Injury Management Program



Proudly protecting the NSW coal mining industry and its workers for over

100 years

Coal Mines Insurance

Injury Management Program
Revised November 2026

Coal Mines Insurance Pty Ltd • ABN 70 000 011 727
Level 21, 44 Market Street, Sydney NSW 2000

www.coalservices.com.au

Contents

References v

Glossary vi

About us 1

Injury management program 2

Claims management principles 2

Stakeholder obligations, rights and responsibilities 3

Changing Nominated Treating Doctor 5

Recovery and return to work 6

Suitable employment 7

Return to work plan 8

Other support 9

Collaborative injury management planning 10

Injury management plan 12

Claims management practices 13

Giving notice of an injury 13

Lodging a claim 14

Early contact 17

Claim triage 17

Managing death claims 17

Determining liability 19

Coal miner 19

Non-coal miner 19

Recurrence vs. aggravation 21

Additional or consequential medical conditions 21

Dispute prevention and resolution 22

Treatment and medical intervention 23

Reasonable and necessary treatment 23

Independent opinions 25

Management of non-compliance by worker 27

Compensation entitlements 28

Coal miner weekly benefit entitlements 28

Non-coal miner weekly benefit entitlements 29

Reaching retirement age 31

Changes in capacity 31

Permanent impairment 31

Work injury damages (non-coal miner) 32

Common law 32

Commutations (non-coal miner) 33

Redemptions (coal miner) 34

Finalisations 35

Reopening a claim 35

Employment management practices 36

Other matters 37

File handovers 37

Recoveries 37

Medicare and Centrelink clearance 38

Factual investigations 38

Quality assurance 39

Provider management 39

Privacy and confidentiality 40

Fraud 40

Complaints handling 41

Worker helpline — Hear2Talk 41

CMI contact details 41

References

The legislation, State Insurance Regulatory Authority (SIRA) guidelines and other sources of information used to develop this program are noted below:

- *Workers Compensation Act 1926* (WCA 1926)
- *Workers Compensation Act 1987* (WCA 1987)
- *Workplace Injury Management and Workers Compensation Act 1998* (WIMA 1998)
- Workers Compensation Guidelines 1 October 2026
- State Insurance Regulatory Authority (SIRA) Standards of Practice (2025)
- Workers Compensation Regulation 2016
- *Coal Industry Act 2001* (NSW)
- *Social Security Act 1991*
- Consensus Statement on the Health Benefits of Good Work — Royal Australasian College of Physicians (RACP)
- State Insurance Regulatory Authority (SIRA—Your Nominated Treating Doctor, Information for Workers
- State Insurance Regulatory Authority (SIRA) Injury Management Program: A Guide and Checklist for Insurers
- Coal Mines Insurance website (www.coalservices.com.au)

Glossary

Term	Definition
Account Manager	The key liaison between CMI and the employer. Responsible for relationship management, overall customer satisfaction, strategic planning and providing information to employers in relation to injury prevention and claims performance.
Aggravation	An increase in symptoms of a pre-existing injury due to a new incident or the nature and conditions of work.
Case Conference	A face-to-face meeting, video conference or teleconference with any or all of the following parties: worker, Nominated Treating Doctor (NTD), employer, insurer, workplace rehabilitation provider or other treatment providers to discuss how to deliver the best possible return to work outcomes.
Case Manager	Responsible for the development and implementation of strategies and decisions on claims. Works in partnership with the Injury Management Specialist to develop return to work strategies. Responsible for estimating potential and future costs of claims.
Catastrophic injury	An injury is considered 'catastrophic' if it meets the criteria for one or more kinds of injury specified in Part 9 of the Workers Compensation Guidelines. For example, certain types of spinal cord injury, brain injury, amputations, burns, and permanent blindness.
Claim	As defined in section 266 of the *Workplace Injury Management and Workers Compensation Act 1998*. Also includes reference to 'early notification'.
Claim management principles	Principles that apply generally across all aspects of claims management, to provide direction for the handling and administration of claims under the workers compensation system.
Claim triage	The process of segmenting claims based on risks, barriers, and circumstances to assign them to the appropriate team.
Claims review	A structured meeting between CMI and the employer to discuss current status of a claim and strategy from an injury management and return to work perspective.
Coal miner	A worker employed in or about a coal mine.
Coal Mines Insurance (CMI)	Specialised insurer responsible for managing and administering the workers compensation scheme for the NSW coal industry.
Collaborative Case Review(s) (CCR)	An opportunity for key CMI stakeholders to discuss a claim, ensure all parties stay informed, collaborate, and implement strategies on claims.
Commutation	A single lump sum settlement of a worker's entitlement to weekly benefits and medical expenses, removing the insurer's liability for future payments.

Term	Definition
Dispute notice	A written document outlining the reasons for disputing liability, information for review, and advice on seeking assistance.
Duly made	The two requirements to make a claim against the scheme have been received. A claim is considered to be duly made once CMI receives a completed Worker's Injury Claim Form and a SIRA Certificate of Capacity.
Employer	The policyholder that is responsible for the payment of wages to the injured worker.
Employer's Incident Notification Form	A standardised form completed by employers to report workplace injuries to CMI.
Factual investigation	The use of a third-party service provider to conduct an investigation to determine the available facts of a claim.
File handover	The transfer of a claim from one team member to another.
Finalisation	The process of closing a claim when the injury no longer impacts the worker's ability to participate in suitable employment or pre-injury employment, or treatment is no longer required, or the claim has resolved by way of settlement or commutation.
Fraud	A financial advantage obtained through deception or dishonesty, subject to investigation and penalties.
Hear2Talk	A free, confidential, and independent phone support line available for anyone who works in NSW funded by SIRA. Hear2Talk can be contacted on 1300 428 255.
Independent Consultant	An allied health practitioner approved by SIRA to provide an independent peer review of treatment in the NSW workers compensation system.
Independent Medical Examination (IME)	An assessment conducted by an appropriately qualified and experienced medical practitioner to help resolve an issue in injury or claims management.
Independent Review Office (IRO)	The independent statutory office that manages complaints from workers with work-related injuries/illnesses.
Injury Management Consultant (IMC)	A registered medical practitioner experienced in occupational injury and workplace-based rehabilitation. An IMC is a facilitator who helps the Nominated Treating Doctor, worker, insurer, employer and other service providers to progress a worker's recovery at/return to work and optimise health and return to work outcomes.
Injury management plan	A written plan developed by CMI in consultation with the worker and other stakeholders, to identify the actions of all parties in helping the worker recover from their injury and recover at/return to work
Injury management program	A coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, claims management and employment management practices) for the purpose of achieving optimum results in terms of a timely, safe and durable return to work for injured workers.

Term	Definition
Nominated Treating Doctor	The treating doctor nominated by a worker to manage their recovery from injury and assist in their safe recovery at/ return to work.
Non-coal miner	A worker who is not employed in or about a coal mine and who is not considered a coal miner for the purposes of NSW workers compensation.
Personal Injury Commission	A single, independent tribunal for injured people claiming against the workers compensation and compulsory third party (CTP) insurance schemes.
Policyholder	The person who owns and is covered under a given insurance policy.
Pre-injury average weekly earnings (PIAWE)	Is generally the weekly average of a worker's gross earnings over the 52 weeks prior to their date of injury.
Provisional liability	Allows the insurer to provide the worker with financial assistance and early support while they undertake any necessary investigations and determine liability.
Provisional payments	The insurer may make up to 12 weeks of weekly compensation payments and up to $10,000 for reasonable and necessary medical treatment whilst liability is being assessed.
Reasonable excuse	A reason defined in the Workers Compensation Guidelines, for the insurer to not commence provisional weekly payments within 7 days of receiving the initial notification of injury.
Reasonable and necessary treatment	Medical or related treatment deemed reasonable and necessary due to a workplace injury. Factors to consider include connection to the injury, cost, appropriateness, actual and potential effectiveness, availability of alternative treatment and acceptance of treatment by medical experts.
Recurrence	The spontaneous return of symptoms from a previous injury without external cause.
Redemption	A lump sum payment to a coal miner in exchange for relinquishing rights to ongoing compensation entitlements.
Return to work plan	A statement of goals and objectives (and services required to achieve them) for a worker undergoing recovery at work. It should clearly outline the worker's capacity for work including hours, supervision requirements, treatment times and review dates.
Return to work program	A formal policy that outlines an employer's procedures for handling work-related injury and illness.
State Insurance Regulatory Authority (SIRA)	SIRA regulates motor accidents CTP insurance, workers' compensation insurance and the home building compensation scheme in NSW. SIRA has objectives and a regulatory role under *State Insurance and Care Governance Act 2015* (SICG Act), one of those being to promote compliance with NSW workers compensation legislation.

Term	Definition
SIRA Certificate of Capacity	Medical certificate used in the NSW workers compensation system, usually completed by the worker's Nominated Treating Doctor to describe the nature of a worker's injury/ illness, their capacity for work including any physical or psychological restrictions, and the treatment required for a safe and durable recovery.
Standards of Practice	Clear, consistent, accessible and enforceable expectations set by SIRA that guide insurer conduct and claims management.
Suitable employment	Employment in work for which the worker is currently suited having regard to the worker's age, education, skills, experience, the nature of the injury, injury management and return to work plans and workplace rehabilitation services.
Weekly compensation payments	Payments made to workers who are unable to return to work or experience a loss of earnings due to a workplace injury.
Work capacity assessment	An assessment of an injured worker's current work capacity conducted in accordance with the Workers Compensation Guidelines.
Work injury damages	A lump sum payment compensating a worker for economic losses due to an injury caused by employer negligence.
Workers Compensation Guidelines	Guidelines issued by SIRA to ensure compliance with workers' compensation legislation and standards.
Workers Injury Claim Form	A standardised claim form completed by workers.
Workplace rehabilitation provider	A specialist provider engaged to assist with return to work planning, capacity assessments, and workplace modifications.

About us

Coal Mines Insurance (CMI) is a specialised insurer responsible for managing and administering the workers compensation scheme for the NSW coal industry.

Helping people in the industry to maintain and regain quality of life.

Our principal objective is to operate an innovative, efficient, effective, competitive and fully-funded workers compensation scheme to help people in the industry to maintain and regain quality of life.

CMI has 2 main customers - workers and employers. Employers pay a premium in exchange for workers compensation coverage, which funds the cost of claims that provide medical and financial support to injured workers to return them to health and work.

Workers are the primary beneficiary of our Scheme.

CMI aims to ensure that all notifications and claims are managed to an optimal outcome through a focus on early intervention, person-centred case management, reasonable and necessary treatment, and emphasis on return to work; whilst meeting legislative obligations. CMI is here to support workers and their families, employers and all parties throughout their recovery and return to health, work and life.

Our Purpose

To protect the health and safety of the NSW coal industry

Our Vision

Deliver a world-class, sustainable health and safety service to an evolving industry, enabling a healthier workforce and a safe workplace

Our Values

We Work Together

We Care

We make a Difference

Injury management program

It is a legislative requirement that all insurers have an injury management program, pursuant to section 43 of the *Workplace Injury Management and Workers Compensation Act 1998* (WIMA 1998). An injury management program is a coordinated and managed program that documents all aspects of injury management to achieve optimum return to work outcomes for workers. It includes treatment, rehabilitation, retraining, claims management and employment management practices.

