



FIREFIGHTERS' PRESUMPTIVE RIGHTS COMPENSATION



Information for CFA Firefighters

Career and volunteer firefighters that meet the requirements under the Presumptive Rights Act for specified primary cancers contracted due to serving as a firefighter can access compensation.

What is presumptive rights compensation?

Presumptive Rights compensation is a compensation scheme specifically designed to assist firefighters who contract specified types of cancer due to their firefighting service. The scheme is open to both career firefighters and volunteer firefighters in Victoria.

How do I know if the presumptive rights compensation applies to me?

The presumptive rights compensation is available to career or volunteer firefighters who:

- have been diagnosed on or after 1 June 2016 with one of 15 specified types of cancer (see table below)
- have served as a firefighter for a specified number of years, depending on the cancer type (also referred to as the qualifying period)
- are diagnosed during their service or within 10 years after they've finished their service
- Volunteer firefighters are required to demonstrate they attended fires to the extent reasonably necessary to fulfil the purpose of service as a firefighter, as specified in the legislation



An Advisory Committee will review information provided by both CFA and the volunteer in order to provide an opinion on whether the volunteer has met this requirement.

The specified cancers and relevant qualifying periods

The table below lists the 15 specified types of cancers and the qualifying period associated with each cancer.

Disease	Qualifying Period
Primary site oesophageal cancer	25 years
Multiple myeloma	15 years
Primary non-Hodgkins lymphoma	15 years
Primary site bladder cancer	15 years
Primary site colorectal cancer	15 years
Primary site kidney cancer	15 years
Primary site prostate cancer	15 years
Primary site ureter cancer	15 years
Primary site breast cancer	10 years
Primary site cervical cancer	10 years
Primary site ovarian cancer	10 years
Primary site testicular cancer	10 years
Primary site uterine cancer	10 years
Primary leukemia	5 years
Primary site brain cancer	5 years

How can I submit a claim?

The WorkSafe Worker Injury Claim forms are available from CFA, Gallagher Bassett, WorkSafe Victoria or a Post Office. Additional information on cancer claims can also be found on the CFA website **Presumptive Rights Compensation / Cancer Claims | CFA (Country Fire Authority)** (moved up from further down)

As a volunteer, please make sure you tick the volunteer box in Section 3 of the WorkSafe injury claim form.

Once completed, volunteers can email the claim form and any supporting documents to Country Fire Authority email: injuryrecovery@cfa.vic.gov.au. **Supporting documents may include medical reports confirming the cancer diagnosis.**

CFA will forward the completed claim form to Gallagher Bassett (GB) who is responsible for assessing and managing WorkCover and Presumptive Rights claims on behalf of WorkSafe Victoria.

How does the Advisory Committee determine attendance at fires?

The Advisory Committee will consider relevant records, including but not limited to training and turnout records and well as brigade records, CFA data and local knowledge. CFA will provide information on turnout records and training to the WorkSafe Insurer who then provide it to the Advisory Committee.

You will also have the opportunity to provide further information directly to the Advisory Committee. If deemed necessary, the Advisory Committee may also request additional information from CFA to assess the claim thoroughly and provide their expert opinion.

Upon receipt of the necessary information the Advisory Committee will provide their expert opinion to GB within 10 days of receiving the request.

Once GB has received the expert opinion, they will complete the assessment of your claim and a determination will be made to accept or reject your claim.

What can I do if my presumptive cancer claim is not accepted?

If GB does not accept your claim, you can apply for compensation under the CFA Volunteer Compensation scheme. You can find more information on this scheme on the CFA website - **Presumptive Rights Compensation / Cancer Claims | CFA (Country Fire Authority)**.

What if I don't meet the qualifying period?

If you meet all the requirements except the qualifying period and you believe you were involved in an exceptional exposure event as part of your firefighting duties, you may be eligible to make an application for special consideration to WorkSafe.

How do I apply for special consideration?

You can complete an application for special consideration:

- when you submit your claim
- at any time during the claim process
- within 60 days after your claim has been rejected

Although you can submit your application for special consideration at any time in the claims process, GB will only consider your application if your claim is rejected.

Please speak to your GB Eligibility Officer to obtain a copy of the Special Consideration Form – 03 9297 9353.

How does special consideration process work?

If your claim has been denied by GB and you have submitted your application for special consideration, GB will seek advice on your application from an Independent Advisory Committee.

The Advisory Committee will look at information like:

- Any relevant findings from a coroner, any court proceedings or other official inquiry regarding an event known to have exposed firefighters to carcinogens.
- Any relevant records, brigade records, CFA data, employer data and/or local knowledge. They may contact your volunteer agency directly for this information.

The Advisory Committee will provide its expert opinion to GB within 60 days from receiving the application.

When GB has received the expert opinion, they will reassess your claim and make a determination to accept or reject your claim. It may take up to 10 days for GB to respond with a decision, which will also include a copy of the expert opinion.

What can I do if my application for special consideration is not accepted?

If your application is not accepted, you are able to dispute the decision. Details on how to do this will be provided in your decision letter.

Additional Help

We want to make things as easy as possible for you during this difficult and distressing time. If you have any questions about this process, please contact the WorkSafe Advisory Service on 1800 136 089 or Gallagher Bassett on 03 9297 9353.

What happens if my presumptive cancer claim is accepted?

