



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

telephone advisory services 1300 794 744

08 9388 5555 08 9388 5537

Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Application to Discharge Child Allowance

In accordance with section 496 of the Workers Compensation and Injury Management Act 2023 the approved form for an application to discharge the child allowance given under section 142(7) of the Workers Compensation and Injury Management Act 2023 is Application to Discharge Child Allowance in Appendix 1.

The **Application to Discharge Child Allowance** form in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CN10 - v1 [D2024/110261].

CHRIS WHITE

CHIEF EXECUTIVE OFFICER

27 May 2024

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/ week ¹	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:	