CMI's injury management program is designed to support the employer's workplace injury management by:

> ensuring commitment to promote return to work for all workers
> setting responsibilities and obligations of all stakeholders
> planning resources and key stakeholders to support return to work and rehabilitation
> outlining communication and decision-making protocols.

Employers should refer to this program when developing or reviewing their return to work program to ensure consistency and alignment.

Claims management principles

The procedures detailed in this program are consistent with the claims management principles outlined in the State Insurance Regulatory Authority (SIRA) Standards of Practice in an effort to achieve better claims management experiences and return to work outcomes for workers.

These claims management principles, as defined in the Standards of Practice, serve as a foundation for insurer conduct and expectations in managing claims. The principles aim to establish fair, transparent, and consistent practices that guide the actions of CMI in handling claims.

Principle 1
Fairness and empathy

The management of claims will be undertaken in an empathetic manner intended to maximise fairness for workers by:

> ensuring that workers understand their rights, entitlements and responsibilities, and making clear what workers and employers can expect from insurers and other scheme participants
> ensuring workers are afforded procedural fairness, and decisions are made on the best available evidence, focused on advancing the worker's recovery and return to work.

Principle 2
Transparency and participation

Workers, employers and other scheme participants will be empowered and encouraged to participate in the management of claims by:

> ensuring transparent and timely communication of the reasons and information relied upon for decisions and facilitating right-of-reply and prompt, independent review of decisions
> ensuring opportunities are provided to workers, employers and other scheme participants to contribute information that can support and inform claims management.

Principle 3
Timeliness and efficiency

Claims management decisions will be made promptly and proactively, and claims will be managed in a manner intended to reduce delays and costs and maximise efficiency by:

> promptly and efficiently processing claims, responding to inquiries, determining entitlements and making payments
> progressing claims without unnecessary investigation, dispute or litigation.

Stakeholder obligations, rights and responsibilities

We all play an important role throughout the injury management and return to work journey.

Workers

Workers will:

- notify their employer as soon as possible following a workplace injury
- nominate a treating doctor who is prepared to participate in the worker's return to work and the development of an injury management plan and the arrangements under this plan
- participate with reasonable requests from their employer, their CMI case management team, Nominated Treating Doctor and appointed workplace rehabilitation provider
- authorise the Nominated Treating Doctor to provide all relevant information to key stakeholders
- participate, cooperate, and comply in the development and application of their injury management plan
- cooperate and comply with the return to work plan
- cooperate with their employer so they can meet their return to work obligations
- maintain regular contact with their employer and CMI case management team regarding their recovery and return to work
- notify their employer and CMI case management team of any changes in their condition or employment circumstance.

Employers

Employers will:

- notify CMI within 48 hours of becoming aware of a workplace injury
- comply with CMI's injury management program
- provide and support suitable duties/ suitable employment while the worker is recovering from injury
- participate in the development and application of the injury management plan
- ensure there is a return to work program in place that supports and promotes injury management and return to work
- ensure the return to work program is consistent with CMI's injury management program
- review and update the return to work program at least every 2 years to ensure it complies with legislation, including the WCA 1987 and the WIMA 1998
- pay weekly compensation as soon as reasonably practicable. Depending on the arrangement with CMI, workers should remain on normal pay cycles unless they're paid directly by CMI
- record any workplace-related injuries and illnesses in the Register of Injuries, which all workplaces are required to keep.

Nominated Treating Doctor

The Nominated Treating Doctor will:

- recommend and organise treatment for the injury or illness
- complete the SIRA Certificate of Capacity
- regularly review the condition and capacity for work
- work with members of the workers support team, including the employer and the insurer, in developing an injury management plan
- cooperate and communicate with the employer, insurer, treating health professionals and rehabilitation provider (if involved) about the workers condition, needs, progress and capacity for work.

Coal Mines Insurance

As the insurer, CMI will:

- establish and maintain an injury management program
- initiate action under the injury management program and contact the worker, employer and if appropriate, Nominated Treating Doctor, within 3 working days of being notified of an injury
- develop an injury management plan within 20 working days if a workplace injury is identified as likely to be a significant injury. CMI will review the plan regularly and upgrade or re-issue where necessary
- inform the employer and worker of their obligation to comply with the injury management plan
- assess liability
- consult with the worker, employer and Nominated Treating Doctor when referring to an approved workplace rehabilitation provider
- make vocational rehabilitation and/or retraining available to a worker when a return to pre-injury duties and provision of suitable duties is no longer possible
- store and share medical and health information in line with the *Health Records and Information Privacy Act 2002* (NSW), the *Privacy and Personal Information Protection Act 1988* (NSW) and the *Privacy Act 1988* (Cth)
- ensure all aspects of injury management (treatment, rehabilitation claims management and return to work) are coordinated and integrated to optimise outcomes
- organise support and assistance from third-party service providers in consultation with employers, the worker and Nominated Treating Doctor.

Changing Nominated Treating Doctor

In accordance with section 47 of the WIMA 1998, it is the worker's right and responsibility to nominate a treating doctor who is prepared to participate in their recovery and return to work.

The provision of consistent medical care is essential to a worker's recovery and return to work following an injury. Changing the Nominated Treating Doctor can interrupt good medical care; however, there may be a good reason for change, including:

- the doctor has moved or has ceased practicing in the worker's local area, and they are no longer able to see them
- there is evidence that the management the doctor is providing is not helping the worker's recovery and safe return to work.

If there is reason to change the Nominated Treating Doctor, the worker must inform CMI and their employer.

If there is evidence that the Nominated Treating Doctor is not assisting a worker's recovery and return to work, CMI may:

- engage an Injury Management Consultant (IMC) who has specialised skills in workplace injury and rehabilitation that can review the management of the injury and help plan the worker's return to work
- ask the worker to nominate another treating doctor.



A worker must nominate a treating doctor who is prepared to participate in their return to work.

Recovery and return to work



Effective recovery at work or return to work can be facilitated using specific assessments, services and programs to help workers recover in their current or new workplace.

The link between recovery and return to work

Not all injuries result in time away from work. Evidence shows that the earlier a worker returns to work, the better their chances of recovery. Studies support that work is beneficial to physical and mental health as well as general wellbeing.

When establishing workplace procedures, the following principles should be taken into consideration.

The provision of good work is a key determinant of the health and wellbeing of workers, their families and broader society.

Long term work absence, work disability and unemployment may have a negative impact on health and wellbeing.

All workplaces should strive to be both healthy and safe.

Providing access to good work is an effective means of reducing poverty and social exclusion.

With active assistance, many of those who have the potential to work, but are not currently working, can be enabled to access the benefits of good work.

Safe and healthy work practices, understanding and accommodating cultural and social beliefs, a healthy workplace culture, effective and equitable injury management programs and positive relationships within workplaces are key determinants of individual health, wellbeing, engagement and productivity.

Good outcomes are more likely when individuals understand and are supported to access the benefits of good work especially when entering the workforce for the first time, seeking re-employment or recovering at work following a period of injury or illness.

Evidence has shown that the earlier a worker returns to work, the better their chances of recovery.

Suitable employment

Suitable employment is defined as employment in work for which the worker is currently suited, having regard to:

- the nature of the injury and medical information available including certified capacity
- the age, education, skills and experience of the worker
- injury management and return to work plans
- workplace rehabilitation services

Suitable employment can also be generally referred to as suitable duties, alternate duties, modified duties, light duties or suitable work. Although they may differ, they have the same underlying principle: to provide a worker with the opportunity to recover at work through the performance of work.

Suitable employment can include one or more of the following:

- modified tasks and duties (including the provision of equipment to help with the modification of tasks and duties)
- different hours or days of work
- an alternate position in the same workplace
- training to expand the worker's skill set
- a different job location (non-coal miner).

Under section 49 of the WIMA 1998, employers are required, so far as reasonably practicable, to provide suitable employment which is the same as or equivalent to the worker's pre-injury employment.

Where suitable duties are provided, employers should facilitate a graduated return to full pre-injury duties where possible.

Where a worker is unable to return to their pre-injury employment but can undertake suitable duties, CMI aims to reintegrate the worker into the workforce in the following order of priority:



Where appropriate, a referral to an approved workplace rehabilitation provider for return to work services will occur and be documented in the injury management plan and return to work plan.

Return to work plan

A return to work plan is a formal document that outlines how the employer will help a worker to return to work as soon as possible, or how the employer will help them to stay at work while they recover.

The return to work plan should indicate what actions are being undertaken to improve the worker's health status and overcome any barriers identified in the claim, whilst performing suitable duties. The return to work plan is reviewed and updated throughout the life of the claim.

Return to work plans must:

- outline the type of support necessary for effective recovery at work
- be tailored to the individual needs of the worker in relation to their injury and capacity to work
- be developed by the employer in consultation with the worker and treating doctor
- be regularly monitored, reviewed and updated by the return to work coordinator or provider
- work in conjunction with CMI's injury management plan
- be developed in line with the worker's current SIRA Certificate of Capacity and should contain:
  - the worker's name, job title and location, and supervisor's details
  - agreed purpose or goal of suitable duties
  - hours and days to be worked, commencement date, length of plan and review date
  - duties including capacity, restrictions or specific duties to be avoided
  - multiple stages which reflect how specified work tasks and treatments will improve work capacity
  - agreement signed by the worker and employer representative
  - arrangements to attend treatment or medical appointments.



The employer should forward a signed copy of the return to work plan to the Nominated Treating Doctor, treatment providers and CMI as soon as reasonably practicable.

Other support

Workplace rehabilitation providers

Where the worker's return to work is more complex, specialist providers may be engaged. Workplace rehabilitation providers are on hand to offer help regarding suitable employment options and return to work planning. Their services are usually delivered at the workplace and may involve:

- assessing a worker's capacity to perform duties safely
- negotiating and liaising with the employer, the Nominated Treating Doctor and other health professionals
- identifying work that supports improvements in the worker's capacity for work
- identifying options to help reduce work demands (including providing advice about equipment, job or workplace modifications)
- identifying and addressing risks that may impact the worker's recovery at work or return to work
- implementing and monitoring a plan to achieve an agreed recovery at work goal.

CMI may engage a workplace rehabilitation provider of our own choosing, or one nominated by the employer or worker. The workplace rehabilitation provider must have expertise relevant to the worker's injury and industry.

While CMI or the employer usually decide which provider to use, the worker should be consulted and given the opportunity to nominate or request a change in provider.

