

COMPENSATION CLAIM FOR PERMANENT IMPAIRMENT AND NON-ECONOMIC LOSS— FORM AND CHECKLIST

PRIVACY

WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the *Information Privacy Act 2014* (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

We will only collect, use or disclose your personal information in accordance with the above-mentioned Privacy Laws.

PART A - EMPLOYEE TO COMPLETE

Claim number	
Surname	
Given names(s)	
Residential address	
	State: _____ Postcode: _____
Contact details	Home: _____
	Mobile: _____
	Other: _____
	Email: _____
Date of injury	
Accepted condition	

What permanent injury/impairment(s) of the body do you want to claim for?	
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Have you received a lump sum award for permanent impairment or non-economic loss for this injury/injuries/disease and/or this claim or any other claim with other insurers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide the following information:

Date of award	Amount received

Employee's declaration

I declare that:

- The information I have supplied on this form and any other attachment is true and accurate.
- I am aware making a false or misleading claim or statement in support of my claim is punishable by law.
- I am aware any monies paid by EML as a result of a false or misleading statement or claim will be recovered.

Printed name: _____

Signature: _____

Date: _____

Represented by (solicitor's or other representative's name, if applicable)

Printed name: _____

Signature: _____

Date: _____

PART B—TREATING PRACTITIONER TO COMPLETE

Diagnosis of the condition your patient is claiming permanent impairment for:

Is this related to their accepted condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, proceed to signature)
If you have answered yes, what impairment(s) to your patient's: <ul style="list-style-type: none"> ▪ bodily parts; ▪ bodily functions; and/or ▪ bodily systems have resulted from the condition? 	
Do you consider that the impairment(s): <ul style="list-style-type: none"> ▪ have stabilised at this level indefinitely; or ▪ will improve; or ▪ will deteriorate. 	
Has active treatment of the condition been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the impairment has not yet stabilised, how long do you expect it will take to stabilise?	
Please describe the extent of the impairment(s) listed above. If possible, express this as a percentage of the affected body part, function or system and provide comments on how you determined the percentage.	

Treating Practitioner Details:

Name		
Address		
	State:	Postcode:
Contact details	Phone:	
	Fax:	
Qualifications		
Specialisation		

Provider number	
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Printed name: _____

Signature: _____

Date: _____

Note: Reasonable Costs of completing this form will be met by EML

PART C—NON-ECONOMIC LOSS QUESTIONNAIRE

You need to ensure all sections of the form are completed.

Please indicate the score you consider is appropriate and use the space provided to make comments that support your answers. We request that you provide comments to help your Impairment Assessment Officer assess your claim.

If there is not enough room on the form for your comment please attach a separate, signed statement.

If you have more than one accepted condition (injury) and are claiming for a permanent impairment or impairments resulting from each condition (injury), then you must complete a separate Non-economic loss questionnaire for each condition.

Section 1: Pain and suffering

This section has two parts:

- The first part on pain concerns the frequency and intensity of physical pain that you suffer due to your condition.
- The second part on suffering concerns the mental distress that you may experience including emotional symptoms such as grief, frustration, fear, anguish, humiliation and embarrassment.

Part 1: Pain

Please note that:

- only ongoing pain of a continuing or episodic nature is considered
- you cannot use the table below to indicate temporary pain or speculation of future pain.

Indicate in the table which one of the following best describes the pain you suffer from:

- No pain experienced (score 0).
- Intermittent attacks of pain of nuisance value only. Can be ignored when activity commences (score 1).
- Intermittent attacks of pain. Not easily tolerated, but short-lived. The pain responds fairly readily to treatment such as analgesics and anti-inflammatory medications (score 2).
- Episodes of pain more persistent. Not easily tolerated. Treatment, if available, is of limited benefit (score 3).
- Pain occurring most of the time. Restrictions on activity. Resistant to treatment (score 4).
- Pain continuous and severe. Preventing activity. Uncontrolled by medication (score 5).

Table 1.1

Employee's score	Treating practitioner / Specialist's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments:

Treating practitioner's assessment

Examining practitioner's assessment

Part 2: Suffering

Please note that:

- only ongoing suffering of a continuing or episodic nature is considered

- you cannot use the table below to indicate temporary suffering or speculation about future suffering.

Indicate in the table which one of the following best describes the suffering (mental distress) you experience:

- No symptoms of mental distress experienced (score 0).
- Symptoms of mental distress minimal or ill defined. Symptoms occur intermittently. No interference with activity (score 1).
- Distinct symptoms of mental distress that are episodic in nature. Activities reduced during such episodes. Recovers quickly after episodes (score 2).
- Symptoms of mental distress are distinct and varied. Episodes of mental distress occur regularly. Ability to cope or perform activity effectively reduced during episodes. Needs time to recover between episodes. Treatment such as antidepressants, counselling and other supportive therapies help to control or relieve symptoms (score 3).
- Symptoms of mental distress are wide ranging and tend to dominate thinking. Rarely free of symptoms of mental distress. Difficulty coping or performing activity. Treatment necessary to either control or relieve symptoms (score 4).
- Symptoms of mental distress arising from accepted condition predominate over thinking. Activities severely restricted. Treatment of no real benefit in controlling or relieving symptoms (score 5).

