The Application for Compensation Form is an approved form under the ***Workers' Compensation and Rehabilitation Act 2003.***
The information contained on this and the following page is not part of the approved form.

This 'Important Information' is provided to assist you in completing this form and to give you an understanding of your rights and obligations under the ***Workers' Compensation and Rehabilitation Act 2003.***

References to relevant sections of the ***Workers' Compensation and Rehabilitation Act 2003*** are included in the following information.

PLEASE READ THIS IMPORTANT INFORMATION

Who completes the Application for Compensation Form?

The injured worker must complete the **Application for Compensation Form** if they wish to apply for workers' compensation benefits. If you are the injured worker and for some reason you are unable to complete the application form, another person may do so on your behalf.

Act reference: section 132.(5)

Completing the Application for Compensation Form

The entire form must be completed. Please complete all questions as accurately as possible. If a question does not apply to your situation, please write "n/a" or "not applicable" in the relevant area.

Space is provided before the end of the form if you have any additional information, diagrams, etc. you would like to include on the form. If there is insufficient space on the form to adequately answer any question, please attach any additional pages of information to the form.

If you need assistance in completing the form, please contact your site's Rehabilitation Coordinator or telephone your employer's claims management agent.

What documents are needed to assess a claim?

The claims management agent requires the following documents to start assessing your claim:

- A completed **Application for Compensation Form**; and
- An original **Queensland Work Capacity Certificate,** signed by the registered doctor or dentist who treated your injury, or a Declaration if you have not seen a doctor, must accompany the application form.

Act references: sections 132.(1), 132. (3)(a) and 132.(4)

How are claims assessed?

The claims management agent assesses each claim on its merits. Although most claims are determined in a timely manner, there may be occasions where the claims management agent needs additional information, such as a statement from the injured worker about the circumstances surrounding their injury, or the opinion of an independent medical specialist.

Act references: sections 132.(3)(b) and 135.(1)

Your entitlement to compensation

Benefits are paid from the day your entitlement arises, which is usually the day your injury is assessed by a registered doctor or dentist. However, if your injury is assessed on the same day you are injured, weekly compensation is paid from the day after you are injured.

Act reference: section 141. (1)

If your application form is lodged more than **20 business days** after the date of entitlement, benefits may be paid only from 28 days before the day on which you lodged your application form.

Act reference: section 131. (2)

Your application form is valid and enforceable only if lodged within **6 months** of the date of entitlement.

Act reference: section 131. (1)

What benefits are paid?

If a claim is accepted, your employer's claims management agent will pay compensation on behalf of BHP Group Limited such as periodic payments as income replacement and medical, hospital and rehabilitation costs. Regardless of the outcome of a claim, employers must pay their employee's wages for the day the injury happened.

Getting back to work early and safely

Rehabilitation is the key to getting injured workers back to work early and safely, through the ongoing coordinated use of medical, social, educational and vocational measures.

Both workers and their employer must take active roles in rehabilitation. For help getting started on rehabilitation, talk to your treating doctor and your site's Rehabilitation Coordinator, or telephone your employer's claims management agent.

It is a requirement that you satisfactorily participate in rehabilitation. If you fail to do so or refuse to participate without reasonable excuse, the claims management agent may suspend your entitlement to compensation.

Act references: sections 228 and 232

What does "engage in a calling" refer to?

If you engage in a calling or return to work of any kind or in any capacity, you must notify your employer's claims management agent in writing within 10 business days. The notice you give may be in the form of a **Queensland Work Capacity Certificate**, signed by a registered doctor, dentist or nurse practitioner stating your capacity for work.

Act reference: section 136

Calling means any activity ordinarily giving rise to the receipt of remuneration or reward including self-employment or the performance of an occupation, trade, profession, or carrying on of a business, whether or not the person performing the activity received remuneration.

Act reference: schedule 6

Fraud or false or misleading information

There are severe penalties for fraud, or where there is any attempt to defraud your employer or employer's claims management agent, or where false or misleading information is provided. Providing false or misleading information in relation to your compensation applicationwould be an example of this.

Your privacy

Your employer's claims management agent is collecting your personal information in accordance with the *Workers' Compensation and Rehabilitation Act 2003* to assess your entitlement to compensation. Some of this information may be given to the Office of Industrial Relations - Workers' Compensation Regulator for the purpose of fulfilling their requirements as the regulator, and service providers for the purpose of conducting medical assessments or providing reports or other services to your employer's claims management agent.

Your information will not be given to any other person unless you have given your consent, or where authorised or required by law.

Right of review of decisions

You have a right to have certain decisions reviewed by the Workers Compensation Regulator.

Act reference: section 540

The decisions to which the right of review applies include, but are not limited to:

- a decision to reject a compensation application;
- a decision to suspend a worker's compensation entitlement because that worker failed to participate in rehabilitation as required; or
- a decision to otherwise terminate, suspend, increase or decrease the amount of weekly compensation.

Act reference: chapter 13, part 2

Right to appeal review decisions

You have a right to appeal a review decision to the Queensland Industrial Relations Commission and thereafter to appeal the Queensland Industrial Relations Commission's decision to the Industrial Court. You also have the right to appeal a non-reviewable decision to the Industrial Magistrate.

Act reference: sections 549 and 561

The review decisions to which the right to appeal applies include, but are not limited to:

- a review decision about an insurer's decision to reject a compensation application; or
- a review decision about an insurer's decision about payment of compensation.

Act reference: chapter 13, part 3

How to lodge your Application for Compensation Form

To lodge your **Application for Compensation Form,** please send your completed form and **Queensland Work Capacity Certificate** to Employers Mutual Limited (EML) as your employer's claims management agent. The address and contact details for EML are provided on the last page of the **Application for Compensation Form.**

BHP

Application for Compensation Form
Workers' Compensation and Rehabilitation Act 2003

Licenced Self Insurer
Workers' Compensation and Rehabilitation Act 2003

Application for Compensation Form pursuant to section 132 of the Workers' Compensation and Rehabilitation Act 2003

This Application for Compensation Form is an approved form under the Workers' Compensation and Rehabilitation Act 2003.

The entire form must be completed. Please complete all questions as accurately as possible.
If a question does not apply to your situation, please write "not applicable" or "n/a" in the relevant area.

This and the following three pages comprise the approved form.

PLEASE COMPLETE THIS APPLICATION IN BLOCK LETTERS AND TICK BOXES WHERE APPLICABLE

CLAIMANT'S DETAILS

1. Employee/Payroll Number:
2. Surname or family name:
3. Given or first names:
4. Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss
5. Date of birth: / /
6. Gender: ☐ Male ☐ Female ☐ Other
7. Former name: *(if applicable)*
8. Present residential address:
   - STREET
   - SUBURB /TOWN POSTCODE
9. Do you have a different postal address?
   ☐ Yes *(see below)* ☐ No
   - STREET
   - SUBURB/TOWN POSTCODE
10. Contact details:
    - PHONE
    - EMAIL
11. Bank details:
    - NAME OF BANK
    - BSB No. ACCOUNT No.
    - ACCOUNT NAME

EMPLOYER'S DETAILS

12. Full name of employer /site:
13. Business address:
    - STREET
    - SUBURB/TOWN POSTCODE
14. Which department are you in?
15. Who is your supervisor?

EMPLOYMENT DETAILS

16. What is your job title?
17. How long have you worked in your occupation?
    YEARS MONTHS
18. How long have you been employed by this employer?
    YEARS MONTHS
19. Are you employed or self-employed in any job other than the one in which you were injured?
    ☐ Yes *(see below)* ☐ No
    DETAILS
20. Do you receive any Centrelink or insurance benefits?
    ☐ Yes *(see below)* ☐ No
    DETAILS

INJURY DETAILS

21. What is the nature of your injury? *(e.g. cut, strain, fracture, etc.)*
22. Which part of your body is injured? *(e.g. right index finger, lower back, etc.)*

INCIDENT DETAILS

23. Where did your injury occur?
    (e.g. workshop floor, 592 Ingham Rd, Garbutt, 4814)
    - PLACE
    - STREET
    - SUBURB/TOWN POSTCODE
24. Did your injury result from an incident which happened on a specific date?
    ☐ Yes *(see below)* ☐ No *(go to Q27)*
    DAY DATE TIME am/pm

BHP

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25. If your injury did not result from an incident which happened on a specific date, please indicate:

- the period of time during which your injury happened:

FROM / /	TO / /

- when you first noticed symptoms of your injury:

DAY	DATE	TIME	am/pm

- what those symptoms were:

