



Allianz 

Your Recovery Guide: what you need to know

Underwritten Workers Compensation Claims: Australian Capital Territory (ACT)

Getting started

This guide outlines the workers compensation claims process and will help explain what you need to know as you start on your recovery journey. You may want to save it so you can refer back to it later. It covers:

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Important terms

Certificate of Capacity: A certificate issued by a medical practitioner to establish your ability to work.

Liability Decision: The decision to formally accept or reject the claim which will be provided to you in writing.

Staying in touch

Your case manager will keep you updated about your claim by phone, email and occasionally SMS. Let them know what method of communication works for you and your preferred available times to be contacted. If you need to contact us about your claim, you can contact us via:



Your Case Managers direct landline number



1300 130 664 (and select 1)

Monday to Friday 8.30am – 5.00pm



actwc.claims@allianz.com.au

(Please include your claim number in the subject line so we can identify your claim).

You need to let us know if any of the following change:

- Your employment status or employer
- Personal details e.g. change of address or contact number
- Your medical or treatment providers

We're here to support you in your recovery to health and work, so please get in touch if you need help with your claim.

We value your participation and feedback

Early in the claims process you may be invited to participate in a digital survey called My Journey. This short survey helps us to understand how we can best support you and tailor our service delivery to your needs. We encourage you to participate or speak with your case manager if you have any questions.

To further improve your customer experience, you may from time to time receive other surveys from Allianz, which we encourage you to complete.

The claims process



There's an incident

Report the incident to your employer and seek medical assistance.

Choose your doctor who will provide guidance and details about your injury, treatment, and recovery at work.



Initial assessment and liability

Once your claim has been lodged and we have received your certificate of capacity (which your nominated treating doctor can provide), we will review your claim. Within 5 days, your Case Manager will contact you to discuss the liability status of your claim.

We may from time to time agree to fund medical treatment on a 'without prejudice, without admission of liability' basis.

During your claim, approved medical treatments may include:

- GP consultations
- Diagnostic investigations
- Public Hospital services
- Pharmacy supplies
- Physiotherapy, Chiropractic, Osteopathic, Exercise Physiology and/or Psychology. (These consultations require a referral from a medical practitioner).



Independent Medical Examination and information review

You may be asked to attend an independent medical examination and to provide other information about your condition, such as medical scans or other test results, to inform and assist in determining your claim, and to inform the development of your treatment plan.



Liability decision

Once all the information pertinent to your claim has been reviewed, we will notify you in writing as to whether your claim has been accepted. It can take up to 28 days to deliver a formal liability decision, however we will keep you informed of your claim's progress during this time.

If your claim is not accepted, we will explain in writing the reasons why and what steps you can take if you would like to have the decision reviewed.



Treatment and recovery

During your recovery, it's important to focus on what you can do, rather than what you can't. Your tailored personal injury plan will detail which treatments you need and whether you are able to recover at work by completing the same role, working reduced hours, or performing different duties, if appropriate.

We may organise medical case conferences to work collaboratively with your doctor and support team on your recovery journey.



Claim finalised

The claim will be finalised when the medical entitlement ends or when you have recovered from your injury.

Who is involved with my claim?

Your support team

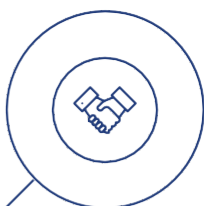
Allianz

Allianz is a trusted claims service provider with experience in personal injury claims. Your case manager is here to help manage your claim and support you in your recovery to health and work. Other members of the Allianz claims management team may also offer support to you on your claim.



Your employer

Your employer's role is to support your recovery by providing suitable duties that allow you to recover at work and/or by helping you return-to-work if you've needed time off. Your employer will provide Allianz with information about your claim. It's also important that you keep your employer updated and provide them with current certificates of capacity throughout your recovery.



Nominated treating doctor

A nominated treating doctor is the medical practitioner you choose to manage the treatment of your injury and to assist in your safe recovery at or returning to work. Normally, this would be your GP. We may organise a medical case conference to work collaboratively with your doctor and support team.



