

CGU WORKERS COMPENSATION

AUSTRALIAN CAPITAL TERRITORY

Employer Information Pack



CGU

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Introduction

CGU Workers Compensation is part of CGU Insurance, a member company of Insurance Australia Group (IAG) and one of Australia's leading commercial insurers, insuring over 1 million homes and 500,000 motor vehicles. Insurance Australia Group Limited (IAG) is an international general insurance group, with operations in Australia, New Zealand, the United Kingdom and Asia.

CGU is the country's largest regional and rural insurer, and one of Australia's largest and most experienced workers' compensation providers. We operate in all states and territories which permit private insurer participation and are also a leading provider of self insurance services.

CGU Workers Compensation delivers workers' compensation and health and safety services to over 200,000 employers across Australia. We offer products for small, medium, corporate and government employers, as well as self-insurers.

Whatever size your business, our approach is based on partnership. We'll work with you to manage your claims and drive early return to work outcomes. At the same time we'll ensure you have the information and tools you need to play an active role in managing your workers' compensation program and developing a strong safety culture within your organisation.

This information pack is a step in that direction. It contains important information about the local workers' compensation environment, your legislative obligations, entitlements and services available from us.

If you would like additional information regarding any of our services, please contact your insurance broker, agent or our CGU Workers Compensation office.

Contact details:

CGU Workers Compensation
24 Brisbane Avenue
Barton ACT 2600

PO Box 24113
Melbourne Vic 3001
Tel. 1300 365 219
Fax. 1300 038 395
Email. workerscompclaims@iag.com.au

www.cgu.com.au

Section 1 Your Policy

1.1 Why do you need a policy?

Under the Workers Compensation Act 1951 (the Act), all employers are required to take out a policy to cover all workers. Severe penalties apply for failure to insure your employees. If you engage any of the following groups of workers, you must declare any wages paid for their services.

The following groups of people are deemed to be workers based on the following information.

Labour hire arrangements

- The individual has been engaged by the labour hirer under a contract for services to work for someone other than the labour hirer.
- There is no contract to perform the work between the individual and the person for whom the work is being done.
- The individual personally does part of the work.

Trainees

- The individual is engaged under an arrangement by which training or on-the-job experience is provided to the individual.
- The training or experience is in relation to work that is for the principal's trade or business.
- The individual performs work that is for the principal's trade or business.

Outworkers

Are deemed workers if the individual is engaged by a person under a contract of service to treat or manufacture articles or materials or to perform other services in the worker's home or on other premises not under control of the principal.

Timber contractors

Applies to timber contractors who are engaged under contract to do any of the following:

- logging
- felling or cutting trees for fire wood
- delivering timber or fire wood
- clearing timber, cutting scrub, preparing land for tree planting, planting trees or pruning trees.

Commercial voluntary workers

Applies to individuals who are engaged under an arrangement by which the volunteers:

- perform work that is for the trade or business of someone else, **or**
- receive no payment for the work.

1.2 How do you take out Workers' Compensation Insurance?

When taking out a policy, you will need to submit a proposal form declaring estimated wages for the period of the policy (usually 12 months) and pay the premium based on the estimate. The premium is adjusted on actual wages at the end of the period.

Cover notes

If you have taken out a cover note, this must be finalised no later than 30 days after it has been issued or within the terms agreed by us. The proposal form must be submitted to us within the time specified. A cover note that has expired leaves you uninsured.

1.3 Industry classification

Your premium will be based on an Industry Classification system (ANZSIC) which is determined by the predominant activity at your work location.

Where a company has several separate industries operating from different locations, each industry should be rated separately. Where that company has a head office comprising mainly clerical employees, the wages should be allocated to the predominant industry, unless they can be directly linked to the industry that they service.

Where an employer operates more than one industry at the same single location, that employer's predominant industry shall determine the rate that is applied to all their operations at that site. Other employers on the same site are to be rated in accordance with their own predominant industry.

1.4 Premium

An insurer may calculate premiums in two stages. Firstly, the appropriate rate is applied to the gross remuneration declared by the employer.

Secondly, the resulting premium may be adjusted in accordance with the claims experience and any risk factors of the individual employer.

1.5 Wages reporting

A statement of Actual wages paid needs to be provided by the employer to the insurer at the end of the Policy Period. This is in addition to the initial estimate of 12 months wages. For this purpose, CGU will supply a blank statement for completion.

