

# Declaration form – request for replacement hearing aid

This form is to be completed when requesting a replacement hearing aid.

Eligible workers may, if required, be provided with one replacement of supplied hearing aid(s) within 12 months of the date of claim for hearing loss, where the supplied hearing aid:

- has been lost or damaged and is not covered by warranty or other insurance, or
- the worker can no longer communicate effectively using the current hearing aid.

This form does not need to be completed for new claims or for claims for further hearing loss. For more information on how to make these kinds of claims, call the WorkCover NSW Assistance Service on **13 10 50**.

The 12 month limit for replacement does not apply to exempt workers – ie police officers, paramedics, firefighters, volunteer firefighters, volunteer emergency workers, or coal miners.

Parts A, B and C of the form are to be completed and signed by the worker. Part D of the form is to be completed and signed by the worker’s regular general practitioner.

**Note:** Section 235C of the WIMWC Act makes it an offence punishable with a maximum penalty of \$55,000 or two years imprisonment, or both, for a person to make a statement in a claim, or a document relating to a claim, that the person knows is false or misleading in a material particular.

## PART A: PERSONAL AND CLAIM DETAILS

Name

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode

Phone number

Claim number

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**PART B: TO BE COMPLETED BY WORKER**

I require a replacement hearing aid because (tick whichever applies):

- my hearing aid has been lost and is not covered by warranty or other insurance
- my hearing aid is damaged or is no longer functioning and is not covered by warranty or other insurance
- I can no longer communicate effectively using the current hearing aid.

Frequency of use of hearing aid before loss/damage

Signature

Date (DD/MM/YYYY)

**PART C: ATTACH QUOTE FOR REPLACEMENT HEARING AID(S) FROM A WORKCOVER APPROVED HEARING SERVICE PROVIDER OR WORKCOVER TRAINED EAR, NOSE AND THROAT (ENT) SPECIALIST**

- I have attached a quote for replacement hearing aid(s) from a WorkCover approved hearing service provider or WorkCover trained ear, nose and throat (ENT) specialist.

**PART D: TO BE COMPLETED BY THE WORKER'S REGULAR GENERAL PRACTITIONER**

I,  (name of doctor), confirm I am the regular general practitioner for

(name of worker)

and have examined this worker and determined:

- they have been using hearing aid(s) and require replacement hearing aid(s)
- there are no contra-indications for the use of the hearing aid(s)
- to have referred to WorkCover approved hearing service provider for review of hearing needs
- am not satisfied that they require replacement hearing aid(s).

Signature

Date (DD/MM/YYYY)

Phone number

Provider number

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb

State

Postcode