

WorkCover

QUEENSLAND

Understanding your Workplace Personal Injury Insurance Policy

Employer resource



Table of contents

About WorkCover Queensland	2
About your Workplace Personal Injury Insurance policy	2
General definitions	3
Conditions of policy	4
Period of insurance.....	4
How premium is calculated.....	4
Apply for a policy	5
Renewing your policy	5
Easy payment options	5
Cancellation of policy	5
Your responsibilities	5
Cover provided by your policy	6
Types of injuries covered.....	6
Statutory claims costs covered	6
When compensation for an injury ends.....	8
Limitations of coverage	8
Interstate or overseas coverage	9
Making a statutory claim – conditions and procedure.....	10
Procedure for making a claim	10
Review and appeal rights	10
Customer service information	11
Your privacy	11
Accessing information	11
How we resolve complaints	12
How can we help.....	12
Getting in touch	13

About WorkCover Queensland

WorkCover Queensland is a statutory authority that provides insurance coverage to Queensland employers and supports workers who experience work-related injuries through compensation and rehabilitation services. We offer insurance products in accordance with Queensland workers' compensation legislation.

About your Workplace Personal Injury Insurance policy

Holding a workplace personal injury insurance policy means that you are covered against the costs of a work-related personal injury. However, you should read this product guide carefully to understand what may or may not be covered. Documents that will help you to fully understand your policy cover include:

- this guide
- your Premium Notice
- the [Workers' Compensation and Rehabilitation Act 2003](#) (the Act) and [Workers' Compensation and Rehabilitation Regulation 2025](#) (the Regulation).

Your policy is subject to the provisions of the Act and Regulation under the Act and those provisions are taken to form part of this policy.

General definitions

Compensation has the same meaning as in s9 of the Act.

Damages has the same meaning as in s10 of the Act.

Injury has the same meaning as in s32 of the Act.

Period of insurance means the period specified in the most recent Premium Notice.

Policy means a WorkCover Queensland workplace personal injury insurance policy.

Premium Notice means the Premium Notice most recently issued by WorkCover Queensland to the policyholder.

Workers' Compensation Regulator is the workers' compensation regulatory authority responsible for regulating the Queensland workers' compensation scheme.

The Act means the *Workers' Compensation and Rehabilitation Act 2003*.

The Regulation means the *Workers' Compensation and Rehabilitation Regulation 2025*.

We, Us, Our means WorkCover Queensland.

You, Your, The insured means the person insured under the workplace personal injury insurance policy as shown on the Premium Notice.

Conditions of policy

Period of insurance

You are insured for an injury that occurs after the date and time you applied for a policy until 30 June. Your policy is then renewed annually.

How premium is calculated

Your workplace personal injury insurance policy premium is calculated based on your:

- business activity and duties
- insured benefit level
- risk exposure.

There are two WorkCover policy classifications:

- Sedentary – applies to administrative-type activities (e.g., insurance broker, accountant or lawyers)
- Manual – applies to any labour-type activities (e.g., truck or courier driver, builder, miner, electrician or outdoor fieldwork).

WorkCover needs to consider your exposure to risk and insure you accordingly. If your business activity has even a minor manual component then it will be allocated a manual classification.

You need to declare your total income from all sources of work. This is known as the insured benefit level (IBL). The IBL should be your personal income, not the income of your business. It is important that you estimate your total expected annual income from all work over the financial period, as accurately as possible.

Important note: Changes to the IBL can only be made annually, when you are renewing your policy.

We send you an annual Premium Notice that details the amount of premium you need to pay.

There is a minimum premium of \$1,650 (including GST and stamp duty) per annum for this type of insurance. For insurance taken out partway through the year, premium will be calculated on a monthly pro-rata basis.

Apply for a policy

To apply for a workplace personal insurance policy, please visit our [website](#) and complete an online application, or call us on **1300 927 928**.