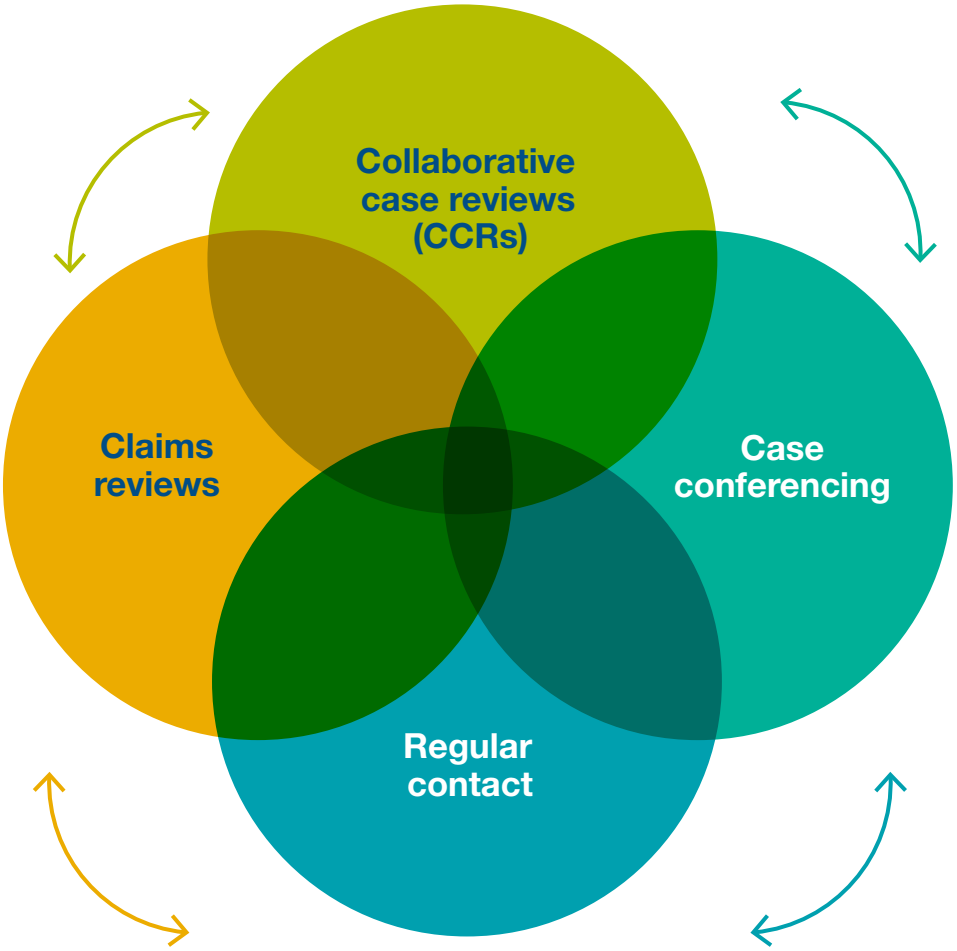
Unfortunately, there may be times where a worker won't be able to return to the pre-injury employer following an injury. If this is the case, a workplace rehabilitation provider may be engaged to support the worker to seek alternative employment.

Where a workplace rehabilitation provider is engaged, CMI should ensure all parties understand their role and what they can expect from their involvement. CMI should provide the employer and worker with:

- the name and contact details of the provider
- an explanation of why the referral has been made
- an indication of when the workplace rehabilitation provider will make contact
- information regarding the worker's right to request a change of provider.

Collaborative injury management planning

CMI undertakes a number of collaborative measures to assist in planning for a successful return to work and return to health.



Case conferencing

A case conference is a meeting (can be in-person, teleconference or videoconference) with the worker and Nominated Treating Doctor with any or all of the following parties: the insurer, employer, workplace rehabilitation provider and any other treatment providers.

The aim of a case conference is to facilitate and support a worker's recovery and return to work by setting goals, ensuring roles and responsibilities are understood and to agree on timeframes for recovery and return to work.

Case conferences are conducted in a manner that promotes return to work and respects the worker's right to confidential medical consultations.

It is not appropriate for a workplace rehabilitation provider to attend a worker's confidential medical consultation with their Nominated Treating Doctor. If a case conference is required to discuss the worker's recovery, it is to be scheduled separately from the medical consultation unless otherwise agreed to by the worker and Nominated Treating Doctor.

When seeking to arrange a case conference, CMI will:

- advise the worker of the insurer's intention to seek a case conference and the reasons for doing so
- provide a statement of the purpose and agenda for the case conference to all parties involved, and
- schedule the case conference at a time separate to the worker's medical consultation, unless otherwise agreed by the worker and the Nominated Treating Doctor.

The items discussed at a case conference may include but are not limited to:

- the worker's capacity for work
- the worker's progress and treatment plan
- return to work plan
- upgrades in worker's capacity for work
- addressing identified barriers and any factors delaying recovery or return to work
- vocational options.

Following the case conference, the outcomes will be documented, including specified timeframes for actionable items and the parties responsible. This information will be distributed to all attendees.



Collaborative case review (CCR)

The CCR is an opportunity for key CMI stakeholders to discuss the claim on a regular basis, ensure all parties stay informed, collaborate on the strategies and progress of the claim. CCRs provide support to the claims team where needed to make decisions and implement strategies on claims. The main purpose of each CCR is to ensure:

- there is regular, structured collaboration between the key CMI stakeholders, including the Case Manager, Injury Management Specialist and (where required) the Claims Lead, Legal Specialist and Account Manager
- all parties remain updated on the status of the claim
- there are robust strategies in place addressing all identified barriers and that there is a focus and urgency on a timely and durable return to work
- CMI complies with legislative and policy requirements.

Claims reviews

Claims review meetings are an integral part of the employer and insurer partnership. To maximise their impact, claims reviews should be conducted on a regular basis as agreed to by CMI and the employer.

The purpose of the meeting is to discuss:

- current status of the claim and claim strategy
- claims trends and any concerns
- ways to improve the working relationship between the customer and CMI.

Regular contact

It is vital that employers, the worker, their case management team, treating doctors and other treatment providers continue to communicate throughout the process to ensure appropriate treatment and work options are in place to assist recovery and return to work.

Injury management plan

An injury management plan is tailored to the specific needs of the worker.

CMI encourages an integrated approach to injury management and return to work, which promotes consistency and coordination.

The injury management plan outlines the activities, services and responsibilities required to safely assist the worker back into suitable employment following workplace injury. It includes treatment, rehabilitation and, if necessary, retraining of the worker.

It is essential that all parties collaborate throughout the development of this plan to ensure it is suitable for the worker and that the employer is aware of all aspects that may impact on their return to work.

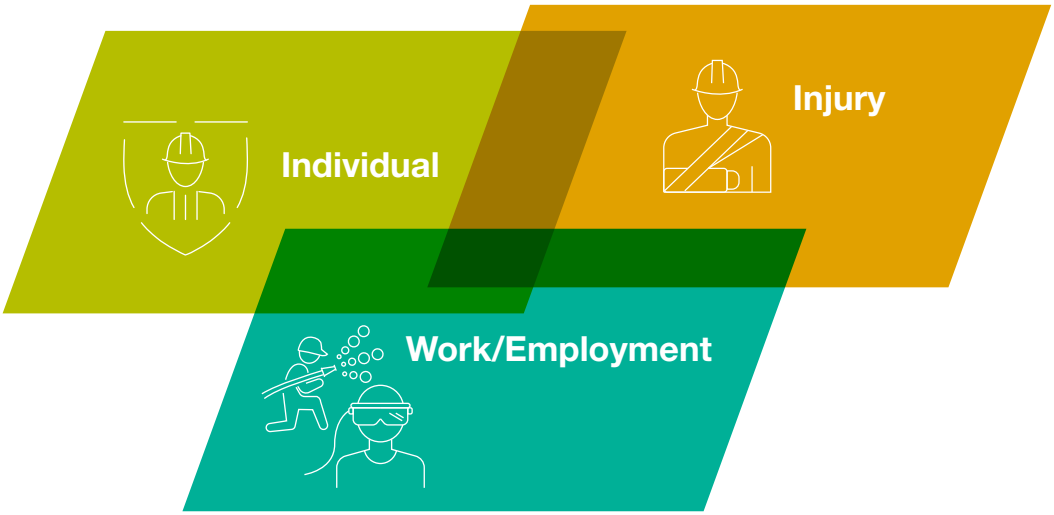
An injury management plan is developed by the worker's CMI case management team in consultation with all parties. It outlines activities and obligations for each involved party to assist with recovery and return to work including:

- providing and performing duties
- attending treatment
- communications and meetings.

The injury management plan works hand-in-hand with the employer's return to work plan. Both the employer and worker must comply with the obligations under the injury management plan.

The injury management plan will be developed and sent to the worker, employer and support team within 20 working days from notification of a significant injury. Regular reviews and updates will be conducted and communicated throughout the lifecycle of the claim.

An injury management plan will not be developed following early contact if the worker has returned to work on pre-injury duties.



Claims management practices

Employers are required to notify CMI within 48 hours of becoming aware that a worker has sustained a workplace injury.

Giving notice of an injury

Where an injury occurs in the workplace, employers are required to report it to CMI even if the worker doesn't intend to make a claim. This is important because if a worker's injury becomes worse over time and they need to seek treatment, there will be a record of the injury which will assist the claims process. Reporting an injury also enables employers to track (and address) potentially hazardous tasks or equipment in the workplace.

In accordance with section 44 of the WIMA 1998, the employer must notify the insurer within 48 hours after becoming aware that a worker has sustained a workplace injury.

Notification of injury can be provided via email (CMI's preference), fax or telephone.

Worker Services
T. 1800 WORKER (1800 967 537)
E. cmiworkerservices@coalservices.com.au

Newcastle
F. +61 (2) 4953 0543

Singleton
F +61 (2) 6571 1258

Woonona
F +61 (2) 4283 7163

Call **1800 WORKER (1800 967 537)** if you need help to report an injury or if you have questions about claims.

Employer's Incident Notification Form

When giving notice of an injury, CMI's standardised Employer's Incident Notification Form should be utilised as this contains all the information that is required. As a minimum an employer must provide:

- worker's name and contact details, including their telephone number and address
- employers name and contact details, including telephone number and address
- if known, treating doctor name and the name of the medical centre or hospital
- the date and time of injury or the period over which the injury emerged
- description of the injury and how it happened
- whether any medical treatment is required
- whether the injury has caused any partial or total incapacity for work and loss of income
- notifier's name and contact details, including telephone number and address.

All workplace-related injuries and illnesses must also be recorded in the Register of Injuries, which all workplaces are required to keep.

If a death, serious injury or illness, or dangerous incident occurs, it is a notifiable incident and both CMI and SafeWork NSW (on 13 10 50) will need to be notified.



Injury claim forms and guides are available from the Forms and Downloads section at www.coalservices.com.au.

The injury must be reported even if the worker doesn't intend to make a claim. Employers can complete an Employer's Incident Notification Form for this purpose.

Lodging a claim

Coal miner

Should a coal miner have a work-related injury, to lodge a claim they must:

- tell their employer or supervisor they have been injured
- see a doctor and obtain a SIRA Certificate of Capacity
- provide the SIRA Certificate of Capacity and a completed Worker's Injury Claim Form to their employer or directly to CMI.