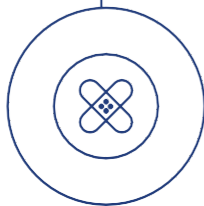
Treatment providers

Treatment providers will help assess and treat your injury/illness. They will also advise on alternate duties or modifications that can support you to recover at work.



Workplace rehabilitation providers

Allianz may engage a WorkSafe ACT approved workplace rehabilitation provider at any time during your claim to help you recover at work. Your consultant will collaboratively work with you and your support team to facilitate a positive recovery at work through delivery of services where their engagement can be short or long term, depending on your individual circumstances and needs. Services they can provide may involve identifying safe and suitable work, recommending modifications for your work environment, designing, and implementing a tailored plan to help you achieve agreed recovery at work goals, and facilitating workplace discussions.



You

We encourage you to play an active role. Working with your support team is critical for your recovery. You will be involved by attending medical assessments, working with the support team to plan your recovery and return-to-work, and participating in treatment.

Committing to your recovery

Setting goals and committing to them can support your recovery. Evidence shows that making commitments publicly or to another person strengthens the chance of you sticking to your goals.

Take time to consider some things you would like to commit to during your recovery and:

- Talk about these with your family, friends, doctor, employer, or your Allianz case manager.
- Document your commitments using the template here.
- Display your commitments somewhere you will see them every day as a good reminder of the commitment you've made, i.e. on your fridge.

Your commitments

Commitments should be personal, relevant to your recovery and in-line with medical advice from your doctor. Please ensure you speak with your doctor to understand what you can do.

Below are just some examples of possible commitments:

- I will complete physiotherapy exercises every day for 15 minutes.
- I will attend hydrotherapy three times a week.
- I will call or visit work at least once a week.
- I will walk the dog every night for 30 minutes.
- I will increase my hours at work to 15 hours over the next four weeks.
- I will do the vacuuming once a week.
- I will mow the lawn all in one day.

About your commitments

Please speak with your workplace rehabilitation provider to include the above commitments into your Return-to-Work Plan.

If you need help understanding what you can do, please speak to your doctor and workplace rehabilitation provider.

We suggest you continually review and update your commitments as you progress through your recovery.

Your Commitments

One

Two

Three

Roles and responsibilities of your support team

Allianz

- Manages all aspects of your claim, including payments, treatments, rehabilitation, and facilitating your return-to-work and recovery.
- Clarifies the claim and return-to-work process to both you and your employer.
- Provides explanations regarding your entitlements, responsibilities, and decisions pertaining to your claim.
- Assists your employer in supporting your recovery while at work.
- Coordinates assessments or services to assist in determining your capacity or fitness for work.
- Collaborates with you, your employer, and the nominated treating doctor to create (and put into action) a comprehensive plan that includes your recovery goals, actions, responsibilities, and timeframes to support your recovery.

Employer

- Offer information about the return-to-work process.
- Collaborates in planning your recovery with you and the insurer.
- Facilitates appropriate work opportunities and suitable duties to aid your recovery (or request assistance from the insurer if needed).
- Works with you to create a recovery at work plan tailored to your capabilities.
- Keeps track of and helps with your recovery at work.
- Makes payment of weekly compensation in accordance with the legislation.

Nominated Treating Doctor

- Evaluates your injury, offers a diagnosis, and suggests treatment options.
- Prepares and fills out your Certificate of Capacity.
- Provides guidance on the expected duration of your recovery.
- Provides advice on staying active and suggests suitable activities, including work, to aid your recovery.

Treatment Provider

- Evaluates your injury and offers treatment.
- Provides advice on actions you can take to expedite your recovery, such as recommending exercises or using specific equipment.
- Keeps track of your progress and forwards treatment requests to the insurer.

Workplace Rehabilitation Provider

- Workplace rehabilitation providers help address issues which may affect your ability to recover at work.

e.g. difficulty finding suitable work.