Renewing your policy

Renewing your policy is easy. Simply pay the premium amount stated on your Premium Notice before the due date.

Easy payment options

Workplace personal injury insurance policies can be paid by:

- credit card using our online services
- BPAY (Biller code 182006)
- electronic funds transfer (EFT): BSB 064 013, account number 1000 8320, please use your WorkCover Queensland policy number as the reference number and, on the same day, please email your payment details to premiumeft@workcoverqld.com.au
- cash deposit at any Commonwealth Bank of Australia branch: BSB 064 013, account number 1000 8320
- cheque or money order
- monthly payment plan.

Cancellation of policy

If you do not pay your premium by the due date, or meet your direct debit instalments, your policy will be automatically cancelled.

To cancel your policy through the year, please call us on **1300 927 928**.

Premium on cancellation partway through the year is calculated on a monthly pro-rata basis.

Your responsibilities

Fraud and false and misleading statements

If you, or someone acting on your behalf, makes a fraudulent, false, or misleading statement, WorkCover can take legal action against you (chapter 12, part 2 of the Act). This includes failing to report that a person is defrauding or attempting to defraud WorkCover.

Cover provided by your policy

An eligible person is an individual who, other than as a worker, receives remuneration or other benefits for performing work, or providing services as a:

- contractor
- self-employed individual
- director of a corporation (i.e., company)
- trustee of a trust
- member of a partnership.

Types of injuries covered

Your policy covers personal injuries that arise out of, or in the course of, employment where employment is a significant contributing factor to the injury (s32 of the Act). The types of injuries that your policy covers include:

- common place injuries (e.g., sprains, strains, and cuts)
- diseases (e.g., Q-Fever)
- work-related aggravations to pre-existing injuries
- hearing loss (e.g., industrial deafness)
- psychological and psychiatric injuries (e.g., major depression or post-traumatic stress disorder)
- fatal work-related injuries.

Injuries are not limited to those in the workplace (sections 34 and 35 of the Act) and may be covered if they happen:

- on a work break
- while working away from, or travelling between, worksites
- while working interstate or overseas
- travelling between work and home.

Injuries that are sustained as a result of serious and wilful misconduct may still be covered if they meet the criteria under s130 of the Act.

Statutory claims costs covered

Your policy covers you for the costs associated with a workers' compensation claim as set out in chapter 3 of the Act. The statutory scheme operates on a no-fault basis, meaning you can claim regardless of who or what caused the injury.

The type of costs covered include:

- weekly benefits for lost wages

- medical expenses
- rehabilitation expenses (such as physiotherapy or counselling)
- hospital expenses
- travelling expenses
- lump sum compensation for permanent impairment
- death benefits.

Weekly benefits

When a policyholder is totally or partially incapacitated for work as a result of their injury, they may be entitled to weekly compensation for loss of earnings during the period of incapacity.

We use your insured benefit level to determine your compensation entitlements, and we will ask you to provide documentation to verify this in the event of a claim.

Your weekly compensation rate is calculated by your own personal income, not the income of your business. A simple way for you to substantiate your income is to provide your taxation returns.

If you are injured, your weekly compensation rate for the first 26 weeks of incapacity will be the lesser of:

- 85% of your insured benefit level or
- your actual personal income at the time of injury (as per your gross taxable income shown on your ATO notice of assessment).

For further information, please refer to section 159 of the Act.

When you are ready to return to work you may return to your business, in which case your benefits will be reduced, or you may be required to attend a host employer.

Medical and rehabilitation costs

Medical and rehabilitation costs are covered in chapter 4, part 2 and 3 of the Act. If WorkCover considers the treatment to be reasonable and/or the rehabilitation to be necessary and reasonable, then cover includes:

- medical treatment or rehabilitation provided by a registered person (e.g., a doctor, dentist, or physiotherapist)
- surgical and hospital expenses and medicines that are essential to recovery (e.g., bandages or medication)
- equipment or services needed to help the worker recover (e.g., wheelchairs, crutches, or return to work programs).

