# S1 R: Acceptance of Settlement Offer Release

***Accident Compensation Act* 1985**

**DIVISION 3A OF PART 4**

**Acceptance of** [**Settlement**](JavaScript:XdkPopup('Settlement.htm')) **Offer Release Letter**

**Subdivision 1**

**BETWEEN**:    ……………………………………………………………….………[name of [worker](JavaScript:XdkPopup('Worker.htm'))] of   
                   …….……………….………………………………………………………………………  
                   …….……………….………………………………………………………………………  
                   …………………………………………..………..[worker’s address]

**AND**: [name of agent]

                   ………………………………………………………………………………………………  
                   ………………………………………………………………………………………………  
          ……...………………………………………………………[address of agent]

**THE PARTIES ACKNOWLEDGE AND AGREE AS FOLLOWS**:

In accordance with section 119F of the *Accident Compensation Act* 1985 ([the Act](JavaScript:XdkPopup('The%20Act.htm'))), ………………………………………………………[worker’s name] hereby accepts the ……………………………………………………………[name of authorised agent] offer of lump sum of $....................... in full settlement, under Subdivision 1 of Division 3A of Part 4 of the Act, of [his/her] entitlement under the Act (other than section 99) with respect to [his/her] injury.

…………………………………….………………… [Worker’s name] claim number with the Victorian WorkCover Authority / agent is…………………………. [Insert claim number].

The offer was made to …………………………………………………….. [Worker’s name] in the agent’s notice under section 119E (2) of the Act of …………………………… [Date].

…………………………………………………….[Worker’s name] fully understands that, because [he/she] has accepted this offer [he/she] is not entitled to any further compensation or other payment under the Act (other than under section 99 of the Act which relates to medical and like services) or to recover damages in any proceedings against the agent or an employer or any of the other persons or bodies referred to in the Act, in respect of –

(a)      [his/her] injury; or

(b)      any recurrence, aggravation, acceleration, exacerbation or deterioration of the injury (unless the recurrence, aggravation, acceleration, exacerbation or deterioration results from or is materially contributed to by any employment in the State of Victoria engaged in after the date of settlement); or

(c)      any other injury arising out of or in the course of or due to the nature of, any employment in which [he/she] engaged before the date of the settlement –

unless the compensation is or the damages are within a class of compensation or damages mentioned in section 119J (2) of the Act.

………………………………………………………..[Worker’s name] also fully understands that [he/she] has abandoned forever any claim (other than section 99 of the Act) [he/she] has made or action [he/she] may have commenced which is incomplete for either common law damages or a lump sum payment under the Act in respect of an injury mentioned in paragraph (a), (b) or (c) above other than a claim for compensation or damages within a class mentioned in section 119J(2) of the Act.

………………………………………………………….. [Worker’s name] acknowledges that [he/she] has been provided with advice on the provisions of Division 3A of Part 4 of the Act in relation to the settlement.

………………………………………………………[Worker’s name] fully understands that [his/her] acceptance of this offer may preclude or affect the payment or availability to [him/her] of Centrelink and other pensions, benefits or concessions for a period which may be substantial.……………………………………………………… [Worker’s name] fully acknowledges that [he/she] knows of:

(b)      the rights of the Commonwealth to recover any amounts owed or owing by [him/her] under the *Social Security Act* 1991 of the Commonwealth; and

(c)      the possible consequent reduction by those amounts of the amount otherwise payable to [him/her] as a settlement under the *Accident Compensation* *Act* 1985.

SIGNED BY ………………………………………………………………… [worker’s name]

In the presence of:

Witness: …………………………………………………………………………….

Name:

Date:

SIGNED for and on behalf of the

………………………………………………………………………….…….. [name of agent]

by ………………………………………………………………………………………………

in the presence of:

Witness:

Name:

Date: