

Quality of life Benefit Information

The Quality of Life benefit is a payment on a no-fault basis to a person whose injuries from a motor accident are of a permanent nature.

 An insurer is to provide information to explain the quality of life benefit under the Motor Accident Injuries Scheme, however, it is important to note that you should only apply for this benefit if your injuries have stabilised and it is likely you have a permanent impairment from your injuries

If you are unclear whether your injuries have stabilised or are of a permanent nature you should discuss this with your treating doctor before making an application.

You can apply for a Whole Person Impairment (WPI) assessment from 26 weeks and up until 4 years and 6 months after the motor accident.

Quality of Life Benefit

To qualify for a quality of life benefit you will need to undergo a clinical examination of your injuries with an independent medical examiner.

After the assessment, the amount you can be paid will be based on your level of permanent impairment from your injuries. You can receive a quality of life benefit payment if you are assessed as having a Whole Person Impairment (WPI) for your injuries of 5 per cent or more. There is no payment if you are assessed at between 0 per cent and 4 per cent.

There are some exclusions and limitations that affect this benefit. Your insurer will not be able to proceed with your application if you have charges pending for certain driving or a serious offence (eg. murder) or if you were the driver of an at-fault uninsured vehicle. Further information on the quality of life benefit you may be paid is available at www.act.gov.au/maic.

The WPI assessment

A specialist doctor, known as an independent medical examiner, will carry out a WPI assessment of your injuries using a standard set of guidelines. The guidelines can be found on the ACT Legislation Register (www.legislation.act.gov.au).

Once your insurer receives your application, and the insurer reasonably believes your injuries have stabilised and you are likely to have a permanent impairment, they must refer you for a WPI assessment. Your WPI assessment will be arranged by your insurer through an independent provider contracted by the MAI Commission. The expected time for an assessment to be arranged and for it to be completed could be up to 10 weeks.

If the insurer believes your injuries are not of a permanent nature, the insurer will let you know. To proceed with the assessment they can ask you to pay an amount towards the assessment (excess). The excess is the greater of \$500 or 25% of the cost of the WPI assessment. The excess will be refunded to you if you are assessed as having a permanent impairment of 1% or more.

If the insurer believes your injuries have not yet stabilised they will recommend you delay the WPI assessment. If you choose to proceed the insurer will only pay for one assessment.

The WPI assessment will generally require an appointment with the specialist doctor in person (and could be more than one doctor) and depending on the nature of your injuries the assessment, may

include a physical examination. In some instances and where appropriate, telehealth conferencing facilities may be used for the appointment. Cancellation fees apply so you should ensure you do not miss or cancel an appointment at short notice without good reason.

If you have any special needs, such as interpreting services, these will be requested by your insurer for your appointment.

How to apply for an assessment?

When you believe you are ready to make an application, you can request a form from the relevant insurer or visit the MAI Commission's website, wwwact.gov.au/maic and go to the forms page.

Who pays for the assessment?

Your insurer can pay for one WPI assessment report covering all your physical injuries and, if you have primary psychological injuries, one psychological injuries report. There are conditions that apply for an application to have a primary psychological injury assessment.#

Your insurer can also pay reasonable and necessary travel expenses for you to attend an assessment and for those of a carer that needs to accompany you to the assessment.

The outcome of your WPI assessment

Once a report is completed by the independent medical examiner and provided to the insurer, the insurer will write to you about the outcome of your WPI assessment and include a copy of each WPI assessment report (if more than one). If your WPI percentage is assessed at 5% or more you will receive an offer to be paid an amount of quality of life *benefit*. The letter will outline the steps you will need to take to respond to that offer or if you disagree with the WPI report.

Motor Accident Claim

A Motor Accident Claim is a claim for damages from a court. Only injured persons not at fault for the motor accident may proceed with a motor accident claim. You will need to have a WPI of 10% or more for either your physical or primary psychological injuries to make a claim. That is, the two WPI reports cannot be combined.

You may accept the offer for a quality of life benefit for the WPI figure, or you can choose to pursue a motor accident claim, which includes receiving a higher quality of life amount for your permanent injuries.

Conditions for a primary psychological injury assessment

To request a WPI assessment of a primary psychological injury you will need to have received mental health treatment for the injury, and include a letter with your application from a psychiatrist or clinical psychologist confirming that they reasonably believe you are likely to have a permanent psychological injury resulting from the motor accident.

A primary psychological injury is an injury that results directly from a motor accident such as post-traumatic stress disorder arising from being in a severe motor accident. This differs from a secondary psychological injury that results from a physical injury in the accident, such as depression as a result of ongoing pain from an injury. In the second instance, this may be taken into account in your physical assessment.