The statement of Actual wages may be signed for the employer by any of the following:

- if the employer is a corporation, an officer of the corporation authorised to sign on its behalf, **or**
- in any other case, an owner of the business.

Under the Act, substantial fines or imprisonment may result from non-compliance with the reporting requirements or providing false information on a wages statement.

1.5.1 Estimated wages declaration

An employer must provide to their insurer a statement setting out:

- the number of Territory workers employed by the employer in the determined categories in the six-month reporting period
- the total wages paid in each category in that six-month reporting period
- the number of paid and unpaid workers in that six-month reporting period, **and**
- the approximate amount of time each paid and unpaid worker worked for the employer in the six-month reporting period.

A revised estimate of the total wages to be paid to Workers in each category within 30 days of you becoming aware that the original total estimate is understated by more than \$500,000.

1.5.2 End of policy declaration

The employer must within 30 days after the end of the policy period give their current insurer a statement of the total wages paid by the employer to Territory workers in the period covered by the policy.

1.5.3 Under-reporting of wages

Where the employer knowingly under-declares wages paid by the employer by more than 10 per cent, the employer may be required to pay an amount equal to double the difference between the premium the employer paid and the premium the employer would have paid if the employer had told the insurer the true amount of wages the employer was paying. This can apply for each period up to 5 years.

1.6 If you do not have a policy

If one of your workers has a work-related disability and you are uninsured, you may be liable for the cost of the claim in addition to penalties up to double the amount (for each year up to 5 years) of the premiums that would have been payable if you had maintained a compulsory insurance policy. You can also be fined for not having a policy.

1.7 Your obligations under the policy

Under the terms of the policy we issue, you have certain policy and claims responsibilities to fulfil. It is important that you take the time to read your policy document so that you are aware of these obligations.

The major obligations you have are to:

- provide estimated and actual wages statements for each policy period you are insured with us
- maintain proper wages records for every worker employed
- allow inspection of your wages records by a duly authorised representative appointed by us, **and**
- give notice of any disability as soon as practicable (see Employer Claim Obligations in Section 3).

1.8 Our obligations under the policy

Our obligations under your policy are to indemnify you for any payments that you become legally liable to pay under the Act. We will also meet any reasonable costs and expenses incurred by you (with our written consent).

We also undertake to manage your claims pro-actively and to achieve the best medical and return to work outcomes for your injured worker.

Section 2

Employer Claim Obligations

Immediately you are aware that a worker has suffered an injury, particularly where there may be lost time from work, the worker must seek medical aid and obtain a certificate issued by a duly qualified registered medical practitioner.

2.1 Online Initial Notification

We encourage our customers to adopt an 'early reporting culture'. This helps ensure the injured worker is receiving timely and appropriate treatment and enables CGU to move quickly in terms of claims processing and return to work planning.

Research shows that early injury notification also improves claim outcomes. Claims reported within two weeks of injury have been found to be 18 per cent more expensive than those reported within one week. This figure rises to 31 per cent when claims are not reported until week four.

Reporting delays have also been shown to increase the likelihood of litigation.

2.2 Providing Initial Injury Notification

Providing CGU with initial notification of an injury means we can prioritise complex or high-risk claims and start planning in terms of claim and injury management. Ultimately this will mean we can achieve better return to work outcomes and help you keep your workers' compensation premium under control.

The most convenient way to provide initial notification is online via the Live section of www.cgu.com.au/business/workerscompensation/act/for-employers. Available 24/7, this system takes only a few minutes to complete and delivers a reference number which (upon formal notification) will become the claim number.

You can also provide initial notification via phone, fax or email.

Please note that initial notification does not replace your obligation to provide formal notification by submitting to CGU a claim form and medical certificate. An employer must give the insurer notice of an injury within 48 hours of becoming aware the worker has received a workplace injury. Notice may be given orally, in writing or in electronic form.

If given orally, the employer must give the notice in writing to the insurer either by letter or electronically within three (3) days of the oral notification.

The employer is liable for weekly payments from date of injury until the employer notifies the insurer of the injury.

The injured worker must make a formal claim for compensation with CGU within seven (7) days after the date of injury.

2.3 Injury management

CGU's Injury Management Program is based on the considerable literature and research regarding insurance systems and the prevention of long-term disability.