Hospital expenses

Hospitalisation costs covered by workers' compensation are set out in chapter 4, part 2 of the Act and include:

- non-elective hospitalisation up to four days
- non-elective hospitalisation for more than four days, only when agreed to between WorkCover and the worker, before the hospitalisation or any extension of the hospitalisation
- elective hospitalisation only when agreed to between WorkCover and the worker before the hospitalisation.

We may not cover hospitalisation costs if a doctor performs an operative procedure for non-elective hospitalisation for more than four days, or for elective hospitalisation at a hospital without first obtaining our approval.

Lump sums for permanent impairment

If you suffer a permanent impairment as a result of a work-related injury, such as loss of efficient use of part of the body or loss of part of the body, you may be entitled to lump sum compensation (s178 of the Act).

Death benefits

We may pay compensation for the death of a policyholder to the policyholder's family ('dependants'). Payments can include any medical costs, funeral costs, and compensation payable where family members were partially or totally dependent on the worker's earnings. In some cases, compensation may also be payable to a non-dependent such as a spouse, next of kin or parent. What will be paid and when, is covered in chapter 3, part 11 of the Act.

When compensation for an injury ends

An eligible person's entitlement to weekly compensation ends when the first of the following happens (s144A of the Act):

- the policyholder returns to work and is no longer injured
- the policyholder has received weekly payments for five years
- the policyholder's total weekly compensation reaches the maximum amount payable.

We will stop paying medical treatment, rehabilitation, hospital, travel, and other expenses when a policyholder's entitlement to weekly compensation ends and the injury will no longer improve with further treatment (s144B).

If a policyholder receives a Notice of Assessment with a lump sum offer, compensation for that injury ends when the first of the following happens:

- the policyholder tells us their decision to accept, reject or defer the offer within 20 business days of receiving the notice, or
- 20 business days after the notice is given (if they don't advise us of their decision) (s190 of the Act).

Limitations of coverage

Limitations of statutory claims coverage

Claims or injuries may not be covered under certain circumstances:

- your injury does not meet the definition of injury under section 32 of the Act
- psychological or psychiatric injury claims will not be accepted if they are deemed to be the result of 'reasonable management' action (s32 (5) of the Act)
- you are not covered for any injury that occurs prior to the inception of your policy of insurance. Only an aggravation of a pre-existing injury will be covered – not the pre-existing injury itself (s32 (3) (b) of the Act)
- journey claims may not be accepted if the circumstances of the claim fall under s36 of the Act (including the worker having been found to contravene the Transport Operations Road Use Management Act 1995, the Criminal Code, or having substantially delayed, interrupted or deviated significantly from their normal route)
- a claim may not be accepted if you subject yourself to abnormal risk during a recess period s34 of the Act
- a claim may not be accepted if the injury was intentionally self-inflicted.

WorkCover does not cover the cost of:

- damage to clothing or jewellery
- vehicle damage.

You are not covered for common law damages or damages as defined under section 10 of the Act.

Interstate or overseas coverage

Depending on the circumstances of the claim, your policy may, or may not, provide coverage for an injury sustained while working interstate or overseas (s113 and 115 of the Act). If you will be working interstate or overseas, contact us to discuss your cover. You should also consider your insurance obligations regarding each jurisdiction.

Making a statutory claim – conditions and procedure

Procedure for making a claim

If you are injured:

- you can lodge an application for compensation (s132 of the Act) - we accept applications [online](#), over the phone (**1300 927 928**), or by fax (**1300 651 387**).
- we will assess the application according to the Act and must make a decision within 20 business days of receiving it (s134 of the Act)
- you must also participate in rehabilitation while receiving compensation payments (s228 of the Act).

If more information is needed to make a decision we will contact any relevant parties - including you, any witnesses, and/or treating or independent medical providers.

