Workers Compensation and Injury Management Act 2023

APPLICATION TO DISCHARGE CHILD ALLOWANCE FORM

## Insurer details

|  |  |
| --- | --- |
| Insurer: |   |
| Contact: |   |
| Email address: |   |
| Phone number: |   |
|  |  |
| Employer details |  |
| Name: |  |
| ABN: |  |
| Address: |  |
| Phone number: |  |
| Email address: |  |

## Worker

|  |  |
| --- | --- |
| Name: |   |
| Address: |   |
| Date of birth: |   |

## Claim

|  |  |
| --- | --- |
| Insurer claim number: |   |
| Date of injury: |   |
| Date of death: |   |
| Date claim given to insurer: |   |
| Date of notice: |   |

## Application

This application is made to pay the amount specified below in discharge of the liability to make child allowance payments to the eligible dependent child/ children named below pursuant to a compensation order.

In accordance with section 142(6) of the *Workers Compensation and Injury Management Act 2023* and Regulation 67 of the *Workers Compensation and Injury Management Regulations 2024* we have calculated the discharge amount for each dependent child and the total amount payable:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of each eligible dependent child** | **Compensation order amount per/ week1** | **Calculation of discharge amount**  |
| 1. |   |  | $  |
| 2. |   |  | $  |
| 3. |  |  | $  |
| 4. |  |  | $  |
| 5. |  |  | $  |
| **Total discharge amount:** | $  |

1. The compensation order made by the Arbitrator must be attached with this application.

## Notice Details

|  |  |
| --- | --- |
| Notice issued by: |   |
| Email address: |   |
| Phone number: |   |
| Web: |   |