The objectives of CGU Workers Compensation Injury Management are to:

- promote safe and durable return to work of injured workers by ensuring the provision of evidence based medical and treatment services
- ensure that the health and recovery of injured workers is the goal of all activities
- prevent long-term disability, **and**
- ensure the screening of all claims to ensure that those claims at risk of long-term disability are allocated to the appropriate resource.

The CGU Injury Management Program is a coordinated and managed program that integrates all aspects of injury management including treatment, rehabilitation, retraining, claims management and employment management practices to achieve the best results for a timely, safe and durable return to work of injured workers.

An employer must establish a Return to Work Program which sets out policy and procedures for the rehabilitation of injured workers. The program must be consistent with CGU's Injury Management Program, developed in consultation with the workers and displayed in writing in the workplace.

We are happy to provide assistance and advice in the development of a Return to Work Program for your business.

A Personal Injury Plan is developed for all workers with significant injuries. A significant injury is defined as a workplace injury that is likely to result in a worker being incapacitated for work for a continuous period of longer than seven (7) days, whether or not any of those days are business days and whether or not the incapacity is total or partial or a combination of both.

A Personal Injury Plan is used for coordinating and managing the aspects of injury management that relate to the treatment and rehabilitation of the worker to achieve a timely, safe, and durable return to work.

Employer injury management obligations

An employer must take part and cooperate in the establishment of a Personal Injury Plan for a worker and provide suitable duties for full-time, part-time and casual workers, as far as practicable, the same as or the equivalent to the worker's employment at the time of the injury.

Worker injury management obligations

The worker must make all reasonable efforts to return to work with their employer as soon as possible. They must nominate a doctor, or medical practice that is prepared to take part in the development and the arrangements of their Personal Injury Plan and authorise their nominated doctor to provide relevant information to CGU or their employer.

A worker must take part and cooperate in the establishment of a Personal Injury Plan or their weekly compensation may be stopped. In addition, a worker must comply with reasonable obligations under their Personal Injury Plan including any obligation to receive medical treatment or take part in rehabilitation or retraining.

CGU Workers Compensation injury management obligations

CGU must establish and maintain an Injury Management Program and take action within three (3) business days of receiving an injury notice to make contact with the injured worker, employer and if appropriate and practicable the worker's nominated treating doctor.

Nominated treating doctor injury management obligations

The nominated treating doctor must agree to take part in the development of, and in the arrangements under, the worker's Personal Injury Plan.

CGU has an Injury Management Advisor who is able to provide advice and assistance in regards to your injury management obligations.

2.4 Submission of claim forms

The employer is liable for weekly payments from date of injury until the employer notifies the insurer of the injury.

You must submit any claim lodged with you to CGU Workers Compensation within seven (7) days. If a claim is not received within seven (7) days then a wage penalty will apply.

The worker must complete the Claim Form within seven (7) days of the injury and it is important that all questions on the claim form be completed. If all questions are not answered fully, this may cause a delay in the acceptance or rejection of the claim. Where claims are not completed, the employer has seven (7) days to provide the information requested.

Immediately upon receiving a claim and the prescribed medical certificate from an injured worker, it is the responsibility of the employer to complete the Employer's Report Form notifying CGU Workers Compensation of a workplace injury, as well as forwarding all forms associated with the claim to us. A medical certificate must accompany all claims at the time of lodgement.

Further supplies of the Claim Form and Employer's Report Form are available from CGU Insurance website. Please visit Employer Forms & Downloads - Workers Compensation ACT | CGU Insurance.

2.5 Register of injuries

An employer must maintain a register of injuries at the workplace. Failure to do so will attract a fine of 50 penalty units (S92 of the Act). A penalty of 1 unit is equivalent to \$110 per individual or \$550 per body corporate.

All injuries must be reported to the OHS Officer, Management and/or a Supervisor immediately, and the incident recorded in a 'Register of Injuries' book. This must be kept in a place that is readily accessible to workers at the workplace and any representative of the worker who wishes to view it.

A Register of Injuries may be held electronically, however it must be as a read only file.

A worker employed at the workplace, or a person acting on the worker's behalf, may enter in the register, details of an injury received by the worker.

Other pertinent information should also be recorded in the Register of Injuries book, including:

- the date of accident
- time
- nature of injury
- what caused the incident
- to whom the injury was reported
- witnesses
- medical attention provided.