Read more here:

[Injury management and rehabilitation - WorkSafe ACT](#)

Contact

- Feel free to get in touch with us if you have any inquiries or concerns about the roles, responsibilities, or actions of anyone in your support team.

Obligations of the employer, employees, and Allianz

It is important to know that employers, employees, and Allianz have obligations relating to the Personal Injury Plan under the ACT Workers Compensation Act 1951.

Your obligations

You are required to:

- Work together with us to develop a Personal Injury Plan that supports you in your return-to-work and health, as well as fulfilling your obligations agreed to under the Plan, including any obligation to receive medical or surgical treatment or to participate in rehabilitation or retraining — Section 101.
- Attend and actively participate in an independent medical examination arranged by Allianz — Regulation 10.
- Nominate a doctor or medical practice that is prepared to participate in the development of, and in the arrangements under, the Personal Injury Plan — Section 1 02.
- Notify us of any changes to your personal details or change to your medical and treatment providers.
- You must make all reasonable efforts to return-to-work with your pre-incapacity employer or alternative suitable employment.

Your entitlement to weekly compensation will cease if you unreasonably fail to comply with the obligations set out in the Personal Injury Plan - Section 1 13. For example: failure to participate in or make a reasonable effort to participate in a return-to-work program or failure to attend appointments arranged by Allianz.

Your employer's obligations

Your employer is required to:

- Work together with us to develop a Personal Injury Plan for you and comply with the reasonable obligations agreed to under the Plan – Section 100.
- Provide work for you, and so far as reasonably practicable, the work must be both suitable and the same as, or equivalent to your employment at the time of the injury – Section 105.
- Forward Allianz any document received in relation to a claim within 7 days after receipt – Section 126.
- Pay any amount of compensation received from Allianz to the person entitled to the compensation, unless the employer has already reimbursed those entitled — Section 126(3).
- Provide you with vocational rehabilitation if you have a compensable injury – Section 142.

Our obligations

Allianz is required to:

- Contact you, your employer, and your nominated treating doctor (if applicable) within 3 business days after being notified that a workplace injury is significant — Section 96(2).
- Develop a Personal Injury Plan with all parties if you have sustained a significant injury and comply with the obligations in the Plan – Section 97.
- Give your employer and you information about the Personal Injury Plan, including the fact that your entitlement to weekly compensation may stop if you unreasonably fail to comply with the Plan — Section 98(1 and 2).
- Tell the employer of any significant steps proposed or taken for you under the Personal Injury Plan – Section 98(3).
- Promptly pay service, medical and treatment providers for their reasonable services performed or conducted as a result of the workplace injury – Sections 90 and 107.
- Ensure that vocational rehabilitation for you is likely to lead to real employment prospects or a real increase in earnings – Section 99.
- Appoint an approved rehabilitation provider, if you have not returned to pre-injury duties and pre-injury working hours, within 4 weeks after you have notified your employer of the injury – Section 99A.

Certificate of capacity

What is a Certificate of Capacity and how is it different from a normal sickness certificate?

A WorkSafe ACT Certificate of Capacity is used by your nominated treating doctor to describe the nature of your injury/illness, capacity for work, and your required treatment for a safe and sustainable recovery. It differs from a normal sickness certificate because it provides essential information to the insurer managing the claim, including:

- Your name and details
- The type of injury/illness (diagnosis) and date it occurred
- How the injuries impact your ability to do normal activities including work
- The details of your medical practitioner who completed the certificate including their provider number
- Information on the planned treatment



Why do I need to obtain a Certificate of Capacity?

You must have a valid Certificate of Capacity in order to claim workers compensation and ongoing weekly benefits. The Certificate of Capacity is the tool your nominated treating doctor will use to communicate with your employer and your case management team. It provides critical information that your case management team will use to tailor an approach for your injury management and recovery at/return-to-work.

How often will I need to obtain an updated Certificate of Capacity?

As you progress in your recovery, your capacity for work may change. As such, it is important that you maintain a current, completed Certificate of Capacity and provide it to your employer and your case management team so that they can continue to tailor the approach for your injury management and recovery at/return-to-work. Usually, a certificate of capacity does not exceed 28 days.