A claim is considered to be duly made once CMI receives a completed Workers Injury Claim Form and a SIRA Certificate of Capacity.

The employer must:

- within 7 days, complete and submit an Employer's Incident Notification Form, advising that the worker is going to lodge a claim. This form should be completed by the worker's supervisor. It includes details of how the incident and injury occurred
- send the worker's SIRA Certificate of Capacity and their completed Worker's Injury Claim Form to CMI within 7 days of the worker providing these forms.

Non-coal miner

Should a non-coal miner have a **work-related injury (excluding a primary psychological injury)**, to lodge a claim they must provide CMI with the below information as a minimum:

- name and contact details of the worker
- name and contact details of the employer (individual or organisation)
- name and contact details of the worker's medical practitioner
- if applicable, the name and contact details of any witnesses or witness statements, including details to identify any witnesses known to the worker if the incident was witnessed
- description of the injury and how it happened
- information to support the medical expenses and other losses the worker is claiming.

Additional information requested may include but is not limited to:

- the worker's date of birth
- the employer's ABN or workers insurance policy number
- copy of the SIRA Certificate of Capacity
- details of worker's capacity to return to work and expected date
- employer's ability to support worker's recovery at work in suitable employment
- worker's pre-injury average weekly earnings.

To lodge a claim for a **primary psychological injury** caused by a 'relevant event' under section 8G of the *Workers Compensation Act 1987*, other than an injury caused by 'relevant conduct', the worker must provide information including:

- the worker's name and contact details
- the employer's name and contact details
- the name and contact details of the worker's treating medical practitioner
- details of the injury, including a medical certificate that identifies a mental or psychiatric disorder
- the worker's consent to use and disclose information for purposes connected with managing the claim
- nomination of one or more of the following relevant events as the cause of the injury:
  - being subjected to violence or a threat of violence
  - being subjected to indictable criminal conduct
  - witnessing a traumatic incident happen
  - witnessing a dead or seriously injured person at the scene following a traumatic incident
  - death of a person in the worker's care from a traumatic incident
  - experiencing vicarious trauma
  - being subjected to bullying
  - being subjected to sexual harassment
  - being subjected to racial harassment
  - being subjected to excessive work demands.

If a psychological injury is caused by any of the following types of 'relevant conduct'

- bullying
- sexual harassment
- racial harassment
- excessive work demands

the worker must complete a SIRA Injury Claim Form containing, at a minimum, the following information:

- worker name and contact details
- employer name and contact details
- the name and contact details of the worker's treating medical practitioner
- details of the injury, including a medical certificate with one or more mental or psychiatric disorders specified
- the worker's consent to use and disclose the information for purposes reasonably connected with responding to and managing the claim
- whether the relevant conduct has been the subject of proceedings in another court or tribunal (such as the Industrial Relations Commission or Fair Work Commission) and, if so, the case number for the proceedings, the contact details for the worker's legal representatives in the proceedings and any orders made by the court or tribunal
- as far as reasonably practicable, details of the relevant conduct that caused the injury, including:
  - the specific nature of the conduct,
  - whether the conduct has been carried out repeatedly
  - examples of specific instances, including the date, time and location, of the conduct
  - the persons involved in the conduct,
  - the names of witnesses to the conduct
  - as far as reasonably practicable, an explanation of the relationship between the relevant conduct and the worker's employment.



A worker must provide certain information when lodging a claim for a work-related injury.

Additional information is required for primary psychological injury claims for non-coal miners.

Early contact

An Injury Management Specialist from CMI will contact the worker, employer and Nominated Treating Doctor within **3 business days** of CMI being notified of the injury as per section 43(4) WIMA 1998.

The purpose of this 3-point contact is to:

- obtain a thorough understanding of the circumstances leading up to, during and following the injury
- see how the worker is managing and what their treatment needs are
- request further details about the injury and current work status
- identify any risks and barriers to recovery at work, as per SIRA's Standards of Practice (Standard 34)
- when there is time loss, request wage information to assist in the calculation of pre-injury average weekly earnings
- answer any questions about the claims process
- establish a recovery at work goal and put likely recovery timeframes in place
- arrange any necessary support services.

The primary objective is to establish a relationship with the worker and employer and focus on the importance of care, treatment and return to work. Where English is the worker's second language, the worker has the right to utilise the services of an interpreter.

Using this information, the Injury Management Specialist is able to identify barriers to return to work. It also allows the Injury Management Specialist to provide a comprehensive handover to assist the claims team in developing strategies for managing the claim.

Claim triage

CMI triages and segments all claims to identify the risks and barriers associated with a worker's injury, their recovery and the circumstances surrounding their claim.

The triage process commences following initial contact with the worker, employer and Nominated Treating Doctor. It encompasses information collected from the worker and any relevant documents that have been received to date.

Claims are then assigned to the appropriate claims team depending on the risks, barriers and circumstances of the individual claim.

Managing death claims

Compensation is payable if a work injury results in a worker's death. A workplace death may be investigated without a formal claim being lodged, depending on the circumstances of the incident. A claim for death benefits may be lodged as soon as reasonably practicable following an incident.

A notification may be lodged by:

- the employer
- a family member of the worker
- their legal representative
- a medical practitioner
- other person.

Fatality notifications and claims are managed by a Case Manager and Injury Management Specialist who are experienced in supporting families and workplaces following a workplace death.

The impact of a loss extends beyond the worker's family; other workers may also be affected by the loss of their workmate. The Case Manager will also talk with the employer about supporting the workplace following a fatality and how to access help if needed.

The Case Manager will help by:

- providing an experienced, empathetic, single point of contact throughout the claim
- explaining the claims investigation process and information required to make a liability decision
- providing monthly progress updates throughout the investigation
- providing a liability decision verbally, and in writing.

The Case Manager will require information to confirm the worker's employment status, cause and circumstances of the incident leading to the fatality. Employers and other workers may also be required to participate in a factual investigation. The length of time to investigate a fatality depends on the type of incident and the availability of information from multiple sources which may include the family of the worker, medical practitioners and specialists, hospitals and ambulance, the NSW police, legal providers and in some instances, the Coroner.

Investigations vary in length and complexity, and the Case Manager will keep all parties updated regularly.

If liability for a fatality claim is accepted, the worker's dependents or estate are entitled to:

- a lump sum death benefit
- weekly benefits for dependent children up to 16 years old, or if a student, 21 years old
- reasonable funeral expenses up to the maximum statutory amount.

Workplace fatalities are distressing events for all involved and the Case Manager is available to provide information and support to those impacted by the death.

Determining liability

CMI applies a structured approach to determining liability to ensure all decisions are soundly based and in accordance with legislative timeframes. All liability decisions are communicated to the worker and employer both verbally and in writing.

Coal miner

Within 7 Days

The Case Manager will review all information received and contact the worker and employer to discuss liability.

CMI will determine whether the claim is accepted or declined. If further information is required to determine liability CMI can dispute liability

Within 21 Days

A decision to accept or decline the claim will be made within 21 days.

If a firm decision on liability cannot be made at this time, this period can be extended to a maximum of 42 days.

Within 42 Days

A decision to accept or decline the claim must be made within 42 days.

The decision-making process commences upon receipt of a duly made claim.

Non-coal miner

The Case Manager must make a liability determination or commence provisional payments if a wage loss has been incurred within 7 days of being notified of an injury unless a reasonable excuse applies.

Provisional liability

Provisional liability enables CMI to commence provisional payments, including weekly compensation payments and reasonable and necessary medical expenses, whilst liability is being assessed. Provisional payments ensure the worker is not financially disadvantaged and allows them to access treatment early without delay.

The commencement of provisional payments does not constitute an admission of liability.

Provisional liability payments cover up to 12 weeks' weekly compensation payments and up to $10,000 for reasonable and necessary medical treatment.

Where CMI has commenced provisional payments and the worker has been notified, liability must be determined prior to the provisional payments period ending (i.e. before the worker has received weekly payments for up to 12 weeks or has incurred up to $10,000 of medical expenses).

Where provisional liability has not been accepted and provisional payments have not commenced, a determination must be made either by accepting liability and commencing weekly compensation payments or disputing liability, within 21 days of the claim being made.

Primary Psychological Injuries Caused by Relevant Conduct

CMI must accept or dispute liability for a primary psychological claim caused by relevant conduct within 42 days of receiving the completed claim.

During the determination period, the worker can receive:

- weekly interim entitlement payments
- up to $7,500 for medical or related treatment connected to the relevant injury. This does not include in-hospital treatment, but it does include out-patient treatment and workplace rehabilitation services.

Reasonable excuse

A reasonable excuse is applied if the Case Manager has not been able to gather sufficient information to allow them either to accept liability or apply provisional payments.

A reasonable excuse may be applied in the following circumstances:

- insufficient medical information
- the injured person is unlikely to be a worker
- CMI is unable to contact the worker
- the worker is refusing access to information
- the injury is not work related
- there is no requirement for weekly payments.

A reasonable excuse applies to provisional weekly payments only. This means that reasonable and necessary medical expenses will continue to be paid during this period.



Recurrence vs. aggravation

A recurrence is when the symptoms of a previous injury recur spontaneously without any external cause. This would result in the prior claim being reopened. An aggravation is when symptoms of a pre-existing injury are increased as a result of a new incident or the nature and conditions of work. In this case the injury would most likely be regarded as a new claim.

Whether a claim will be found to be a recurrence or an aggravation requires consideration of both factual matters and medical evidence.

Determining a recurrence vs. an aggravation

CMI gathers factual and medical information to determine:

- What the worker was doing when the alleged recurrence/aggravation occurred?
- What period of time has elapsed between the previous injury and the alleged recurrence/aggravation? The longer the period between reports of symptoms/incapacity, the less likely it will be a recurrence.
- Was the worker continuing to receive medical treatment following the previous injury and prior to the alleged recurrence/aggravation?
- Was the worker experiencing a continuation of discomfort or symptoms following their return to work from the original injury?
- Are the symptoms experienced after the alleged recurrence/aggravation the same as they were following the original injury?
- Did the worker return to full pre-injury duties, including overtime, prior to the alleged recurrence/aggravation? If the worker was on restricted duties at the time of the report of symptoms/incapacity the more likely it will be a recurrence.
- Was there a specific accident or incident that led to a marked increase in symptoms?
- Was there a specific accident or incident that led to the commencement of new symptoms involving the same body part?
- Was there a specific accident or incident that led to a marked change in pathology to the same body part?

Considering the medical evidence, in particular any comments as to causation, is critical. Whilst not conclusive, the medical opinion will be given significant weight.

Additional or consequential medical conditions

All claims for additional or consequential medical conditions will be investigated and determined based on available medical evidence. A worker may be required to be assessed by an Independent Medical Examiner.

Dispute prevention and resolution

Any decision to decline liability on a claim is evidence-based and undergoes an internal review process prior to the decision being made.

The process involves a review of the claim by a Claims Lead or equivalent role who is not directly involved in the management of the claim.

