# Application for review of the decision

Complete this form to request an internal review of a decision made by StateCover and forward it along with any additional evidence to internalreview@statecover.net.au. We'll complete our review within 14 calendar days of receiving your application and confirm our review decision to you in writing.

| | | |
|---|---|---|
| **Worker's name** | | |
| **Claim number** | | |
| **Requested by** | ◯ Worker | ◯ Worker's representative |
| **Name** | | |
| **Address** | | |
| **Phone / Mobile** | | |
| **Email** | | |

## Decision to be reviewed

Decision referred in letter dated _____

*(please specify date of notice)*

Nature of decision to be reviewed _____

*(e.g. liability, PIAWE, medical and treatment expenses, work capacity)*

## Reasons for seeking a review

Provide your reasons for seeking a review, including all relevant information that should be taken into consideration.

I request that StateCover reviews the decision because:

_____

_____

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## Additional reports or documents

Please list and provide copies of any reports and documents you want to be considered in support of this application.

### Important

If you have any new or additional matters that you want StateCover to consider, these must be raised with us and copies of the relevant documents provided, as part of this application.

Should you later wish to dispute this decision at the Personal Injury Commission (PIC) you must already have supplied us all information for consideration. The Commission is limited to consider only the matters in this notice or this application, unless leave is granted by the Commission for additional matters to be included.

This means that any information not previously considered by or supplied to StateCover may not be permitted in the Personal Injury Commission.

## Declaration

I declare that the information supplied in this form, and any attachments to this form, is true and correct. I understand that making a false or misleading claim or a false and misleading statement in support of the claim is punishable by law and that I may be prosecuted.

Name

Relationship to Worker

Signed

Dated

This completed form and additional evidence in support of your application can be sent to StateCover by:

Mail – PO Box R1865, ROYAL EXCHANGE NSW 1225

Email – internalreview@statecover.net.au