A notice of injury is given when the details are entered in the Register.

2.6 Notifiable injuries and dangerous occurrences

An injury involving more than seven (7) days of lost time must be reported to the ACT WorkSafe Authority on the prescribed form in accordance with the ACT Occupational Health and Safety Act 1989. Criteria for reporting can be found on Notify WorkSafe ACT - WorkSafe ACT or www.legislation.act.gov.au (Part 8, Section 85 – Notice of events). Penalties apply from 100 units to a one (1) year prison term or both.

Your organisation may have further regulatory obligations with regard to notifiable injury and dangerous occurrences and you should familiarise yourself with these.

Section 3 Entitlements to Compensation

3.1 Definition of a worker

Under this Act, 'worker' means 'an individual who has entered into or works under a contract of service with an employer, whether the contract is expressed or implied, oral or in writing'.

3.2 Definition of injury

Under the Act, an 'injury' means 'A physical or mental injury (including stress) and includes aggravation, acceleration or recurrence of a pre-existing injury.'

3.3 Serious injuries

A serious injury is defined under the Act as a significant injury. This is where the worker is incapacitated either partially or totally for a period of seven (7) days.

Under the legislation, CGU are required to engage the services of an approved rehabilitation provider and a Personal Injury Plan will be developed by us for workers who are incapacitated for work for greater than seven (7) days. A copy will be provided to the worker, employer, rehabilitation provider (where required) and the worker's treating medical practitioner.

In the event of serious injuries or potentially serious injuries, you should immediately contact your CGU Claims Consultant.

In the event of a serious injury occurring, CGU Workers Compensation may make immediate arrangements for an accident assessment to be conducted. The accident assessment will look into the circumstances of the accident, and will assist in the identification of any workplace hazards or hazardous substances which may require you to modify or make changes to the worksite as a part of your risk management and occupational health and safety program.

3.4 Journey claims

A personal injury received by a worker on a work-related journey is covered by the Act. A journey is defined as a journey between the worker's home and workplace or a journey between home and an educational institution. An employment-related journey begins and ends at the boundary of the premises where the worker's home is located.

3.5 Deciding liability of the claim

Once we receive the Claim Forms and First Medical Certificate, we will make a decision to accept, deny or pend the claim within five (5) business days. A letter will be sent to you, confirming our decision on liability and will include the claim number, the name of the Claims Consultant administering the claim and their direct telephone number.

Where you dispute the validity of any claim, you should contact us and advise your concerns and your intention to dispute the claim. Based on the information provided, we may appoint an external investigator to investigate the circumstances of the claim, and take statements from various parties relative to the claim.

We will also contact the worker and advise them of their rights and responsibilities in regard to their claim for compensation.

When do weekly compensation payments begin?

Section 38 provides that the payment of weekly compensation must begin when the worker gives notice of the injury to the employer.

Liability on claims not rejected is covered under Section 134. If a worker makes a claim, the employer is liable to pay weekly compensation until the insurer rejects the claim.

If the insurer rejects the worker's claim within 28 days after the claim is given to them, then, under Section 130, the employer may STOP payments two (2) weeks after the insurer rejects the claim.

This means that from the time of the notification of a claim, an employer must pay an injured worker until their insurer notifies them to cease payments.

3.5.1 Accepted claims

If the claim is accepted and it involves time lost, you must commence payment of compensation for the period of incapacity shown in the First Medical Certificate.

Note that payments of compensation must be made during this period.

3.5.2 Denied claims

If the claim is denied, a letter will be sent advising our grounds for denial. This letter is an Insurer's Notice to advise the employer and worker that liability is denied or disputed.

If liability is denied within the first 28 days, two (2) weeks notice is required. If liability is declined after 28 days, but before one (1) year, eight (8) weeks notice is required.

3.5.3 Recurrence or aggravation of injury

In the event that a worker seeks medical attention with respect to a previous claim and there has been either a break of three (3) months or more since the worker last had treatment, or the worker has returned to work and is again certified unfit, liability must once again be decided and the time constraints referred to previously must again be adhered to.

You should forward the following forms to us in the case of a recurrence:

- witness statement forms
- supporting medical certification.

