# Interim Payments Application Form

Section 32 of the Return to Work Act 2014, allows for the payment of interim weekly payments to an injured worker whose claim has not yet been determined and will not be determined with 10 business days of the claim being received by CCI.

Section 32 also allows for the recovery of monies paid as an interim benefit, should the claim not be accepted for compensation.

As your claim may not be able to be determined within 10 business days, we are able to offer you the interim weekly payments if you sign this document. By signing this document you are agreeing that if your workers compensation claim is not accepted, the monies paid to you by way of interim payments will be recovered from you as a debt. You can choose to access leave entitlements instead, should you have any available, which will be reversed back to your accrual should your claim be accepted.

Claim Reference No: ………………………….

I……………………………………………of…………………………………………………… (name) (address)

consider that I suffered a work Injury to my……………………...………..on .……………………… (date) .

I acknowledge that my claim is unable to be determined at this stage due to the need for

Catholic Church Insurance to gather further information relating to my injury.

I am therefore applying for interim weekly payments to be made of weekly income support, to be effective from:

………….day of ……………… 20 , to ……… day of ……………… 20 .

I accept that in the event that my claim is rejected and there is either no appeal or that my appeal is unsuccessful, Catholic Church Insurance has the ability to recover the monies paid to me for my income support, as a debt.

SIGNATURE ……………………………. NAME:.……….………………………….

DATE: ………………………….

### WITNESSED BY:

SIGNATURE: …………………………… NAME:……….………………………….

DATE: …………………………