

## Know Your Rights

### What to do if you are injured at work

#### *To make a claim*

*I can make a claim by completing a Claim Form and providing the information to my manager or supervisor, along with a Work Capacity Certificate (WCC) supporting the claim, completed by my treating doctor.*

#### *Who can complete this form?*

- *I can complete it as an injured worker.*
- *My employer can complete it.*
- *A representative, such as my treating doctor, a first aid officer, or a relative or friend, can complete it.*

#### *Work Capacity Certificate (WCC)*

*The Work Capacity Certificate must be completed by my doctor or a relevant medical expert as evidence of an injury. A Nurse Practitioner Work Capacity Certificate can also be completed by a nurse practitioner in an emergency department of a public hospital. Any medical accounts and Work Capacity Certificate's must be given to my supervisor/manager as soon as possible. I should keep a copy of the Work Capacity Certificate for my own records.*

#### *Determining my claim*

*Catholic Church Endowment Society Inc. (CCES) is required to make a determination on my claim as soon as possible. If the claim cannot be determined within ten (10) business days, then I may be offered Interim Benefits in the form of income and/or medical expenses. However, if my claim is rejected, I may be required to pay back any money that has been paid under Interim Benefits.*

*Any decision must be given to me in writing. Where the decision is to reject the claim, CCES must give me reasons and advise me of my rights to have the decision reviewed.*

*If my claim is accepted, and I have lost time, CCES will notify my employer of the decision and direct them to pay any weekly payment entitlement based on my Average Weekly Earning (AWE) rate. If I disagree with the calculated AWE amount, I should contact my Claims Management Business Partner.*

*CCES may pay any reasonable and necessary medical expenses which includes travel, chemist, or similar expenses on my accepted claim. I should submit all accounts and reimbursements using the Expenses Reimbursement Request (with my claim number attached) to my Claims Management Business Partner as soon as possible.*

### ***Recovery and Return to Work***

*Assistance is available for me if I have a work injury and may have difficulty remaining at or returning to my pre-injury work duties. When appropriate, an Injury Management Business Partner will be allocated to my claim to assist me with my recovery and return to work.*

### ***Medical Expenses***

*Most types of standard medical expenses are covered under an accepted return to work claim provided that they are necessary, reasonable, and reasonably incurred as a result of my current work injury.*

*The following treatment providers are medical experts and can provide services for me in relation to my work injury:*

- *Legally qualified medical practitioners*
- *Occupational therapists*
- *Speech Pathologists*
- *Psychologists*
- *Dentists*
- *Physiotherapists*
- *Opticians*
- *Chiropractors*

*Reasonable and necessary medical expenses may include travel to and from treatment, therapeutic aids, radiology and medical testing, hospitalisation, and medications. Wherever possible, it is best to send accounts to CCES for direct payment to treatment providers via email to [claims@csaim.org.au](mailto:claims@csaim.org.au), I should ensure each account has my name and claim number attached.*

*For CCES to consider any of the treatments on the above list or otherwise, the following must occur prior to starting a course of treatment:*

- *The treatment is recommended by the treating practitioner in writing; and*
- *Treatment is assessed by the Claims Management Business Partner as reasonable and necessary.*

*Not all costs will be considered necessary and reasonable.*

*It should be noted that CCES will not authorise any maintenance programs or treatment. Once I have recovered from my injury, the responsibility of maintaining my fitness for work returns to me.*

#### ***Reduction and cessation of weekly payments***

*Should my injury result in incapacity for work or a partial incapacity for work for more than 52 weeks from the first date of incapacity, then a step down to 80% of my Average Weekly Earnings (AWE) applies. CCES must advise me in writing at least 28 days before the reduction comes into effect. I am encouraged to contact my Claims Management Business Partner to discuss this and/or to request an application of the Internal Dispute Resolution Process. Should this not resolve my concerns, I may apply to the SA Employment Tribunal (SAET) for a review of the decision.*

*I have a maximum entitlement for weekly payments for up to 104 weeks after my first date of incapacity. CCES must advise me in writing at least 28 days before the cessation comes into effect. This decision is not reviewable.*

