

# Durable return to work certificate form

## Pre-injury employer service

### Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2	
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2	
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2	

### Section 1

#### 1.1. ~~Remain at work~~ Return to work

Closure date (as agreed with case manager):

Outcome achieved: Choose an outcome

End date of 13 week durability:

#### 1.2. ~~Income maintenance payment proportion (IMPP)~~

Worker's maximum weekly income maintenance entitlement at end of 13 week durability period (confirm notional weekly earnings with case manager):

Gross weekly earnings from employment at end of durability period (confirm with employer):

#### 1.3. ~~Provider success fee request:~~

Item number and description: Choose an item.

Max fee (ex GST)

Period of the 13 week durability:

N/A

#### 1.4. ~~Pre-injury employer and Provider certification:~~

I certify that the IMPP data is correct at time of this report.

##### Pre injury employer details

Print name:

Position:

Signature:

Date:

##### Provider details

Print name:

Position:

Company name:

Address:

Phone number:

Email address:

Signature:

Date:

**OR**

I certify that all reasonable effort has been made to obtain the IMPP data with no success.

**Provider details**

Print name:  
Position:  
Company name:  
Address:  
Phone number:  
Email address:  
Signature:  
Date:

**Section 2**

To be completed by the claims agent and returned to the provider by email within 2 business days.

**2.1. Early durable outcome payment**

Early durable outcome payment is paid only when worker is receiving no more than 5% of weekly earnings as income maintenance at the end of the 13 week durability period.

Approved:  Yes  No  
Level: Reason for not approving request:  
Fee:

Other comments/action required:

Case manager name:  
Company  
Address  
Phone number  
Email address  
Signature:  
Date: