

Workers' Compensation Claim Insurance Broker Consent Authority

Background and Interpretation

What personal and sensitive information is required?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable.

Sensitive information is a type of personal information that is given a higher level of protection, such as information that would disclose an individual's health status. This information may include:

- Your personal details such as name, age and contact details.
- Financial information, such as details around your earnings and entitlement to income compensation.
- Medical and health information that is relevant to your claim for workers' compensation, including the nature and severity of the injury, recommended treatment and your capacity for work.
- Your medical history.
- Information around your return to work, including any medical restrictions and the details of vocational rehabilitation, such as return to work plans.

Why is my personal information being requested?

This consent form is to authorise your employer's appointed insurance broker/workplace risk and injury management consultant (WR&IMC) to access your personal information, including sensitive information, from the insurer. You are under no obligation to sign the consent authority. Should you wish to consent, the insurer may discuss your personal information, including sensitive information, with your employer's appointed insurance broker/ WR&IMC only in relation to the management of your claim.

How do we handle your personal information?

This consent authority is for your employer's insurer to share your information with your employer's appointed insurance broker/WR&IMC.

Please refer to your employer and its appointed insurance broker/ WR&IMC for their privacy policy.

How long does my consent continue?

This consent authority will be valid for the entire duration of your claim, including when your claim is reopened after closure. If your employer appoints a new insurance broker, that broker will notify you of its privacy policy.

This consent can be withdrawn at any time.

What happens if I don't agree to supply my personal and sensitive information?

There will be no impact to your workers' compensation entitlements if you do not sign this consent authority. If you do not agree to supply your personal information, including sensitive information, then the insurer will be limited in relation to what it can discuss and share with your employer's appointed insurance broker/ WR&IMC.

Role of the Broker/WR & IMC

Your employer's appointed insurance broker/WR&IMC are engaged to provide a broad range of workers compensation related services. This may include providing assistance to your employer to facilitate workers lodging a claim, provision of relevant claim documents, advising your employer of its relevant obligations under the Workers Compensation and Injury Management Act 2023 (WA), navigating the scheme in layman's terms, advising on compensation entitlements and income compensation calculations as well as suitable return to work options.

Worker to initial:

In this Consent Authority:

| | |
|---|---|
| Claim means: | My claim for compensation in connection with my work injury: <i>(insert claim number) (if no claim number insert TBA)</i> <input type="text"/> |
| Employer means: | My employer on the date of injury, which I understand to be <i>(insert employer name)</i> <input type="text"/> |
| Information means: | Any, and all of my personal information including sensitive information |
| Injury means: | <i>(insert injury details)</i> <input type="text"/> |
| Date of Injury means: | <i>(insert injury date)</i> <input type="text" value="DD / MM / YY"/> |
| Insurance Broker & Workplace Risk (WR) and Injury Management Consultant (IMC) means: | <i>(Name of broker)</i> or any broker appointed by the Employer to take over its insurance arrangements in place of <i>(Name of broker)</i> <i>(Name of WR&IMC Provider)</i> appointed by the Employer or Insurance Broker to support and assist the Employer with return to work and injury management systems and meeting their obligations as required by law with the claim process. This includes third party WR & IMC providers. <input type="text"/> |
| Insurer means: | Name: <i>(insert Insurer name)</i> <input type="text"/> and any other of the Employer's Insurers <input type="text"/> |
| Worker means: | Name: <i>(insert worker name)</i> <input type="text"/> Date of Birth: <i>(insert worker's date of birth)</i> <input type="text" value="DD / MM / YY"/> Address: <i>(insert worker's residential address)</i> <input type="text"/> |

I understand the content and implications of this Consent Authority and that I am not obliged to provide it.

Consent

I, the Worker, consent to the:

- Employer and Insurer disclosing my information to the Insurance Broker / WR&IMC; and
- Insurance Broker / WR&IMC collecting and disclosing to the Employer and Insurer, and the insurer's authorised service providers and, using my information;

for the purpose of providing advice and assistance to my Employer in relation to my Claim and maintaining and procuring Insurance.

| | |
|--------------------------|---|
| Worker Signature: | Date: |
| <input type="text"/> | <input type="text" value="DD / MM / YY"/> |

Please complete the below if the worker is under the age of 18:

| | |
|---|---|
| Guardian Name (please print): | <input type="text"/> |
| Relationship to the Worker: | <input type="text"/> |
| Guardian Signature (if under the age of 18): | <input type="text"/> |
| Date: | <input type="text" value="DD / MM / YY"/> |

A photocopy of this authority is valid as the original.