3.6 Benefits payable

The method to calculate the amount of payment to the injured worker is detailed below, however if you have any questions in regard to what you should pay, or are having difficulty in establishing the weekly compensation amount, please contact our office for clarification.

In the event of time being lost from work (certified by a Medical Certificate for the period of incapacity), the injured worker should be paid as follows:

Totally incapacitated workers

For 26 weeks after the incapacity date, the worker is entitled to receive weekly compensation equal to the worker's average pre-incapacity weekly earnings which includes overtime if it is a regular established pattern and uniform as to overtime hours worked.

After 26 weeks incapacity, the worker is entitled to receive weekly compensation equal to:

- b) 65 per cent of the worker's average pre-incapacity weekly earnings, or
- c) the statutory floor*
*Statutory floor means the federal minimum wage decided from time to time by the Australian Industrial Relations Commission (if in doubt, contact CGU Workers Compensation).

Partially incapacitated workers

For 26 weeks after the incapacity date, the worker is entitled to receive weekly compensation equal to the difference between:

- the workers average pre-incapacity weekly earnings, **and**
- the average weekly amount that the worker is being paid for working or could earn in reasonably available suitable employment.

If the worker is partially incapacitated after 26 weeks from incapacity date, the worker is entitled to a sliding scale in that the amount of compensation payable is determined by the percentage amount of pre-injury hours worked (see below):

- d) If the worker is not working, or works 25 per cent of the worker's average pre-incapacity weekly hours or less, the entitlement is 65 per cent.
- e) If the worker is working more than 25 per cent of average pre-incapacity weekly hours but not more than 50 per cent, the entitlement is 75 per cent.
- f) If the worker is working more than 50 per cent of average pre-incapacity weekly hours but not more than 75 per cent, the entitlement is 85 per cent.
- g) If the worker is working more than 75 per cent of average pre-incapacity weekly hours but not more than 85 per cent, the entitlement is 95 per cent.

- h) If the worker is working more than 85 per cent of the worker's pre-incapacity hours the entitlement is 100 per cent.

Period for which benefits are payable

An injured worker's weekly benefits will be paid as follows:

- average weekly earnings first 26 weeks incapacity
- post 26 weeks, statutory floor for total incapacity or relevant percentage for partially incapacitated workers, limited by the statutory floor and the statutory ceiling
- benefits cease at retiring age + one (1) year.

Please keep accurate records to calculate and monitor the correct weekly benefits amounts and the periods for which the injured worker is entitled to.

3.7 Claims processing and payment authority

You are obliged to pay compensation to workers at the usual place of payment on their normal pay day. Only pay compensation for the period of incapacity certified by the treating doctor in the First Medical Certificate and Progress Medical Certificates. Do not pay compensation in advance of normal pay days. If you do not receive a further certificate of incapacity, contact us for further advice.

Please ensure you record the date that the first payment of workers' compensation is made to the worker and advise us of that date in writing.

Complete the Employer Wage Reimbursement Invoice forms for all compensation paid and submit these to us on a fortnightly/monthly basis.

3.8 Medical certificates

The worker should seek medical attention from a qualified medical practitioner of their choice as required and obtain an approved medical certificate.

If no scheme approved medical certificate is provided by the injured worker, no weekly benefits are to be paid. Payment of weekly benefits must be made in accordance with medical certificates provided certifying the period of incapacity.

Progress medical certificates should be sent to CGU Workers Compensation. When an injured worker is certified fit to return to work, please obtain a clearance certificate from the injured worker's treating medical practitioner prior to the return to work.

3.9 Injury management and workplace rehabilitation

We recognise the value of working in partnership with our customers in driving injury management. We believe that the best return to work plans are delivered by an integrated approach to injury claims management and that flexibility in service delivery is critical to the achievement of safe and durable return

to work. We are committed to minimising your risk and exposure post-injury and will work with you in restoring injured employees to their pre-injury capacity, while also containing costs – a win-win situation.

How can an employer manage and maximise their injury performance?

With an injury management program and policy that encompasses the following:

- Return to work guidelines and suitable duties registers designed specifically for the job positions within your organisation outlining physical requirements of each position.
- A defined alternative employment policy for injured employees that are unable to return to pre-injury duties.
- Establishment of a preferred rehabilitation provider that is aware of your worksite/s, culture and business practices.
- Establishment of a preferred medical practitioner(s) who is aware of your industry, has reviewed your worksite and understands the physical requirements of all positions and the availability of alternative duties.
- Defined staff who coordinate all workers' compensation matters.