If CMI declines any aspect of liability on a claim, written notice will be given to the employer and worker. However, where sensitive information or medical evidence has been relied upon, the employer will not receive copies of that evidence in order to protect the worker's privacy. If supplying a decision to a worker would pose a serious threat to the life or health of the worker or any other person, the decision may be provided to the Nominated Treating Doctor for that purpose or to a law practice representing the worker.

The dispute notice will outline:

1. the reason CMI is disputing liability
2. any further information that is deemed relevant to the disputed claim
3. information on how to request a review
4. information to the effect that the worker can also seek advice or assistance from any employee representative group, relevant union or legal provider.

The worker will have the opportunity to request a review of the decision, verbally or in writing. The review will be conducted within 14 days by a representative of CMI, other than the original decision-maker.

Injury management processes, including the development and implementation of the injury management plan must continue in circumstances where liability is disputed. These processes should only cease if liability for the entire claim is ultimately denied. Both the employer and CMI are required to fulfil their obligations to support the worker's recovery and return to work, regardless of liability disputes.

The worker is entitled to commence proceedings through the Compensation Jurisdiction of the District Court in respect of the issues raised in the dispute notice.

If a non-coal miner remains dissatisfied with CMI's decision after a review, they may apply to the Personal Injury Commission (PIC) to resolve the dispute. For a primary psychological injury caused by relevant conduct, if the claim or any aspect of it remains disputed after an internal review, the worker may apply to the Industrial Relations Commission (IRC) for a determination about whether the conduct constitutes bullying, harassment or excessive work demands. Once the relevant conduct has been established, any subsequent disputes about entitlements or medical treatment proceed to the PIC.

In the event of litigation, CMI will obtain legal advice from panel solicitors or the internal Legal Services team. CMI will discuss legal strategies with the employer but retains the right to make the final decision regarding litigation and claim settlements as per the CMI workers compensation insurance policy.

The worker may also contact the Independent Review Office (IRO).

Treatment and medical intervention

Reasonable and necessary treatment

A worker may be eligible for medical and related treatment expenses if the services are considered reasonable and necessary because of the workplace injury. Section 60 of the WCA 1987 provides the guidelines for determining whether medical or related treatment, is reasonable and necessary.

The following rules must be applied when reviewing a request for treatment and whether it is reasonable and necessary:

- a primary purpose of the treatment or service must be to treat the injury that is the subject of the worker's claim
- the treatment or service must:
  - be clinically justified for the treatment of the injury that is the subject of the worker's claim, and
  - be cost-effective and represent value for money
- Treatment or service represents value for money if the costs of the treatment or service are reasonable relative to:
  - the benefits achieved from the treatment or service, and
  - the costs of alternative treatments or services.

All requests for treatment are considered on a case-by-case basis. What is considered reasonable and necessary for one worker may not be considered reasonable and necessary for another worker with a similar injury.

A worker is required to use SIRA-approved physiotherapists, osteopaths, chiropractors, exercise physiologists, psychologists and counsellors. A list of approved qualified and accredited SIRA providers is available at www.sira.nsw.gov.au.

Treatments not approved

The Workers Compensation Regulation 2016 sets out the rules insurers must apply when determining if a treatment or service is reasonable and necessary. As per Part 4A - Clause 8Q of the Regulations, the following treatment and services are not compensable:

- Treatments or services provided in alternative health care fields:
  - E.g. aromatherapy, crystal therapy, cuddle therapy, gaming therapy, homeopathic treatments, kinesiology, neuroreflective pain therapy using cryotherapy machine, reflexology, sound therapy, wilderness therapy
- Treatments or services relating to life and wellness coaching:
  - E.g. wellness retreats
- Massage (other than massage prescribed by a medical practitioner)
- Energy and healing practice treatments or services:
  - E.g. energy clearing, energy balanced massage, energy therapy, frequency healing, reiki therapy, shamanic healing, spinal flow technique

- Other general health, fitness, social or recreational activities (unless prescribed by a medical practitioner)
- Services associated with companion animals other than assistance animals:
  - E.g. food and veterinary costs
  - **Note:** Where a worker already had a companion animal approved and the employer was liable to pay the costs of the services for that companion animal before 1 July 2026, the worker can continue to make a claim for reasonable and necessary costs for that companion animal from the commencement date (1 October 2026).

Coal miner

It is important to seek approval from CMI prior to commencing treatment or services and related expenses. Generally, no pre-approval will be provided by CMI for treatment and services until liability has been determined.

Non-coal miner

CMI will provide pre-approval once becoming aware of the requirement for treatment, where reasonably practicable.

As outlined in Part 4 of the Workers Compensation Guidelines, there are some reasonable and necessary treatments and services that are available without pre-approval from CMI, including:

- initial treatment within 48 hours of the injury occurring
- consultation or case conferencing for the injury with the Nominated Treating Doctor
- services provided in a public hospital emergency department
- standard x-rays referred by the treating doctor within 2 weeks of the date of the injury
- prescription and over-the-counter pharmacy items prescribed by the Nominated Treating Doctor within one month of the date of the injury
- up to 4 consultations with a SIRA-approved treatment practitioner, with treatment starting within 3 months of the date of the injury.



All requests for treatment are considered on a case-by-case basis.

What is considered reasonable and necessary for one worker may not be considered reasonable and necessary for another worker with a similar injury.



Independent opinions

Independent medical assessments should be sought when:

- there is doubt as to the validity of the claim
- it is felt that the worker has greater capacity than certification reflects
- there is a need to monitor progress of ongoing medical status
- there are discrepancies between capacity for work and recovery timeframes.

Independent Medical Examination (IME)

An IME provides an independent opinion regarding the worker's injury and treatment and can assist with decisions regarding liability, rehabilitation, recovery at/return to work and entitlements to compensation. An IME is also used to assess permanent injury.

If after requesting further information from the treating parties the information provided is inadequate, unavailable or inconsistent, the Case Manager may arrange a referral for an IME with an appropriately qualified medical specialist with the expertise to provide a professional opinion on the issue. The law requires the worker to attend necessary IME's at the request of the insurer.

When an IME is required, CMI will arrange such an assessment in accordance with the Guidelines on Independent Medical Examinations and Reports, specifically:

- the reason for referral will be clear and the worker and employer will be advised of the referral in writing at least 10 working days prior to the appointment
- the Case Manager will consider suitable providers
- if the referral is a dispute of causation or treatment, the IME will be in current clinical practice.

In some cases, the effects of an injury can continue for some time and it may be necessary to attend further examinations so the medical examiner can report on the worker's progress.

For further information on independent medical examinations, please refer to the Independent medical examinations fact sheet on the SIRA website.

Independent Consultant

An independent physiotherapist, psychologist, chiropractor or osteopath can provide a review of treatment. The Independent Consultant will either:

- review the file and make recommendations about current or proposed treatment
- review the file and contact the treatment provider to discuss treatment
- provide physical assessment of the worker and contact the treatment provider with a report of recommendations to CMI.

A worker must attend a medical assessment when requested by CMI. Failure to comply with this request may result in their weekly payments being suspended until the examination has taken place (after appropriate warning is provided). CMI will pay for reasonable costs associated with attending the medical assessment.

Injury Management Consultant (IMC)

Injury Management Consultants (IMCs) are registered medical practitioners who have specialised skills in managing work-related injuries that can help workers and treating doctors plan a worker's recovery at/return to work.

CMI may consider a referral to an IMC necessary when:

- a worker has been identified at risk of delayed recovery
- a specific return to work or injury management issue has been identified
- a referral has been requested by the worker, employer, Nominated Treating Doctor or another treating practitioner.

Prior to referral

Before making a referral to an IMC, CMI will:

- discuss the intended referral with the worker explaining the role of an IMC and the reasons for referral
- invite the worker to participate in a file review
- offer the worker a face-to-face appointment should they wish to be involved.

Referral

When referring a worker to an IMC, CMI will:

- consider the worker's injury type and prognosis
- consider any travel restrictions listed on the SIRA Certificate of Capacity
- ensure an appointment can be obtained within a reasonable timeframe
- seek the worker's consent if the IMC records the consultation
- ensure any conflicts of interest between the IMC and Nominated Treating Doctor or employer are managed
- advise the worker that they will be provided with a copy of the report along with other parties involved in the IMC
- notify the Nominated Treating Doctor after referral is made.

Prior to appointment

Before an IMC appointment, CMI will provide the following information to the worker in writing:

- name, specialty and qualification of IMC
- date, time and location of appointment
- reason for referral
- documentation they must take to the appointment
- how costs will be paid
- they may be accompanied to the appointment by a support person
- the worker, Nominated Treating Doctor and any other parties involved in the IMC will receive a copy of the report
- the process should the worker consider the assessment to be unreasonable or if they have a complaint about the IMC
- a copy of SIRA's Injury Management Consultants fact sheet
- that the worker can contact their union or IRO for assistance.

CMI will also provide the IMC with information to support the referral including:

- the reason for referral
- contact details for the worker, Nominated Treating Doctor and employer
- relevant documentation from the claim file.

Subsequent IMC referrals

CMI will make subsequent referrals to the same IMC unless the IMC has ceased to practice, no longer practices in a convenient location to the worker, or the parties agree that a different IMC is required.

For further information on IMCs, please refer to the Injury management consultants fact sheet on the SIRA website.

Management of non-compliance by worker

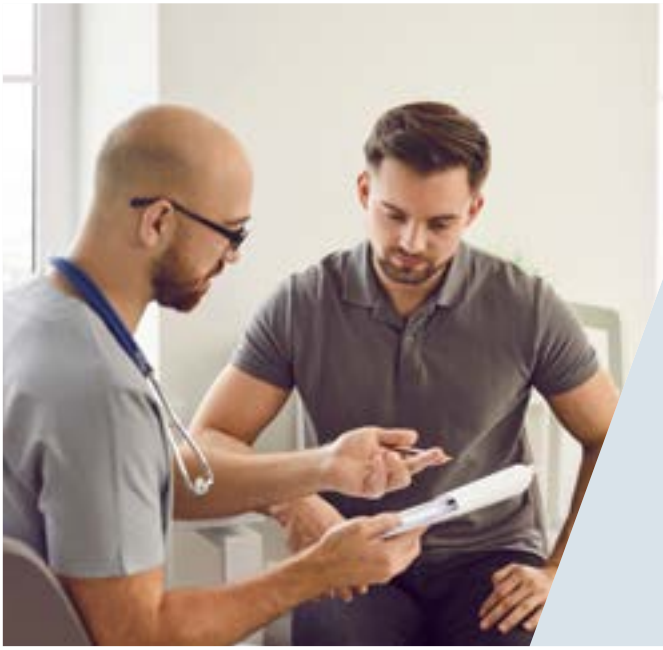
If a **coal miner** fails to reasonably comply with their injury management and return to work obligations under section 57 of the WIMA 1998, then weekly compensation payments may be suspended and/or terminated.

If a **non-coal miner** fails to reasonably comply with their injury management and return to work obligations under section 48 of the WIMA 1998, CMI may 'cease and determine the entitlement of the worker' to weekly compensation payments.

Prior to suspending or terminating weekly payments, CMI will contact the worker to determine the reason for non-compliance. If contact isn't established, CMI will request that the worker contact their case management team. Depending on the worker's explanation, a new plan may be developed.