GB will refer your claim to a dedicated GB senior case manager who will provide support and guidance throughout the management of your claim. The senior case manager may also speak to your medical doctors and providers to receive updates and determine if any additional treatment or support is required.

GB also has social work support that can offer advice and support with other community options and support solutions in your region/area. This support may include psychological support, assistance with domestic duties and or an exercise program at a reputable gym to maintain physical strength.

What do I need to do to request loss of income support?

If you are seeking reimbursement for loss of income, GB is required to assess the loss of income amount. For some volunteer firefighters, this may not be a straightforward process.

The information GB require to assess loss of income is:

- 12 months of earnings prior to your cancer diagnosis. This can be provided by way of pay slips, copy of your tax return, company tax return etc from employer or employers.
- For self-employed persons, any documentation from your financial advisor or accountant will assist GB in determining the loss of income. The more documentation you can provide to GB will help to assist with calculating the correct pre injury average weekly earnings.
- If you are a sole trader, you must be a deemed worker under the Workplace Injury Rehabilitation and Compensation Act 2013 to be considered for any loss of income. If you are not under a contract of service, then it would be up to the courts to determine the correct loss of income.
- The current statutory weekly maximum amount is \$2,590. This figure is indexed on 1 July each year.

Where GB and the volunteer cannot agree on the assessed loss of income, this can be referred to the Workplace Injury Commission (formerly known as the Accident Compensation Conciliation Service) to be resolved. If the issue cannot be resolved, you may take the matter further by lodging an appeal through the County Court or Magistrates' Court.

What do I need to do to support timely medical bill reimbursement?

Reimbursement for medical treatment

GB understands that many volunteers may have been diagnosed and received treatment well before lodging their presumptive cancer claim. GB can refund Medicare or your Private Health Insurer as long as the treatment is related to the accepted primary cancer diagnosis.

To enable GB to make reimbursement, you will need to provide GB with a 'Statement of Benefits' from either Medicare or your Private Health Insurer. This can be accessed from MyGov or your Private Health Insurer's website. Please note that for privacy reasons, Gallagher Bassett is unable to request this information from Medicare or your Private Health Insurer on your behalf.

Once you obtain this statement, please email it to gb_paymentsteam@gbtpa.com.au.

Our payments team will assess the statement and reimburse the consultations relevant to the accepted injury to Medicare/Private Health Insurer. You can also direct this information to the GB Senior Case Manager.

If your Private Health Insurance coverage has consultation/monetary limits for a particular type of treatment, the Private Health Insurer will re-credit the number of consultations or monetary amount back onto your policy, for the services refunded by Gallagher Bassett.

How can I claim medical and like reimbursements from Gallagher Bassett?

For any medical invoices/accounts incurred post the lodgment of your claim, please forward to gb_paymentsteam@gbtpa.com.au for processing.

You will be required to provide GB with your EFT details upon lodgment of the claim. An EFT form will be provided in the new claim pack which GB provides. All reimbursements will then be paid directly into your nominated bank account. Your GB Senior Case manager can assist you with obtaining and updating these details.

There are some items which GB is unable to reimburse a volunteer without medical justification from your treating health practitioner and/or surgeon. Examples of this may be nutritional supplements such as sustagen. This will be communicated to you by your Case Manager.

What if I am out of pocket for my medical treatment?

WorkSafe Victoria provides fee schedules to help determine the reasonable cost of a service. These fee schedules are provided to all service providers so they know how much to invoice for a consultation under a WorkCover claim.

There may be a gap payment which is the difference between what a medical provider charges you and how much WorkSafe Victoria will give back. Please speak to your service providers to enquire about the gap cover. Some providers may alter their fees to align with the WorkSafe scheduled fees.

There is legislation that specifies a provider cannot take legal action against a WorkCover claimant for recovery of costs which GB or CFA is liable to pay. If a provider chooses to charge more than the amount determined by WorkSafe, GB will normally not accept liability for the additional amount even if there are no other providers who will charge the recommended fee.

If the treatment was sought prior to the claim being lodged, GB can make arrangements with the claimant to refund the out-of-pocket expenses. Please speak to the GB Senior Case Manager if this scenario applies to you.

How do I claim travel associated with my injury?

GB can reimburse reasonable travel expenses incurred by you to attend any of the following appointments:

- Medical or allied health in room treatment such as a GP, physio, surgeon, radiology
- Hospital treatment required as a result of a work-related injury or illness, except for travel to or from a pharmacy
- Medical Panel review
- Independent Medical Examinations
- Workplace Injury Commission (formerly known as Accident Compensation Conciliation Service)

Travel expenses can be:

- private motor vehicle
- public transport
- taxi or a ride share service driven by an accredited driver

The current travel allowance which GB reimburse is 30c per km for a private vehicle. If the travel is by public transport or taxi, you must provide receipts with the relevant dates and reasons for your travel to claim reimbursement. Please forward your request for travel with attached receipts to gb_paymentsteam@gbtpa.com.au.

KEY CONTACTS



CFA WorkCover Claims Unit	03 9262 8989
CFA cancer claims advice	firefighterinfo@cfa.vic.gov.au
Gallagher Bassett Eligibility team	03 9297 9353
Gallagher Bassett Senior Case Manager	03 9297 9006
Submit medical invoices and reimbursements	gb_paymentsteam@gbtpa.com.au
WorkSafe Advisory Service	1800 136 089

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