These are activities that we will work with you to implement and achieve.

How can we assist?

Our injury management strategies are built around the prevention of long-term disability by promoting recovery and positive health outcomes. With this focus, we have developed an approach to injury management that promotes the early identification of 'at risk' claims via a comprehensive, evidence-based injury management model.

We offer a consistent approach to injury management nationally, using CGU's unique Case Conferencing tool which ensures there is a strong joint management approach between our Claims Consultants and Injury Management Advisors. CGU's Case Conference tool applies internal standards of practice that exceed legislative obligations whilst offering flexibility of service to employers. Our approach recognises that the best possible return to work outcomes occur in cooperation between insurer and employer. We will work with you to establish appropriate return to work procedures.

3.10 Medical and incidental expenses

Please forward any medical accounts to us when you receive them. Please do not pay any accounts without our approval as this is deemed to be an admission of liability. Payments will be made by our office directly to the creditor concerned.

3.11 Travelling expenses

Injured workers can claim the reasonable cost of travelling to and from medical and associated appointments. The worker is required to complete a Travel Reimbursement Form and forward this to us when practicable.

3.12 Centrelink payments

If liability is disputed or declined, the worker may receive a benefit from Centrelink. Should the claim be accepted, you are legally obliged to deduct any amount owing to Centrelink from payments that are going to be made to the worker, until Centrelink's debt is satisfied. We will advise you of the amount to be deducted.

Section 4 Employee Obligations

4.1 Claim advice

A worker is required to lodge a claim within six (6) months of the disability occurring, however this may not prevent a worker from recovering compensation.

4.2 Return to work

If a worker in receipt of workers' compensation returns to work with another employer, they must notify you.

4.3 Rehabilitation

Benefits may be suspended if a worker fails or refuses to undertake a rehabilitation program or suitable alternative duties recommended by their employer. A decision to suspend payments may be reviewed by the Minister.

4.4 Medical examinations

A worker, if so required by the employer, is to submit to examination by a medical practitioner provided and paid for by the employer.

If the worker refuses or obstructs a medical examination or treatment, benefits may be suspended until the examination has taken place.

Section 5 Customer Service

5.1 Customer service standards

Our customer service standards detail our commitment of service to you.

Key elements of our service standards include:

- acknowledge new claims within one (1) business day of receipt
- respond to telephone / verbal enquiries within one (1) business day
- respond to written enquiries within 2 business days.
- process wage reimbursement payments within 7 business days of receipt of invoice, for eligible claims.
- process service provider accounts within twenty (20) business days of receipt.
- reimburse injured person within five (5) business days
- initial contact and risk screening to be completed within five (5) business days of receipt of claim.
- coordinate claims reviews if required
- invite you to attend and keep you informed of all matters that proceed to the Magistrates Court
- changes in Claims Consultant are to be communicated to all clients as soon as practicable.

5.2 Claim reviews

Claims management is not a function performed only by the insurer. Information shared between both the insurer and employer plays a vital role in the administration and ongoing assessment of claims.

To facilitate this, we suggest that claim reviews be conducted on a regular basis. These will provide an excellent forum to discuss the following:

- current status of claims
- future management
- current estimates
- claim trends
- workplace rehabilitation
- occupational safety and health
- cost reduction strategies
- other issues affecting claim costs and premiums.

Claim reviews are coordinated by your Customer Relationships Specialist and attended by appropriate CGU representatives as required including our Injury Management Advisors and Team Managers.

We can also provide advice in regards to Occupational Safety and Health, Injury Management, Claims Management and cost reduction strategies.

If you would like a claims review meeting to discuss any of your open claims, please contact us to arrange a suitable time.

5.3 Legal, investigation and workplace rehabilitation providers

5.3.1 Service providers

We will work with you in establishing a network of service providers. We have established provider panels in the areas of legal and investigation and workplace rehabilitation providers.

Our providers all have specific arrangements concerning cost and service delivery. A comprehensive objective and subjective performance measurement model overlays our provider network allowing us to monitor performance from the perspective of quality and timeliness.

In the event that we are not satisfied with the performance of a provider or a conflict arises, then we will seek a meeting with all parties involved to resolve the conflict.