A warning notice will be sent to the worker if non-compliance continues. The notice will state that entitlements to weekly payments are at risk of suspension unless the worker complies with detailed requirements within a certain timeframe.

Weekly compensation payments will be suspended if the worker fails to comply within the required timeframe. If a worker later becomes compliant, the period of non-compliance remains and benefits for that period may not be payable.



A worker must attend a medical assessment when requested by CMI. Failure to comply with this request may result in their weekly payments being suspended.

Compensation entitlements

Coal miner weekly benefit entitlements

There may be situations where a worker is unable to immediately return to work, or encounter a loss of earnings, following the injury. Under such circumstances, workers may be eligible for weekly compensation payments. These payments can be reimbursed to the employer (preferred) or directly to the worker and are payable only when an incapacity exists.

Total incapacity

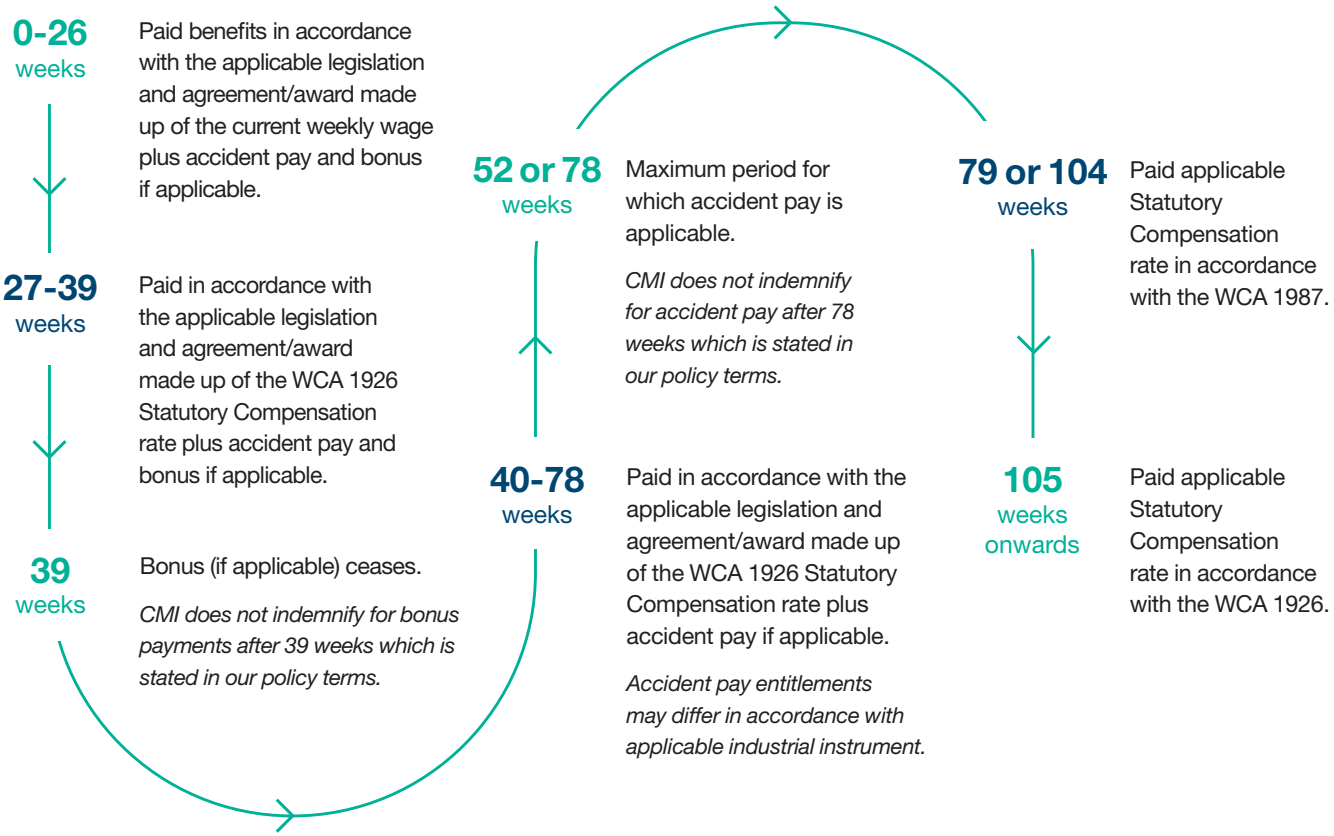
> Applicable when the worker is unable to perform any employment duties due to being certified unfit for work by a SIRA Certificate of Capacity.

Partial incapacity

> If a worker is able to perform work but the employer is unable to offer suitable duties, the worker may be compensated as if they were totally incapacitated for work

> The worker may be eligible for Loss of Earnings if they are unable to perform their full usual duties or earn the same level of income as they would have earned prior to being injured.

Coal miners workers compensation entitlements for total incapacity



Non-coal miner weekly benefit entitlements

If a worker is unable to perform their pre-injury job because of a work-related injury, any weekly compensation that might be payable to them is calculated by reference to their pre-injury average weekly earnings (PIAWE).

PIAWE is generally the weekly average of a worker's gross earnings over the 52 weeks prior to their date of injury.

The calculation of PIAWE is essential to making sure that a worker receives accurate weekly payments. Unless there is a reasonable excuse not to, these payments are to commence within the first 7 days of notification of an injury, or completed claim received for a primary psychological injury as a result of relevant conduct, and will need to be reassessed if new information is later received.

Non-coal miner workers compensation entitlements
(excluding primary psychological injuries notified on or after 1 July 2026)

Entitlement Period	Act	Entitlement for workers injured before 21 October 2019	Entitlements for workers injured on or after 21 October 2019
0-13 weeks	Calculation in accordance with section 36 of the WCA 1987	No current work capacity: Worker is paid the lesser of 95% of their PIAWE or statutory max minus deductions Has current work capacity: Worker is paid the lesser of 95% of their PIAWE or statutory max minus earnings and deductions	No current work capacity: Worker is paid the lesser of 95% of their PIAWE or the statutory max Has current work capacity: Worker is paid the lesser of 95% of their PIAWE or the statutory max minus earnings
14-130 weeks	Calculation in accordance with section 37 of the WCA 1987	No current work capacity: Worker is paid the lesser of 80% of their PIAWE or statutory max minus deductions Has current work capacity working >15 hours per week: Worker is paid the lesser of 95% of their PIAWE or statutory max minus earnings and deductions Has current work capacity working <15 hours per week: Worker is paid the lesser of 80% of their PIAWE or statutory max minus earnings and deductions	No current work capacity: Worker is paid the lesser of 80% of their PIAWE or the statutory max Has current work capacity working >15 hours per week: Worker is paid the lesser of 95% of their PIAWE or statutory max minus earnings Has current work capacity working <15 hours per week: Worker is paid the lesser of 80% of their PIAWE or statutory max minus earnings
131-260 weeks	Calculation in accordance with section 38 of the WCA 1987	No current work capacity: Worker is paid the lesser of 80% of their PIAWE or statutory max minus deductions Has current work capacity: Worker is paid the lesser of 80% of their PIAWE or statutory max minus earnings and deductions	No current work capacity: Worker is paid the lesser of 80% of their PIAWE or statutory max Has current work capacity >15 hours per week, earning at least $251 per week: Worker is paid the lesser of 80% of their PIAWE or statutory max minus earnings
260+ weeks	Calculation in accordance with section 39 of the WCA 1987	Worker been assessed or are likely to be assessed to have a permanent impairment of more than 20%, working <15 hours per week or earning less than the minimum PIAWE: Worker is paid the lesser of 80% of their PIAWE or statutory max minus earnings and deductions	Worker with an assessed permanent impairment of more than 20%, no current work capacity or with current work capacity, working >15 hours per week, earning at leasts $251 per week Worker is paid the lesser of 80% of their PIAWE or statutory max minus earnings

For primary psychological injuries notified on or after 1 July 2026

For a claim for relevant conduct, workers are entitled to an interim entitlement weekly payment of 75 per cent of their PIAWE during the determination period, less the worker's current weekly earnings if they have current work capacity. Once the claim is accepted, it is managed in accordance with requirements applicable to primary psychological injury claims in Division 3A, Part 3, Chapter 7 of the *Workplace Injury Management and Workers Compensation Act 1998*.

A worker has no entitlement to weekly payments after an aggregate period of 130 weeks unless the worker's degree of permanent impairment is at least 21%.

Thresholds to determine entitlement to weekly benefits for primary psychological injuries notified or claims made on or after 1 July 2026 are based on the following assessments of Whole Person Impairment (WPI):

- 21-24% WPI (1 July 2026); 21-26% WPI (1 July 2027); 21 to 27% WPI (1 July 2029): up to 130 weeks
  - Plus an additional 52 weeks where no capacity for work OR current work capacity, working at least 15hrs and earning at least $251 per week. Calculated at the lesser of 60% PIAWE or the maximum weekly compensation rate, less the worker's current weekly earnings
- 25-30% WPI (1 July 2026); 27-30% WPI (1 July 2027); 28-30% WPI (1 July 2029); Entitled to receive weekly payments to retiring age
- 31% or more WPI: Entitled to receive weekly payments to retiring age

Minimum PIAWE

The minimum PIAWE is $155 per week as per the Workers Compensation Regulation 2016. This amount is not indexed until it is used as the PIAWE after the worker is injured.

If a worker's PIAWE is calculated to be lower than the minimum PIAWE ($155), then the minimum PIAWE is set as the worker's PIAWE (clause 2 of Schedule 3 of the WCA 1987).

Indexation of PIAWE

A worker's PIAWE is indexed by the insurer on 1 April each year with reference to the Consumer Price Index.

Work capacity assessments and decisions

A work capacity assessment is an assessment of an injured worker's current work capacity. Section 44(A)(2) of the WCA 1987 states that a 'work capacity assessment' is to be conducted in accordance with the Workers Compensation Guidelines.

A work capacity assessment may be based on available information or may require the Case Manager to obtain additional information. A record of any work capacity assessment is kept in the worker's file.

Work capacity assessments are to be conducted throughout the life of the claim whenever new information about the worker's claim, such as a SIRA Certificate of Capacity, is received.

Upon completion of a work capacity assessment, the Case Manager may make a work capacity decision which may include:

- a decision about a worker's current work capacity
- a decision about what constitutes suitable employment for a worker
- a decision about the amount an injured worker is able to earn in suitable employment
- a decision about the amount of an injured worker's PIAWE or current weekly earnings

- a decision about whether a worker is, as a result of injury, unable without substantial risk of further injury to engage in employment of a certain kind because of the nature of that employment
- any other decision of CMI that affects a worker's entitlement to weekly payments of compensation, including a decision to suspend, discontinue or reduce the amount of the weekly payments of compensation payable to a worker on the basis of any decision referred to in the above points.

Reaching retirement age

When a worker reaches their prescribed pension age under the *Social Security Act 1991*, plus one-year as per the WCA 1987 section 52(2)(a), they are now past their milestone 'retirement' date for workers compensation purposes.

