



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]**

#### **Workplace Fatality Compensation Claim Form**

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for making a workplace fatality compensation claim under section 137(4) of the *Workers Compensation and Injury Management Act 2023* is **Workplace Fatality Compensation Claim Form** in Appendix 1.

The **Workplace Fatality Compensation Claim Form** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form CF4 – v1 [D2024/136889].

CHRIS WHITE  
CHIEF EXECUTIVE OFFICER

27 May 2024

Workers Compensation and Injury Management Act 2023

# Workplace Fatality Compensation Claim Form

Please see attachment for required information and documents.

## 1. CLAIMANT'S DETAILS

Given names:	<input type="text"/>	Surname:	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation:	<input type="text"/>
Phone number:	<input type="text"/>		
Relationship to worker:	<input type="text"/>		
Residential address:	<input type="text"/>		
Email address:	<input type="text"/>		
Preferred language(s): <i>(if other than English)</i>	<input type="text"/>		

## 2. WORKER'S DETAILS

Given names:	<input type="text"/>	Surname:	<input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation:	<input type="text"/>
Residential address: <i>(prior to death)</i>	<input type="text"/>		

## 3. EMPLOYER'S DETAILS

Employer's name: <i>(including trading name)</i>	<input type="text"/>		
Employer's address:	<input type="text"/>		
Employer's ABN:	<input type="text"/>	Phone number:	<input type="text"/>

## 4. DETAILS OF FATALITY

Date of injury:   /   /

Date of death:   /   /

Was the death a result of a workplace injury? Yes  No

Cause of death:

Worker's duties/tasks when injury/accident occurred:

## 5. COMPENSATION BEING CLAIMED

1. Death resulted from injury:

- Dependant lump sum entitlement - *payable to dependant partner and/or children*
- Child's allowance - *payable for the benefit of each dependant child*
- Funeral expenses - *payable to person who incurs expenses*
- Medical expenses - *payable to person who incurs expenses*

2. Death did not result from injury:

- Lump sum entitlement - *payable to dependant partner and/or children*

## 6. DETAILS OF DEPENDANTS (include any additional dependants on a separate page)

- Documents attached to show dependency on earnings of worker at the time of death

### DEPENDANT 1

Given names:

Surname:

Date of birth:   /   /

Relationship to worker:

Phone number:

Address:

**DEPENDANT 2**

Given names:  Surname:

Date of birth: / /     Relationship to worker:

Phone number:

Address:

**DEPENDANT 3**

Given names:  Surname:

Date of birth: / /     Relationship to worker:

Phone number:

Address:

**DEPENDANT 4**

Given names:  Surname:

Date of birth: / /     Relationship to worker:

Phone number:

Address:

**DEPENDANT 5**

Given names:  Surname:

Date of birth: / /     Relationship to worker:

Phone number:

Address:

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Do you know of any other person who is dependent on the earnings of the worker and may be entitled to make a separate claim?

Yes  No

If yes, please provide any details attached on a separate piece of paper.

## 7. CONSENT AUTHORITY

I hereby authorise any medical practitioner, medical practice or hospital to disclose to the worker's employer or the employer's insurer and WorkCover WA any information regarding the worker's medical history. However, I do not authorise the release or testing of human tissue samples or human tissue material of any kind or for any purpose.

Signature:

Date: / /

Name of worker's general practitioner:

## 8. DECLARATION

**Western Australia  
Oaths, Affidavits and Statutory Declarations Act 2005  
Statutory Declaration**

I,  *insert name*

of  *insert address*

sincerely declare that all the information in the *Workplace Fatality Compensation Claim Form*, and any other attachment and supporting particulars are true and correct to the best of my knowledge.

To the best of my knowledge I have not omitted any information that may be relevant to my claim, including but not limited to the names of persons I believe may have been dependent on the earnings of the deceased worker.

This declaration is true and I know it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

at   
*(place)*

on / /   
*(date)*

by   
*(signature of person making the declaration)*

**in the presence of**

*(signature of authorised witness)*

*(name of authorised witness)*

*(qualification of authorised witness)*

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**INSURER TO COMPLETE**

*Name of insurer / self-insurer:*

*Claim number:*

*Policy number:*

*Date claim received:*

/ /

## Required Information and Documents

The following documents and information must be provided with the *Workplace Fatality Compensation Claim Form*

### DOCUMENTS TO ATTACH

#### Documents about cause of death

- Death Certificate
- In some circumstances an insurer / self-insurer may request copies of any autopsy report, a Coroner's report or ambulance, hospital, or other medical records.

#### Documents about relationship to worker

- **For a marriage – the marriage certificate**
- **For a de facto relationship – a statement and supporting particulars (indicated below) about:**
  - how, when and where the person and worker first met
  - the duration of the relationship and level of commitment to a shared life
  - the extent to which the person and worker supported each other financially, physically and emotionally and when this level of commitment began
  - the living arrangements including whether the person and worker resided together and the nature and extent of common residence (attach details of living arrangements)
  - financial aspects of the relationship including joint ownership of a house or joint names on a lease, correspondence addressed to the couple at the same address, details of financial commitments such as bank statements, and any joint liabilities (attach copies)
  - any joint responsibility for the care and support of children
  - the extent to which the relationship was recognised publicly or socially (include name and contact details of 2 people who can verify the existence of a de facto relationship).
- **For each dependent child**
  - a copy of the child's birth certificate or passport
  - evidence of enrolment in full time education if the child is between 16 and 21
  - evidence of guardianship or adoption, if the worker or the person claiming on behalf of any child is not the parent.
- **For an extended family member**
  - evidence the person is an extended family member
  - a Statutory Declaration to the effect the worker died leaving no dependent partner or children.

## Documents about financial dependency

To show the claimant was wholly or in part dependent on the earnings of the worker at the time of death attach:

- records of income received from employment, investments or business over a two year period prior to the death of the worker, for the worker and claimant(s);
- tax returns for the two year period prior to and including the worker's death, for the worker and the claimant(s) (if available);
- bank / financial statements that show the worker provided monetary support to the claimant(s). This may include: moneys transferred from the worker to the claimant or between accounts; payments for shared property or living expenses such as utilities, food, lodging, clothing, education, medical and dental care, recreation, transportation and other necessities;
- copies of any relevant legal order or voluntary arrangement setting out the amount to be paid for child support or spousal/de facto maintenance; and
- details of any distribution or profit paid to the worker or claimant(s) from any family trust.

## Documents about other potential claimants

- If applicable, attach contact details of any other person dependent on the earnings of the worker (not mentioned in section 6 of the claim form) who may be entitled to make a separate claim.

## Documents about funeral expenses

- Receipts, invoice and / or quotations for funeral expenses incurred or likely to be incurred.

## Documents about medical expenses

Only attach if claiming medical expenses:

- invoices that relate to the worker's medical attendance, transportation and treatment incurred for the workplace injury prior to their death.

## Documents if the death did not result from the injury

Only attach if the worker's death did not result from the workplace injury/accident:

- documents to show the worker had been in receipt of income compensation for at least six months; and
- documents to prove the claimant's relationship to the worker and dependency (same as documents listed above).