Important note: If we need you to supply information, we will let you know how long you have to provide it. In order to meet legislative timeframes for decision making we must still make a decision if we do not receive your information within the agreed time.

Review and appeal rights

Under s541 of the Act, you have the right to apply for a review if you are aggrieved by our decision, or our failure to make a decision. Decisions that are reviewable are set out in s540 under the Act and include:

- the method used to calculate premium
- to accept or reject an application for compensation
- failure to make a decision on an application within the required time.

The review process is managed independently by the Workers' Compensation Regulator. If you are not satisfied with the Regulator's review decision you may have the right to appeal to the industrial court or the industrial commission.

Customer service information

Your privacy

To provide a range of workers' compensation services we must collect some personal information. Personal information is information or an opinion (including information or an opinion forming part of a database) we hold about you that can identify you.

As a policyholder, the personal information we hold may include your name, date of birth, current and previous addresses, occupation, driver's license number or other identifying numbers, and contact details including telephone/mobile phone numbers, facsimile numbers and email addresses.

We may also hold information relating to your financial and business affairs, including bank account and credit card details, tax file numbers, Australian Business Number (ABN), and wages information.

We are committed to protecting your privacy by responsibly collecting, using, storing, and disclosing the personal information we may hold in a manner consistent with the statewide Public Sector Privacy Scheme ('Privacy Scheme') established by the Queensland Government Information Standard 42 (IS42).

We may be required to collect from, use, or disclose information to various government agencies (e.g., Australian Taxation Office). How we use and disclose this personal information is governed by the [Workers' Compensation and Rehabilitation Act 2003](#), the [Information Privacy Act 2009](#), the [Right to Information Act 2009](#), and/or other legislation or requirement by law.

WorkCover takes reasonable steps to protect your personal information from loss, misuse, unauthorised disclosure, or destruction. We have in place government standards of technology and operational security in order to keep your personal information safe.

For full details of our privacy and security policy, please visit workcoverqld.com.au or contact us on **1300 927 928**.

Accessing information

WorkCover will provide you access to, or a copy of, the information we hold about you. Your request must be in writing and must clearly identify the information you seek.

In certain circumstances we are authorised to refuse access to certain personal information we may hold about you. Please visit our [website](#) for more information.

How we resolve complaints

We take customer complaints seriously and have a clear and consistent process to ensure they are resolved quickly and fairly. We encourage customers to raise their concerns directly with the person they are dealing with (or their direct manager). However, if you are not happy with the immediate response, you can:

- complete our online complaint form at workcoverqld.com.au
- write to the Complaints Advisor at GPO Box 2459, Brisbane QLD 4001
- email us at complaints@workcoverqld.com.au.

Your complaint will be handled by the person who has the authority to deal with it-usually the manager of the business area you are dealing with. If this person is not able to resolve your complaint to your satisfaction, the matter will be escalated to an appropriate member of the management team.

All written complaints are centrally coordinated to ensure they are properly investigated and responded to within agreed timeframes.

We will always identify whether you have an external review option and will refer those issues directly to the Workers' Compensation Regulator.

If you disagree with the final outcome of your complaint, you can contact the Queensland Ombudsman by visiting their website at www.ombudsman.qld.gov.au or phoning them on **1800 068 908**.

How can we help

To provide a range of workers' compensation services we must collect some personal information. Personal information is information or an opinion (including information or an opinion forming part of a database) we hold about you that can identify you.

1300 customer support centre

You can access our customer service centre network simply by calling **1300 927 928** from anywhere in Australia for the cost of a local call.

The customer support centre is available from 8am to 5.30pm Monday to Friday.

Website and online services

Our website workcoverqld.com.au offers a range of information and online tools.

Getting in touch

WorkCover Queensland
GPO Box 2459, Brisbane QLD 4001

Telephone: **1300 927 928**

Facsimile: **1300 651 387**

workcoverqld.com.au/contact