Table 1.2

Employee's score	Treating practitioner / Specialist's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

Section 2: Loss of amenities

Loss of amenities can also be described as loss of enjoyment of life.

This section has three parts:

- The first part on mobility concerns your ability to move around in your environment including your home and work. It includes walking, driving, being a passenger, and using public transport.
- The second part on social relationships concerns your ability to engage in your social and personal relationships.
- The third part on recreational and leisure activities concerns your ability to maintain your usual recreational and leisure pursuits.

Part 1: Mobility

Indicate in the table which one of the following best describes the effect your condition has on your ability to move around:

- No or minimal restrictions on mobility (score 0).
- Periodic effects on mobility—no restrictions in-between episodes (score 1).
- Ongoing, mild restrictions on mobility (for example, walks at a slower pace or needs a walking stick) (score 1).

- Mobility reduced, but remains independent of others both within and outside the home. Can travel but may need to have breaks or special seating (score 2).
- Mobility markedly reduced. Needs some assistance from others. Unable to use most forms of transport (score 3).
- Restricted to home and vicinity. Can only travel outside home with door-to-door transport and the assistance of others (score 4).
- Severely restricted mobility (for example, restricted to bed, chair or room). Dependent on others for assistance. Mechanical devices or appliances used for mobility within the home (for example, wheelchair, hoist) (score 5).

Table 2.1

Employee's score	Treating practitioner / Specialist's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

Part 2: Social relationships

Indicate in the table which one of the following best describes the effect your condition has had on your personal or social life.

- Usual relationships unaffected (score 0).
- Minor interference with personal relationships, causing some reduction in social activities and contacts (score 1).
- Relationships confined to immediate and extended family and close friends, but unable to relate to casual acquaintances (score 2).
- Difficulty in maintaining relationships with close friends and extended family (score 3).
- Social contacts confined to immediate family (score 4).
- Difficulties relating socially to anyone (score 5).

Table 2.2

Employee's score	Treating practitioner / Specialist's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

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Examining practitioner's assessment

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Part 3: Recreational and leisure activities

Indicate in the table below which one of the following best describes the effect your condition has on your usual participation in recreational and leisure activities.

- Able to follow usual recreational and leisure activities (score 0).
- Intermittent interference with activities. Able to pursue usual activities in-between episodes (score 1).
- Interference with activities reduces frequency of activity, but is able to continue. Is able to enjoy alternatives (score 2).
- Unable to continue with pre-injury level of activity. Alternative, less-rewarding activity possible (score 3).
- Range of pre-injury activities greatly reduced. Needs some assistance to participate in pre-injury recreational and leisure activities (score 4).
- Unable to undertake any pre-injury recreation and leisure activities (score 5).

Table 2.3

Employee's score	Treating practitioner / Specialist's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

Examining practitioner's assessment

Section 3: Other loss

This section is for any other non-economic loss suffered as a result of your condition. This does not include factors covered earlier. Indicate in the table which one of the following best describes your situation.

- No or minimal disadvantages (score 0).
- Moderate disadvantages. For example, dependence on a specialised diet, experiences detrimental effects associated with climatic features such as temperature, humidity, ultra-violet rays, light, noise or dust (score 1).
- Marked disadvantages. For example, needs to move to specially modified premises (score 2).
- Severe disadvantages. For example, dependence on external life-saving or supporting machines including aspirator, respirator, dialysis machine, or any form of electro-mechanical device for the sustenance or extension of activities (score 3).

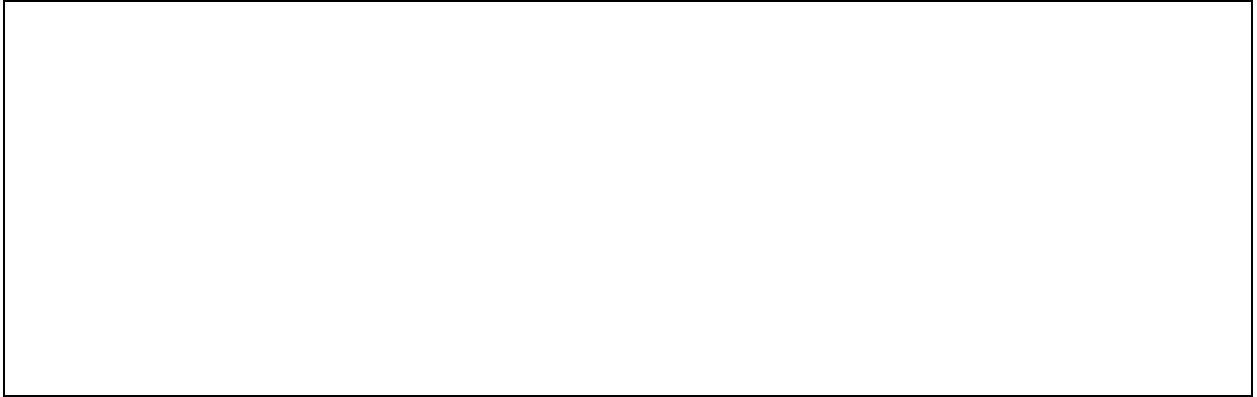
Table 3.1

Employee's score	Treating practitioner / Specialist's score	Examining practitioner's score

Use the space below to give further evidence or examples that support the score you have provided.