5.3.2 Injury management Advisors

We have a dedicated team of Health professionals who provide support to our claims staff in strategically managing injury management activities. This support is provided in terms of streamlining our systems and processes around the utilisation of rehabilitation providers and specific review of individual performance and return to work strategies required on claims.

Our Injury Management Advisors are all qualified health professionals specialising in a diverse range of areas, namely Occupational Therapy, Nursing, Rehabilitation and Physiotherapy.

We need to understand your business to ensure we deliver timely injury management services. Our Injury Management Advisors will assist you in developing an employer profile that details your rehabilitation policy, preferred network, suitable duties registers and so on.

5.3.3 Workplace rehabilitation

We consider the referral to external service providers to be an extension of our business. The link between you, workplace rehabilitation service providers and us is essential to ensure that a timely and durable return to work is achieved.

We have established preferred provider arrangements with external workplace rehabilitation providers. Our preferred rehabilitation and return to work providers have been selected from a detailed tender process and have been selected under strict performance criteria surrounding their abilities in the following areas:

- cost efficiency
- return to work outcome performance
- timeliness of undertaking instructions and activities
- reporting requirements
- areas of expertise.

Once a preferred workplace rehabilitation provider has been selected, the Provider Management Specialist is responsible for this relationship. Their role is to manage the relationship with that service provider to:

- monitor service provision
- monitor provider performance
- identify any areas of business improvement between us and that service provider, **and**
- review and feedback.

We also produce a six monthly scorecard for workplace rehabilitation providers. This scorecard tracks claims data and is used as a means to manage a provider's performance. The report looks at, amongst other data, date of referral by duration band, cost, outcome, comparison to all providers, open cases and so on.

5.4 Managing the medico legal process

We will make available to you, subject to the privacy law requirements, all medico-legal reports as soon as practicable, either by way of full copies of the report or provision of a summary report.

5.5 Internal dispute resolution

Upon receipt of a dispute by a party we will endeavour to resolve the matter before it is listed for hearing. We will keep you advised as to the progress of any disputes.

5.6 Legislative updates

Our commitment is to ensure that you will be kept informed on all workers' compensation, rehabilitation and occupational health and safety legislative changes. This is done in a variety of ways including:

- information and training seminars
- email – information is provided of legislative updates via email to our designated contacts.

Section 6

CGU Safety and Risk Services

Our IAG Risk Partners team provides CGU, associated partners and customers, with risk management services and support. With a national presence, they are one of the largest teams of qualified consultants and risk management professionals in the Australasian market. Our qualified health and safety professionals work with customers to provide practical solutions and to build customer knowledge so that they have the tools to continually improve, which in turn creates safer workplaces and supports positive safety culture.

Our safety services and offerings include:

- Risk Advice & Recommendations – specific advice to help you create a concise risk management strategy, including comprehensive Risk Recommendation Advisory Guides.
- Risk Consulting – Our consultants work with you to identify and implement solutions to mitigate the risks to your business. Services include strategic planning, safety management system development, assessment and auditing.
- Virtual Risk Assessments – virtual assessments available.
- Learning & Awareness – access to a complimentary online learning platform. Training and education on risk topics delivered online or in workshops.

For all enquiries please contact us at riskpartners@iag.com.au.

Section 7

Summary

In order to achieve a successful outcome, the injury management and return to work process requires a team effort with ongoing communication between you, your injured worker, medical practitioner and CGU.

We trust you have found this Pack informative and of benefit. We would appreciate any feedback on our services at any time to ensure we continue to partner with you to reduce workplace injuries and achieve positive return to work outcomes.

Remember our staff are always available to help you. Contact your Claims Consultant directly or feel free to contact us on the number below.

You will also find all the information and forms you need to manage a claim at our website **www.cgu.com.au**.

Alternatively you can contact WorkSafe ACT with any queries you may have in relation to workers' compensation matters.

CONTACT DETAILS

ENQUIRIES 13 24 81

CLAIMS 1300 365 219

MAILING ADDRESS

PO BOX 24113 MELBOURNE VIC 3001

WORKERSCOMPCLAIMS@IAG.COM.AU

CANBERRA

24 BRISBANE AVENUE BARTON ACT 2600



CGU.COM.AU



Insurance Australia Limited
ABN 11 000 016 722
trading as CGU Workers Compensation