

REHABILITATION & COMPENSATION FORM

Workers Compensation Claim Form in the case of Death

Workers Rehabilitation and Compensation Act

To the person filling in this form

- Fill in this claim form if you were dependent on someone who died following a work related injury or disease
- When you have filled in this form give it to the deceased's employer as soon as possible
- Keep a copy of the claim form for your records

Help

You can get help and more information from:

NT WorkSafe

First Floor Darwin Plaza Building

41 Smith Street, The Mall

Darwin NT 0800

Phone: 08 8999 5585

Australia-wide toll free number 1800 250 713

Website: www.worksafe.nt.gov.au

Email: ntworksafe@nt.gov.au

Insurer Stamp

NT WorkSafe Claim Number / Insurer Use Only

About the deceased

1. Surname or family name

First or given names

2. Sex: Male Female

3. Home address

<input type="text"/>
<input type="text"/>
Postcode:

4. Date of birth

5. Date of death

6. Occupation at the time of injury or disease which led to death. Include here the main job that was done

7. Employers business name, address and telephone number

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode:
Telephone:

8. Where did the deceased normally work?

See Note 1 on the back

<input type="text"/>
<input type="text"/>
Postcode:

About the claim

9. Did the death follow a work related disease?

- No **Go to Question 10**
'About the injury'
- Yes **Go to Question 14**
'About the disease'

About the injury

10. Where did the injury happen?

- A While working at usual workplace
 B While working elsewhere
 C While having a break
 D Travelling to or from work
 Other **See Note 2 on the back**

11. Tell us the exact location or address where the injury happened?

<input type="text"/>
<input type="text"/>
Postcode:

12. When did the injury happen?

Date: <input type="text"/>	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
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13. Please tell us:

- about all the events which led to the injury
- what the worker was doing at the time
- how the injury happened

Now go to Question 16

About the disease

14. What date was the disease first noticed?

15. Please tell us:

- about all the events which led to the disease
- the address where the disease was contracted
- the main cause (eg – exposure to asbestos dust)
- the names of other employers the deceased worked for where the same sort of job was done

About the deceased worker's dependants

26. Please give the following details about all the dependants of the deceased worker.
If there is not enough space, write the extra details on a separate piece of paper and attach it to this form.
You must see Note 4 on the back to find out what dependant means.

1. Surname or family name

First or given names

Home address

Postcode:

Relationship to deceased (wife/husband/son/daughter etc)

Date of birth of this dependant?

Is this dependant a student?

- No Yes Full time Part time

Gross weekly income of this dependant \$

If none, write 'NONE'

2. Surname or family name

First or given names

Home address

Postcode:

Relationship to deceased (wife/husband/son/daughter etc)

Date of birth of this dependant?

Is this dependant a student?

- No Yes Full time Part time

Gross weekly income of this dependant \$

If none, write 'NONE'

3. Surname or family name

First or given names

Home address

Postcode:

Relationship to deceased (wife/husband/son/daughter etc)

Date of birth of this dependant?

Is this dependant a student?

- No Yes Full time Part time

Gross weekly income of this dependant \$

If none, write 'NONE'

4. Surname or family name

First or given names

Home address

Postcode:

Relationship to deceased (wife/husband/son/daughter etc)

Date of birth of this dependant?

Is this dependant a student?

- No Yes Full time Part time

Gross weekly income of this dependant \$

If none, write 'NONE'

Declaration

27. I declare that all the information I have shown in this report is true and correct and I have told you everything I know about the circumstances relating to the work related injury or disease which led to the death of the worker.

Name, address and relationship to the deceased of the person completing this form

Postcode:

Signature:

Date:

Notes on Claim Form

Note 1

Your answer here must tell us the actual address or location of the place where the deceased did the majority of his or her work.

Note 2

If your answer is 'other' please specify the deceased's activity in the space provided on the form, such as 'travelling to / attendance at training school', 'travelling to / attendance at medical centre' or 'travelling between employer's premises' (if the deceased had more than one job).

Note 3

This information is required to determine if the injury or disease led to death may be related to a previous incident.

Note 4

Definition of Dependant

Dependants of a deceased worker are basically the family and spouse of that worker who are partly or wholly dependant on the worker's earnings at the date of the worker's death.

A spouse is the husband or wife of the deceased worker.

'Spouse' also includes defacto partners, and if the person is an aboriginal native, can include a partner according to the customs of the deceased worker's tribe or group.

'Family' can include any children or grandchildren of the deceased worker. This includes children born out of wedlock, and children who are not the deceased worker's natural offspring eg adopted children.

Similarly, 'family' can also include any parent or grandparent of the deceased worker even though the deceased worker was born out of wedlock or was not the parent's natural offspring.

If the person is an aboriginal native, family can include all persons who are members of the deceased worker's family according to customs of the deceased worker's tribe or group.