Treatment and compensation benefits

As part of your recovery, you may need to receive medical or other treatment, such as:

- Treatment in a public hospital
- Treatment by medical practitioners, physiotherapists, chiropractors, osteopaths, psychologists, exercise physiologists, other allied health practitioners
- Diagnostic investigations
- Provision of artificial aids
- Medical and medicine supplies
- Home or vehicle modifications

If the claim has been accepted, and you have been provided approval prior to commencing the above listed treatment, the expenses will be covered under your claim (unless advised otherwise by your case manager).

Should you be out of pocket for any approved medical treatment expenses, reimbursement for these expenses will be paid electronically. It usually takes 10 business days for the reimbursement to be processed.



To receive payments electronically, please complete the attached EFT Payment Form and send it to actwc.claims@allianz.com.au

To claim these expenses, please send all treatment requests and itemised receipts to actwc.claims@allianz.com.au with your name, claim number and the expenses you are claiming.

Depending on your condition, you may be eligible to receive compensation such as:

- Weekly payments
- Medical, hospital and rehabilitation expenses
- Travel expenses

You may be entitled to weekly payments if your workplace injury or illness has led to a loss of earnings. Weekly payments are determined by the entitlement period and your capacity to work and are calculated using your pre-injury average weekly earnings (AWE) (up to a maximum amount).

Your employer is required to process your weekly benefit payments in line with your normal pay-cycle. However, if you experience difficulties with your weekly workers compensation payments, your Case Manager is available to assist.

The following table outlines the weekly payment entitlement periods and rates:

	<u>First 26 weeks</u>	<u>Week 27 onward</u>
No capacity	100% of pre-injury AWE	Stepdown (reduction) to 65% of AWE
Workers who have returned to work in a partial capacity	100% of AWE minus the amount that you earn while performing suitable duties and/or reduced hours.	Entitlement to a percentage of the worker's average weekly earnings, based on their actual hours worked, or the statutory floor, whichever is the greater. <i>The "statutory floor" represents the minimum amount of weekly compensation to which an injured worker is entitled.</i> <i>The "statutory ceiling" represents 150% of the AWE for the Territory, is the maximum amount payable.</i>

Support services

If you need additional support, there are various services available to help you with building your support network. Regardless of your circumstances, please consider connecting with any of the following organisations to learn more about how they can assist you.



Translation and interpreting services

Associated Translators & Linguists (ATL)

www.atl.com.au

Deaf Connect website for interpreters

www.deafconnect.org.au

1800RESPECT

National 24-hour domestic and family violence and sexual assault line.

Call 1800 737 732

www.1800respect.org.au

MensLine Australia

24/7 support, information, and referral service for men with family and relationship issues.

Call 1300 789 978

www.mensline.org.au

Lifeline

24/7 counselling and referral service for people in a crisis.

Call 13 11 14

www.lifeline.org.au

Beyond Blue

24/7 support to people experiencing anxiety or depression.

Call 1300 224 636

www.beyondblue.org.au

National Debt Hotline

Financial counselling is a free, confidential service to help people in financial difficulty.

Call 1800 007 007

www.ndh.org.au

13YARN

24/7 Crisis support for Aboriginal and Torres Strait

Islanders Call 13 92 76

www.13yarn.org.au

QLife

QLife provides Australia-wide anonymous, LGBTI peer support

Call 1800 184 527

www qlife.org.au

Further information



Allianz Workers Compensation

Your Case Management team are here to guide you through your return to health and help facilitate your recovery at work where medical evidence supports this.

Allianz also has helpful information on our [website](#).

Here you will find videos, forms, templates, and other important information to help you navigate your claim.

WorkSafe ACT

For more information on the ACT Workers Compensation Scheme, visit:

www.worksafe.act.gov.au/home



This guide contains general information only. It is a summary of key concepts relating to Workers Compensation claims procedures and does not represent the complete picture on any given matter. This information is not meant to be legal advice and should not be treated as such. This information should be considered in conjunction with the relevant Act and Regulations.