Workers Compensation and Injury Management Act 2023

common law Dust Disease — Permanent Impairment Agreement

## Worker

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of birth: |  |
| Phone number: |  |
| Email address: |  |

## Employer

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| ABN: |  |
| Contact person: |  |
| Phone number: |  |
| Email address: |  |

## Claim

|  |  |
| --- | --- |
| Insurer: |  |
| Insurer claim number: |  |
| Date claim made: |  |
| Contact person: |  |
| Phone number: |  |
| Email address: |  |

## Injury

|  |  |  |
| --- | --- | --- |
| Date of injury: | |  |
| Description of injury: |  | |
| Pneumoconiosis |  | |
| Silicosis |  | |
| Mesothelioma |  | |
| Lung cancer |  | |
| Diffuse pleural fibrosis |  | |

## Agreement

It has been agreed between the worker and the employer that the worker’s degree of permanent whole of person impairment resulting from the dust disease is:

|  |  |
| --- | --- |
| At least 15% | Yes  No |
| At least 25% | Yes  No |

## Note

This agreement must be lodged with the Director to support an election to pursue common law damages. See approved form: Common Law Election.

|  |  |
| --- | --- |
| Signed by worker: |  |
| Worker name: |  |
| Date: |  |
| Signed by employer: |  |
| Employer representative name: |  |
| Date: |  |