26. Was the injury reported to your employer or to your employer's representative?

☐ Yes *(see below)* ☐ No

DAY	DATE	TIME	am/pm

27. Details of employer or employer's representative to whom injury was reported.

FULL NAME	
POSITION	TELEPHONE

28. Did you stop work because of this injury?

☐ Yes *(see below)* ☐ No *(go to Q32)*

DAY	DATE	TIME	am/pm

29. Have you returned to work?

☐ Yes *(see below)* ☐ No

DAY	DATE	TIME	am/pm

30. When did the injury happen?

☐ Before work
☐ After work
☐ Early in shift
☐ Middle of shift
☐ Late in shift
☐ During overtime
☐ During a recess period
☐ Over a period of time
☐ Unknown

31. Describe what you were doing at the time of the incident, how the incident happened, and how your injury resulted from that incident:

32. Was any object or another person involved in the incident?

(e.g. cable, shuttle car, worker from previous crew, visitor to site etc.)

☐ Yes *(see below)* ☐ No

DETAILS

33. Have you previously claimed workers' compensation in Queensland?

☐ Yes ☐ No

34. Have you previously claimed workers' compensation outside Queensland for a similar injury or condition?

☐ Yes *(see below)* ☐ No

DETAILS

35. Have you previously suffered a similar injury/condition?

☐ Yes *(see below)* ☐ No

DETAILS

36. Were you admitted to hospital as an in-patient for this injury?

☐ Yes *(see below)* ☐ No

HOSPITAL NAME
REASON

WITNESS DETAILS

37. Name, address and telephone number of each witness:

(A witness is anyone able to give information about the event - they do not necessarily have to be an eyewitness to the event.)

MOTOR VEHICLE DETAILS

38. Details of any motor vehicle/s involved in the incident:

(registration numbers, owners of vehicles and their insurers)

39.

ADDITIONAL INFORMATION

(Space provided for additional information, diagrams, etc.)

PLEASE READ AND COMPLETE THE "CLAIMANT'S STATEMENT" ON THE NEXT PAGE

Application for Compensation Form
Workers' Compensation and Rehabilitation Act 2003

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Workers' Compensation and Rehabilitation Act 2003

CLAIMANT'S STATEMENT

I acknowledge that it is an offence against the *Workers' Compensation and Rehabilitation Act 2003* to make a statement that is false or misleading. The information I have provided is true and not misleading.

I agree to advise my employer's claims management agent if my circumstances change or if I become aware of any matter that would make the above information false or misleading. I will advise my employer's claims management agent should any change in employment circumstances occur (paid or unpaid), including self-employment during the period of this claim, which would affect my entitlement to any workers' compensation benefit arising from this claim.

I authorise any doctor, health authority, allied health provider, rehabilitation provider, or other insurer to disclose to my employer's workers' compensation insurer and its agents any information about my medical history relevant to this claim.

I authorise my employer's claims management agent to release relevant information obtained to my rehabilitation coordinator/provider to secure my rehabilitation and early return to work relevant to this claim.

I consent to my employer's workers' claims management agent communicating with all parties, including injured workers, employers and medical and allied health providers relevant to this claim.

Signature of Claimant

Print Name:

Date:

Signature of Person who Witnessed Claimant's Signature

Print Name:

Date:

SEND YOUR COMPLETED APPLICATION FORM AND QUEENSLAND WORK CAPACITY CERTIFICATE TO EML USING THE CONTACT DETAILS LISTED OPPOSITE.

Workers Compensation
claims are managed by
Employers Mutual Limited (EML) on behalf of BHP Group Limited, the self-insurer.

OFFICE ADDRESS AND ADDRESS FOR SERVICE:
Level 4,
127 Creek Street
Brisbane Queensland 4000

POSTAL ADDRESS
GPO Box 5287
Sydney NSW 2001

TELEPHONE:
1800 469 931

FACSIMILE:
(02) 8002 0560

EMAIL:
bhpselfinsurance@eml.com.au

Who are EML:
Employers Mutual Limited (EML) is a claims management agent and manages all claims on behalf of BHP Group Limited, the self-insurer. EML will confirm your claim number by phone or mail within 28 hours of claim registration. After you lodge your claim, EML has 20 business days to make a decision on the claim.

If the claim is accepted, it will be managed by one of our Case Managers in conjunction with the return to Work Coordinator to assist with your recovery and return to work.

You are required to ensure you have a current Queensland Work Capacity Certificate for the duration of the claim.

This form has been approved by the Workers' Compensation Regulator,
on 10 April 2019 pursuant to section 586 of the *Workers' Compensation and Rehabilitation Act 2003*

Version 2.0