Employee's comments

Treating practitioner's assessment

A large, empty rectangular box with a thin black border, intended for the treating practitioner's assessment.

Examining practitioner's assessment

A large, empty rectangular box with a thin black border, intended for the examining practitioner's assessment.

PART D - AUTHORISATION, ACKNOWLEDGEMENT AND WARNINGS

Please read and sign this authorisation and declaration.

1. I authorise and consent to:
 - i. EML collecting my personal information from, using it, and disclosing my personal information to any of the parties listed in the 'Collection, use and disclosure' notice on page 1 of the claim form
 - ii. any of the above parties collecting my personal information from, using it and disclosing my personal information to EML or each other;
 - iii. a photocopy of this Authority as sufficient evidence of my authority and consent to discuss or provide the information requested.
2. I acknowledge and understand this consent includes collecting, using or disclosing information from, to and between parties in relation to my compensable and any non-compensable conditions.
3. I acknowledge and understand that if I refuse to give my consent, or if I restrict my consent, or if I withdraw my consent to collect, use or disclose my personal information, and EML believes:
 - i. that I have information relevant to my claim; or
 - ii. that I can obtain information relevant to my claim without unreasonable expense or inconvenience, EML can issue me a written notice requesting me to give the information to EML
4. I acknowledge and understand that if I refuse or fail, without reasonable excuse, to comply with such a written notice, EML may refuse to deal with my claim until I provide the information or copy of a document referred to in the notice.
5. I am aware that I must advise EML immediately if I engage in any employment, whether paid or not, or in the running of a business in my own right or as a partner during the period I am absent from work as a result of this injury/ disease.
6. I am aware that I must advise EML if my injury or disease improves during any period of incapacity sufficiently to allow me to return to work.
7. I am aware that giving false or misleading information in support of this claim is a serious offence which is punishable by law under the Criminal Code Act 1995.
8. I am aware that any monies paid by EML as a result of a false or misleading statement or claim will be recovered
9. I acknowledge that I have read and understand both the 'Collection, use and disclosure' notice attached to my claim form, and the 'Authorisation, Acknowledgement and Warning' included in this notice.
10. 10. If someone has assisted me to complete this form, I acknowledge that they have explained the above notices to me and I understand my obligations.

Printed name: _____

Signature: _____

Date: _____

PART E - TREATING PRACTITIONER/SPECIALIST TO COMPLETE

Is there likely to be any reduction in life expectancy? Yes/No If yes, what is the likely reduction in the employee’s life expectancy due to injury or impairment? Less than 1 year More than 1 year, less than 10 years More than 10 years, less than 20 years 20 or more years

Is there likely to be any reduction in life expectancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the likely reduction in the employee’s life expectancy as a result of the injury or impairment?	<input type="checkbox"/> Less than 1 year
	<input type="checkbox"/> More than year
	<input type="checkbox"/> Less than years
	<input type="checkbox"/> More than years
	<input type="checkbox"/> Less than 20 years <input type="checkbox"/> More than 20 years

Additional comments

Treating doctor’s details

Treating practitioner’s name	
Qualifications	
Specialisation	
Provider number	
Contact number	
Address	
Signature	
Date	

CHECKLIST

The purpose of this checklist is to ensure that you have completed all relevant parts of the Compensation claim for permanent impairment and non-economic loss form and provided the necessary information.

PART A	
a) Have you completed employee details?	<input type="checkbox"/> Yes
b) If you are represented by a solicitor or other representative, have you provided their contact details (name, address, and phone number)?	<input type="checkbox"/> Yes
c) If you received any previous lump sum benefits, have you provided details of these?	<input type="checkbox"/> Yes
PART B	
a) Has your treating doctor completed this part?	<input type="checkbox"/> Yes
PART C	
a) Have you provided scores under all categories of the Non-Economic Loss Questionnaire?	<input type="checkbox"/> Yes
b) Have you provided details/comments in the space provided under each score?	<input type="checkbox"/> Yes
PART D	
a) Have you read and understood the declaration and medical release authority?	<input type="checkbox"/> Yes
b) Have you signed the declaration and medical release authority?	<input type="checkbox"/> Yes
PART E	
a) Has your treating practitioner completed this part?	<input type="checkbox"/> Yes
b) Has your treating practitioner signed and dated the form?	<input type="checkbox"/> Yes
c) If yes, have they provided additional comments?	<input type="checkbox"/> Yes