The *Social Security Act 1991* prescribes the pension age as follows:

Birthdate	Pension Age
01 January 1949 – 30 June 1952	65 years
01 July 1952 – 31 December 1953	65 years and 6 months
01 January 1954 – 30 June 1955	66 years
01 July 1955 – 31 December 1956	66 years and 6 months
From 01 January 1957	67 years

Note: The above does not apply to claims with a date of injury prior to 1987

Section 52(2)(b) of WCA 1987 states if a worker sustains an injury on or after reaching the retiring age (pension age), weekly benefits can be paid for a period of only one year after the first date of incapacity.

Changes in capacity

It is important for CMI and employers to promptly review the SIRA Certificate of Capacity upon receipt, especially if there is a change in capacity.

Upon receipt of a new/updated certificate, the following should occur:

- review SIRA Certificate of Capacity for any capacity changes
- consult with the employer if there are any changes and confirm if suitable work or suitable duties are to be amended
- request an updated return to work plan from the employer
- contact the worker to obtain feedback from the consultation
- investigate the reasons for change in capacity if there are any discrepancies.

Permanent impairment

Coal miner

Workers are entitled to compensation for permanent impairment (any permanent loss of body parts) due to their injury, as stipulated under section 66 of the WCA 1987. This does not affect a worker's entitlement to any other type of statutory compensation.

In the coal mining jurisdiction, a worker cannot 'elect' to receive compensation for permanent impairment and make a claim for common law (this is called the 'Election Provisions') under section 151A of the WCA 1987.

In order to lodge a claim for permanent impairment, there must be an assessment for permanent impairment from a SIRA-accredited doctor.

Non-coal miner

If the worker has a permanent impairment as a result of a work related injury or illness, the worker may be entitled to receive a lump sum payment as compensation. This lump sum payment does not affect a worker's entitlement to any other type of statutory compensation.

Claims for lump sum compensation for injuries that occurred on or after 1 January 2002 are based on an assessment of the worker's permanent impairment.

If the claim for lump sum compensation was made on or after 19 June 2012, then the worker must have 11% or more permanent impairment for a physical injury or 15% or more for a primary psychological injury to be entitled to receive permanent impairment compensation. No permanent impairment compensation is available for secondary psychological injuries.

Non-coal miners are only entitled to one claim for compensation pursuant to section 66(1) on or after 19 June 2012, irrespective of how many claims were made before that date. However, if the worker made a claim for permanent impairment before 19 June 2012, the worker may be entitled to make one further lump sum compensation claim if the condition has deteriorated.

Assessments for permanent impairment are only conducted where the worker's injury has reached maximum medical improvement. This means their condition has stabilised and is unlikely to change substantially in the next year with or without treatment.

Work injury damages (non-coal miner)

A settlement for work injury damages is a one-off lump sum payment to compensate a worker for both past and future economic losses resulting from an injury where the employer was negligent.

To be eligible to claim work injury damages, the worker's injury must have:

- resulted from the employer's negligence or other tort (wrongful act), and
- satisfy a permanent impairment threshold of at least 15% whole person impairment (excluding primary psychological injuries notified post 1 July 2026)
- For psychological injuries notified on or after:
  - 1 July 2026: WPI of at least 25%
  - 1 July 2027: WPI of more than 26%
  - 1 July 2029: WPI of at least 28%

The worker must claim lump sum compensation for the injury under section 66 of the WCA 1987, either before or at the same time as claiming work injury damages.

A successful work injury damages claim will extinguish all ongoing entitlements to workers compensation under the Acts, in respect of the injury. The worker will also be required to repay weekly benefits already paid on their claim.

Common law

If a worker is injured in circumstances where the employer was negligent, they may be entitled to bring a common law claim for a lump sum of damages for past and future wage loss, past and future medical treatment expenses, loss of superannuation and past and future care, yard and household assistance.

To be eligible for a common law damages claim:

- the worker must not have elected to claim or received lump sum benefits under section 66. The claimant must have elected to receive common law benefits in place of section 66 benefits
- action must be commenced within 3 years of the date of injury. This may be subject to further investigation should the worker be seeking to claim on the basis of nature and

conditions. Special leave may be sought from the Court to extend this period

- the worker must establish a reasonable prospect of overcoming the thresholds on recovery of damages, imposed by sections 151G and 151H of the WCA 1987.

A common law settlement extinguishes all further entitlements to workers compensation benefits (including weekly payments, and medical, hospital and rehabilitation expenses) associated with that injury.

Commutations (non-coal miner)

A commutation is a settlement of a worker's entitlement to weekly benefits and medical expenses by way of a single lump sum payment. This payment is a voluntary agreement made between the insurer and the injured worker. The payment removes the insurer's liability to pay future weekly payments and/or medical expenses, hospital and rehabilitation expenses for the injury.

A commutation must be submitted to the President of the PIC for approval. The PIC must be satisfied that the following preconditions have been met:

- the worker's injury has resulted in permanent impairment of at least 15%
- compensation for permanent impairment has been paid to the worker
- it has been more than two years since the worker first received weekly payments for the
- work related injury
- all opportunities for injury management and return to work have been fully exhausted
- the worker has received weekly payments regularly in the previous 6 months
- the worker has an existing and continuing entitlement to ongoing weekly payments
- weekly payments have not been terminated as a result of the worker not complying with
- any return to work obligations.

A worker with a catastrophic injury is unable to commute their medical, hospital and rehabilitation entitlements, but they are allowed to commute their weekly payments. Before entering into a commutation agreement, the worker must receive independent legal advice.

The legal adviser must certify in writing that the worker has been advised of the following:

- the full legal implications of the agreement
- that it is in the worker's best interest to get independent advice about any financial consequences before entering into the agreement

The worker will also be required to confirm in writing that they have received and understood the legal advice.

Once the PIC approves the commutation agreement, the insurer must pay the money within 7 days of registration or within a longer period if specified in the agreement.

Expanded access commutation pathway (from 1 October 2026)

Workers compensation reforms provide expanded access, for a limited period, to commutations for some workers who may not meet the eligibility requirements under the existing commutation pathway.

Under these reforms, workers may be eligible to commute their claim even if they would not have met the eligibility requirements in the existing commutation pathway.

The Expression of Interest (EOI) process commences on 1 October 2026.

Agreement on permanent impairment

For all classes of cases, the degree of permanent impairment must be:

- assessed under the NSW Workers Compensation Guidelines for the Evaluation of Permanent Impairment, and
- agreed to by the worker and CMI before compensation can be commuted.

The worker and CMI are taken to have agreed on the degree of permanent impairment where:

- a medical assessor has issued a medical assessment certificate certifying the degree of permanent impairment; and
- the certificate is not the subject of an appeal when the commutation agreement is made.

Eligibility

There are three classes of cases that are eligible for commutation under the expanded access to commutations. Different eligibility requirements apply to each class as set out in the Part 9A of the Workers Compensation Regulation 2016. A worker's claim may be eligible for commutation if they meet all of the eligibility requirements for a class of cases.

Application

If a worker is interested in a commutation, an Expression of Interest (EOI) must be submitted to the employer or CMI using the approved SIRA form.

The EOI must be submitted by 1 April 2028 (within 18 months of 1 October 2026). CMI will respond within 10 business days of receiving the EOI, advising of the next steps required.

If the worker is unsure whether their claim falls within Class 1, Class 2 or Class 3, they are to contact CMI or seek independent legal advice before submitting an EOI.

Redemptions (coal miner)

A redemption is a negotiated settlement provided as a tax-free lump sum payment to a worker who has suffered a work-related injury or illness and has reached maximum medical improvement. This payment is made in exchange for the worker to give up his/her right to ongoing weekly payments for loss of income and future compensation entitlements.

A redemption settlement also buys out liability for all injuries (except industrial deafness and lung claims) that occurred during the worker's employment in the NSW coal industry. However, a 'closed period redemption' or 'partial redemption' will only buy out liability for a certain injury and/or period.

The usual redemption terms also include an agreement that the worker will not work in the NSW coal industry unless they fully disclose their workers' compensation claims history, all injuries, disabilities, illnesses or diseases, and the redemption settlement to any prospective employer. Additionally, the worker must satisfy the requirements of a health assessment in accordance with Order 45 of the *Coal Industry Act 2001* (NSW).

A redemption settlement must be approved by a Judge of the District Court of NSW. If the Judge is satisfied that the worker understands the full nature of the settlement and the amount is appropriate for the injury or illness, it will be formally approved and payments of compensation will cease from this date. The redemption settlement is to be paid by the insurer within 28 calendar days from the date of redemption approval.

Finalisations

Prior to finalising a claim, if the Case Manager is unable to contact the worker verbally, the worker will be advised in writing of CMI's intention to finalise the claim. If after 14 days a response is not received from the worker, CMI will proceed with finalising the claim.

A claim will be finalised when the injury no longer impacts the worker's capacity for employment, no further treatment is required, and all approved claims costs have been paid.

This may include:

- a return to pre-injury duties
- a return to suitable employment with no wage loss
- a redemption or common law settlement
- the worker recovers damages from another party (e.g. CTP or public liability insurer)
- ongoing liability is declined
- retirement or withdrawal of claim
- weekly payments are terminated due to non-compliance.

In most instances, a claim will remain open for 2 weeks to ensure a sustainable return to work and/or payment of all claims related expenses.

Where there is a dispute regarding liability, in accordance with section 41A of the WIMA 1998, the injury management process does not cease. Should liability for the entire claim be subsequently declined, the injury management process may then cease.

If a claim has been declined it will remain open for 12 weeks from the date of declinature as the decision may be reviewed or referred to the District Court for a determination. If proceedings are commenced in the District Court, the claim will remain open until the matter has been determined.

In most instances, a claim will remain open for 2 weeks during the finalisation process.

Reopening a claim

In certain circumstances it may be necessary to reopen or reactivate a claim that was previously finalised. When this occurs, CMI undertakes a thorough review of the available information to determine the appropriate course of action.

Once a decision has been made in accordance with the legislation, the employer and worker will be notified in writing.