#### ***Permanent Impairment / Lump Sum Payments***

*If I am permanently impaired because of my work injury, I may be entitled to claim a lump sum for a whole person impairment once my injury has stabilised. If I feel I have a permanent impairment due to my work injury, there is a fact sheet that may help explain the process. I should ask my Claims Management Business Partner for a copy of the fact sheet for lump sums. The payment of a whole person impairment lump sum in no way affects any other entitlement. If I wish an assessment to be made for whole person impairment, I should contact my Claims Management Business Partner.*

#### ***How to provide Feedback or Make a Complaint***

*If I am dissatisfied with any decision, process, service delivery, or the management of my claim, I can lodge a complaint or request a review through Internal Dispute Resolution.*

*I should raise my concern/grievance directly with my Claims Management Business Partner. I should state my grievance in a clear, objective, and calm manner. I should be respectful and explain my concerns or grievance. I should allow my Claims Management Business Partner an opportunity to respond. Note: If I do not feel able or comfortable to approach the Claims Management Business Partner directly or my concern/grievance is of a serious nature, I should make a formal complaint.*

*I can make a formal complaint in writing to the CCES Director – Catholic Safety & Injury Management at [injurymanagement@csaim.org.au](mailto:injurymanagement@csaim.org.au).*

*I should include the following information:*

- *My name and contact details.*
- *My claim number.*
- *The name of the agency/person my complaint is about.*
- *A clear outline of my complaint.*
- *Dates of the agency/person acts that I am concerned about.*
- *Any other key dates.*
- *Any documents to support my complaint.*
- *What I am seeking (the outcome I want).*

*I can also lodge a complaint to the Ombudsman SA via the portal  
<https://www.ombudsman.sa.gov.au>.*

*Have more questions?*

*CCES contact details are:*

- *Email: [claims@csaim.org.au](mailto:claims@csaim.org.au)*
- *Phone: 8210 8101*
- *Website: [Catholic Safety & Injury Management](http://Catholic Safety & Injury Management)*

## Rights and Responsibilities

### **Catholic Church Endowment Society Responsibilities**

- *Prompt claims management.*
- *Ensuring all employees are informed about workers' entitlements in their preferred language and are provided with interpreting services if required.*
- *Assessing recovery, return to work (RTW), and rehabilitation needs as soon as possible.*
- *Consulting with all parties to plan actions, responsibilities, and obligations for all parties which are reviewable.*
- *Supporting my recovery, RTW, and rehabilitation after a work injury.*

### **My Responsibilities**

- *Notify my employer as soon as possible if I have suffered an injury in the course of my employment.*
- *Give my employer any paid accounts for reimbursement or invoices for expenses incurred promptly.*
- *Actively participate in activities designed to support my recovery and return to work.*
- *Participate and cooperate in developing a recovery and return to work plan.*
- *Work towards defined goals in my return-to-work plan.*
- *Provide current Work Capacity Certificates that address my capacity for work and other relevant information.*
- *Return to suitable employment when able to do so.*
- *Ensure I do not provide any false or misleading information about my claim. This is an offense.*

### **My Rights**

- *I am entitled to be paid income support if I am off work once an interim payment has been received or a claim for compensation is determined as a claim acceptance for income support.*
- *Once a payment has been determined as a reasonable cost, I have the right to have reasonable and necessary medical and other expenses paid promptly.*
- *I have the right to have a current copy of, and be meaningfully involved in, all decisions regarding my Recovery and Return to Work.*
- *I can raise any dissatisfaction with my allocated Injury and / or Claims Management with the Director of Catholic Safety & Injury Management.*
- *I have the right to see any doctor or specialist for treatment, as only my treating doctor (i.e., my own doctor) can treat me. However, I may be required to see an independent doctor (but not for treatment).*
- *I am entitled to be provided with copies of all medical reports concerning my claim within seven (7) days of my Claims Management Business Partner receiving them.*
- *I have the right to have a representative or a support person present at any meeting or hearing about my claim, such as a family member, solicitor, union representative, or advocate. My written authority is required.*
- *I have the right to have any personal information kept confidential unless it pertains to the injury, in which case it may be shared with those involved in the administration and management of my claim.*
- *I am entitled to have an interpreter at meetings and appointments if required.*