

Work capacity decision— application for merit review by SIRA

Effective from 1 August 2016

Use this form if you are a worker who wants SIRA to review the work capacity decision(s) made by an insurer. You may request the review of more than one work capacity decision on this form under section 44BB of the *Workers Compensation Act 1987*.

For more information you can refer to the *Guidelines for claiming workers compensation* or the *Merit review user guide* at www.sira.nsw.gov.au.

If you require assistance completing this form contact the insurer in the first instance, alternatively you can call SIRA on 13 10 50. If you require an interpreter, call 13 14 50 to arrange a free interpreting service.

Using this form

Before completing your application, make sure you have already applied for an internal review of the work capacity decision(s) made by the insurer and:

- received notification of the internal review decision from the insurer in the last 30 days, or
- not received a notification of the internal review decision from the insurer within 30 days from the date of your application.

Your application must clearly identify the decision(s) you are requesting to be reviewed and include the reasons you are requesting a review. You should attach any supporting information that the insurer may not have.

SIRA may decline to review a decision if:

- the application is made more than 30 days after you receive the insurer internal review decision, or
- it determines that the application is frivolous or vexatious, or
- the worker has not provided the required information.

Please forward the completed form to the insurer and to:

Merit Review Service, SIRA

Post: Level 19, 1 Oxford Street, Darlinghurst NSW 2010

Email: mrs@sira.nsw.gov.au

Stay of a work capacity decision

A merit review of a work capacity decision may operate to stay (temporarily suspend) the original work capacity decision. The insurer will explain how a stay may apply to your circumstances.

What happens next?

SIRA will contact you and the insurer within seven days of receiving this form to inform both parties of the procedures for the review.

The insurer will send you and SIRA their reply, attaching all relevant information relating to the work capacity decision (including any information you have supplied), within seven days of receiving this form.

On completion of their review, SIRA will send both parties their findings of the review, together with any recommendations and supporting reasons.

Important information about privacy

By completing and submitting this form, you are consenting to the collection by SIRA and the insurer of any personal and health information contained in the form and in any supporting documents. Both SIRA and the insurer may use this information in the course of dealing with your application, and any subsequent applications you may make.

By completing this form you are also consenting to your personal and health information being used by SIRA, and disclosed by SIRA to a third party, for administrative purposes including monitoring and reviewing the workers compensation system.

SIRA is required to comply with the *Privacy and Personal Information Protection Act 1998* and *Health Records and Information Privacy Act 2002* when collecting, using or disclosing any of your personal or health information. You have the right to access your personal or health information held by SIRA, to be provided copies of that information, and to correct any inaccuracies in that information.

Section 1: Insurer details

Insurer

Insurer contact

Internal review by insurer: (please tick one)

Internal review decision has been made and supporting documents are attached

When did you receive the insurer's internal review decision? (where applicable)

(DD/MM/YYYY)

Internal review decision has not been made by the insurer within 30 calendar days

When did you submit your application for internal review by insurer?

(DD/MM/YYYY)

Section 2: Your details

Given name(s)

Surname

Date of birth (DD/MM/YYYY)

Date of injury (DD/MM/YYYY)

Claim number

Contact number

I would prefer communications by:

Email Post

Email address

Postal address

Suburb

State

Postcode

Are you currently represented?

Yes No

If so, please provide your representative's details.

Accessibility

Do you require an interpreter?

If yes, which language?

Yes No

Do you have any disabilities we need to know about when communicating with you?

Section 3: Identify the work capacity decision(s) you would like SIRA to review

Date of the original work capacity decision

Date of the internal review decision by insurer
(where applicable)

(DD/MM/YYYY)
(DD/MM/YYYY)

Select the relevant work capacity decision(s) from the list below:

- decision about your current work capacity
- decision about the amount you are able to earn in suitable employment
- decision about the amount of your pre-injury average weekly earnings or current weekly earnings
- decision about whether, as a result of your injury, you are unable (without substantial risk of further injury) to engage in employment of a certain kind because of the nature of that employment
- any other insurer decision that affects your entitlement to weekly compensation payments, including a decision to suspend, discontinue or reduce the amount of the weekly payments of compensation
- all of the above
- I'm not sure (the Merit Review Service will contact you to clarify the decisions you wish to have reviewed)

Section 4: Outline your reasons for requesting a merit review and explain why you think the original work capacity decision should be different

Section 5: Attach all information and evidence that supports your application (you can refer to and attach any new information and list it below)

Section 6: Publication of decisions

SIRA merit review decisions may be published on the SIRA website. Publication is intended to help improve claims management practices, work capacity decision making, and minimise disputation in the workers compensation system.

Publication of decisions will usually include your name and the name of the organisation (if relevant). SIRA will remove contact details such as telephone numbers, email and postal addresses. At SIRA's discretion, certain parts of the review decision may not be published due to assessment of length, content, appropriateness or confidentiality.

Please note below if you do not want your review decision published (tick one).

- Yes. I agree to publication of the merit review decision.
- No. I do not agree to publication of the merit review decision.

Section 7: Declaration

I, (print name)

have read the information provided in this form. I declare that the information I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge. I understand that making a false or misleading claim or false and misleading statement in support of the claim is punishable by law and that I may be prosecuted.

Signature of worker/or representative

Date (DD/MM/YYYY)