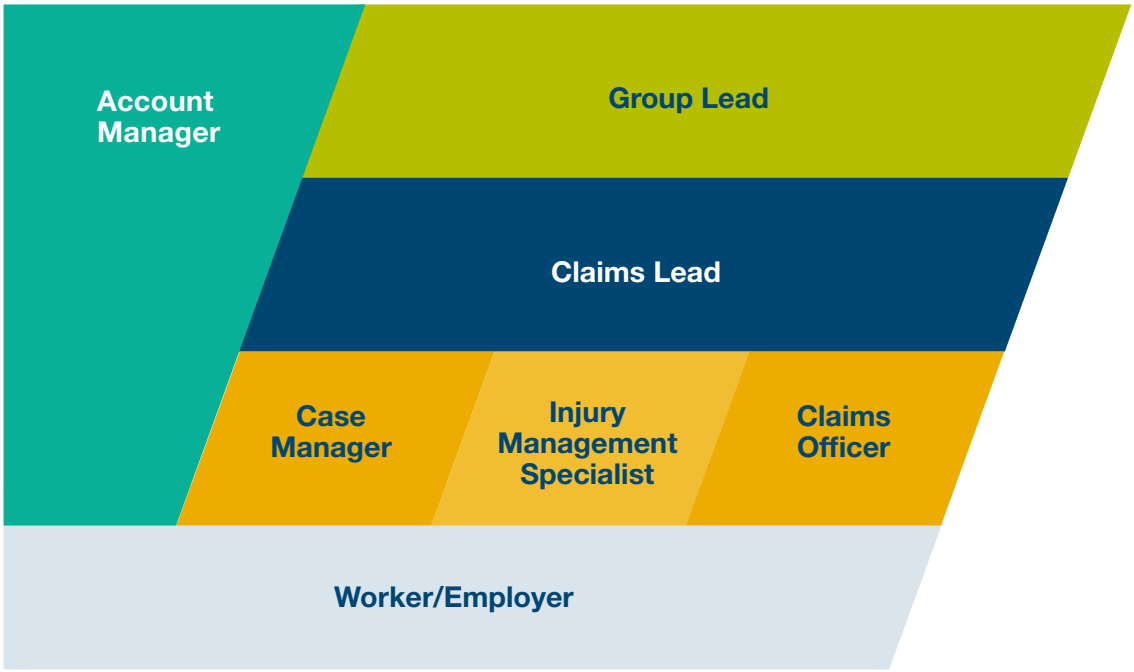
Employment management practices

CMI's team of Account Managers collaborates closely with the claims team and supports employers to gain a better understanding of their obligations in relation to insurance, claims, injury prevention and CMI's business.

Injury prevention strategies can minimise workplace incidents, lower insurance premiums and minimise time lost due to injury. Additionally, these strategies can enhance productivity and foster a positive workplace culture and employee engagement.

Using insights from claims data, Account Managers assist employers to identify injury trends and facilitate risk mitigation initiatives to reduce workplace injuries and their impact on production time and insurance premiums.

CMI share its knowledge and expertise through industry training and education to help employers manage their workers compensation obligations and to develop strategies across worker education and injury prevention.



Other matters

File handovers

A file handover is the transfer of a claim from one CMI team member to another. This process facilitates efficient and seamless transfers and ensures that all stakeholders are not disadvantaged when file handover occurs.

Prior to the handover, the team member will undertake key actions and provide important information to the new team member and ensure the strategy is shared. Upon receipt of the file, the new team member will review the information received and obtain any additional necessary information to assist with management of the claim.

Recoveries

CMI is responsible for identifying, investigating, and initiating recovery actions. There are 2 main reasons in which CMI will recover money back from claims:

- third party recoveries
- overpayments

Third party recoveries

When the worker sustains an injury caused by a negligent third party, section 151Z of the WIMA 1998 allows the insurer (CMI) to recover costs relating to the injury (excluding investigation and legal costs) that are incurred within 6 years of notifying the other party of their intention to recover costs (section 14(1) *Limitation Act 1969*).

Recovery of payments may be sought in respect of injuries resulting from intentional or negligent acts of a third party, being any party other than the policyholder indemnified by CMI for the purposes of the claim in question.

Instances where there may be recovery potential include, but are not limited to:

- injuries sustained in a motor vehicle accident, where the other driver is at-fault
- injuries caused by faulty products, such as machinery
- injuries occurring due to an unsafe worksite where the worksite is not owned by the worker's employer
- injuries caused by physical violence or bullying and harassment
- injuries caused by the actions of people not in the employ of our insured.

Overpayments

Overpayments can occur when the payment amount was incorrect, payment was made to the incorrect payee or payment had already been reimbursed for the same service/dates/amount (duplicate payment).

Overpayments are monitored regularly through the provision of duplicate payment reports and reports identifying treatment exceeding SIRA gazetted fee order amounts which CMI will investigate where necessary.

Recovery will be pursued if:

- any error on our part was caused by inaccurate information provided by the worker, employer or service provider

- the inaccuracy was known or ought to have been known by the worker, employer or service provider
- consideration of the worker's personal circumstances identifies recovery of the overpayment would not result in undue hardship.

Medicare and Centrelink clearance

Medicare

If a judgement or settlement is for more than $5000, section 33B and section 38 *Health and Other Services (Compensation) Act 1995* requires that insurers deduct 10% of the settlement monies, which is paid to Medicare as an advance payment, if there is no valid notice of charge from Medicare. A valid notice of charge is a charge that was issued less than 6 months before the date of settlement and lists the medical services the worker had claimed under Medicare from the date of injury and the total amount of eligible benefits paid, relating to the compensable injury/illness if any.

If a valid notice of charge has been received at the time of settlement or judgement, CMI will not need to make an advance payment but may need to make a payment to Medicare if there is a charge owing.

CMI must advise Services Australia within 28 days from the date of a judgment or settlement:

- about the judgement
- the settlement, and
- reimbursement arrangement.

Centrelink clearance

Prompt advice to Centrelink and appropriate attribution of lump sum payments helps ensure prompt payment of entitlements and reduces the risk a worker will inadvertently be subject to recovery action from Centrelink.

CMI must provide appropriate documentation to Centrelink when:

- settlement or judgement occurs for weekly benefits, lump sum payments (if a Compensation Preliminary Notice has been received), commutation, redemption, common law or damages matters or other matters settled in the Commission, and
- workers whose entitlements are affected by delays or reconsideration of entitlements are calculated.

Factual investigations

In accordance with the SIRA Standards of Practice (Standard 24) CMI may engage a third-party service provider to conduct a factual investigation when the required information cannot be obtained by other less intrusive means.

A factual investigation may involve interviews with the worker, employer and/or witnesses, scene inspection or other external enquiries required to determine relevant details.

If a worker is required to participate in a factual investigation, CMI will provide them with the following information:

- the purpose of the factual investigation and the contact details of the investigator
- the anticipated duration of each interview, which is expected not to exceed two hours
- that the worker can nominate the place of the interview and may have a support person (including union representative) present
- that the worker may request an interpreter if required, who does not count as a support person

- that the worker will receive a copy of their statement or transcript within 10 working days of the interview
- that the worker can identify witnesses to be considered to assist the investigation, and
- advice to the worker that they are not obligated to participate in the factual investigation; however, the factual investigation may be used to help determine liability for their claim.



Quality assurance

CMI's Quality Assurance Framework (QAF) is designed to maintain the highest standards in meeting regulatory and legislative requirements. CMI is committed to providing the highest quality services and achieving excellence in all aspects of our work through accountability, collaboration and teamwork, consistent with our goal of being a best-in-class insurer.

The purpose of the QAF is to implement an ongoing, systematic and disciplined approach to evaluating and improving the effectiveness of internal controls and processes, compliance and risk management and ensuring consistent application.

CMI is committed to the following quality assurance principles:

- creation of a focused assessment criteria to support the delivery of high-quality audit work
- a continuous improvement approach embedded at all levels of the business
- evidence-based decision-making processes
- monitoring outcomes against key performance indicators and targets
- driving accountability and ownership to get it right the first time.

Provider management

CMI is committed to ensuring quality service provision for all stakeholders. We engage a wide range of service providers under different arrangements to deliver a broad range of services to meet customer needs.

The Provider Manager consistently reviews SIRA regulations and fee orders that govern service, organisational, insurance and reporting requirements, enabling CMI to ensure quality around service delivery and outcomes. Each service provider is required to achieve and maintain any required registration status for the term of the contract, as well as maintain the required level of insurance for workers compensation, professional indemnity and public liability. Other activities undertaken by CMI such as performance monitoring, communications and issues management, aim to optimise:

- service outcomes
- cost-effectiveness and
- customer experience.

Privacy and confidentiality

Protecting privacy and maintaining the confidentiality of personal and sensitive information is important to us.

CMI acts in accordance with the requirements of the *Privacy Act 1988* (Cth), *Health Records and Information Privacy Act 2002* (NSW) and Australian Privacy Principles, which govern the collection, use and disclosure of personal and private information.

The worker's consent to the collection, use and disclosure of their personal and private/health information is obtained when they sign the Injury Claim Form and/or SIRA Certificate of Capacity.

CMI maintains the privacy of all personal and sensitive information collected by:

- only collecting information required to manage the claim
- only using or disclosing information about a worker or employer for the purpose that this information was collected or where a lawful exemption applies.

The Coal Services Privacy Statement is available at www.coalservices.com.au

You can also contact:
Privacy Contact Officer
Coal Services Pty Limited
Q1895, Queen Victoria Building NSW 1230
T. +61 2 8270 3200
E. pco@coalservices.com.au

Requests for access to information

- The worker can request access to information in relation to the claim and update their personal information at any time.
- Employers can request access to information regarding the claim so far as it is necessary to assist with return to work. This includes access to SIRA Certificates of Capacity and injury management plans. However, to protect the worker's privacy, sensitive information or medical evidence will not be released without specific consent from the worker.

Protecting privacy and maintaining the confidentiality of personal and sensitive information is important to us.



Fraud

Fraud involves a financial advantage obtained through deception or dishonesty. This is a serious offence and carries significant penalties.

All allegations of fraud in respect to workers compensation claims will be investigated and, where substantiated, reported to the appropriate authorities.



Complaints handling

CMI has a Complaints Management Policy for the purpose of providing a structured approach to the resolution of complaints encompassing all aspects of CMI operations.

A complaint may be communicated via, phone, letter, fax, email, in person or via our website at www.coalservices.com.au/give-feedback/. Upon receipt of a complaint, it will be reviewed and appropriate action undertaken to address the complaint. A response with confirmation of action undertaken will be provided within 7 days unless otherwise agreed.

If a resolution is unable to be reached by the initial contact, then it should be referred in the first instance to the CMI Claims Lead or Group Lead.

If a complaint is unable to be resolved to the satisfaction of the complainant, they are able to take further action and review by contacting the:

- Head of Operations
- General Manager.

The complainant may also seek advice from their union representative or a suitably qualified solicitor. Assistance may also be sought from the SIRA Claims Assistance Service: Telephone 13 10 50.

Worker helpline — Hear2Talk

Hear2Talk is funded by SIRA and is a free, confidential, and independent phone support line available to anyone who works in NSW. A worker can contact Hear2Talk to help manage feelings of stress, anxiety and burnout that may be impacting their work and everyday life. The support line is available 6 days a week, Sunday to Friday, from 12pm to 7pm.

The service is answered by Peer Workers who have first-hand experience to support the individual through developing strategies to cope, build resistance and assist in making positive change to improve their situation.

Hear2Talk can be contacted on 1300 428 255.

CMI contact details

Employer Services
T. +61 (2) 8270 3257
E. employerservices@coalservices.com.au

Prevention Team
E. cmi.prevention@coalservices.com.au

Worker Services
T. **1800 WORKER** (1800 967 537)
E. cmiworkerservices@coalservices.com.au

Call **1800 WORKER** (1800 967 537) if you need help to report an injury or if you have questions about claims.



Coal Mines Insurance