or if another law applies to prevent payment (for example where Department of Health, Centrelink or Medicare charges apply to the settlement) within 7 days after payment is permitted.