

Request for repair or replacement of a hearing aid

The expected life of a hearing aid is 5 years.

Complete this form and return to the claims manager when requesting repair or replacement of a hearing aid. The assessment fee item is to be used for a replacement hearing aid.

Workers may, if required, be provided with replacement of supplied hearing aid(s) where the supplied hearing aid:

- ✓ has been lost or damaged and is not covered by warranty or other insurance, or
- ✓ the current hearing device is unable to be adjusted to meet the hearing requirements of the worker for their compensable hearing loss following an assessment and updated audiogram being provided

This form does not need to be completed for new claims or for claims for further hearing loss.

Note: Parts A and B of the form are to be completed and signed by the worker. Approval can only be considered if part B has been completed and signed by the worker.

Part A: Personal and claim details	
Name	
Claim number	
Address	
Phone number	
Part B: To be completed by the worker	
I require Choose an item. hearing aid because (tick whichever applies):	
<input type="checkbox"/>	my hearing aid has been lost and is not covered by warranty or other insurance
<input type="checkbox"/>	my hearing aid is damaged and is not covered by warranty or other insurance
<input type="checkbox"/>	my hearing aid is no longer functioning and is not covered by warranty or other insurance
<input type="checkbox"/>	I can no longer communicate effectively or use the current hearing aid
Signature	<i>I acknowledge that it is an offence against the Return to Work Act 2014 to make a statement that is false or misleading. The information I have provided is true and not misleading.</i>
Date	
Part C: To be completed by the Audiologist/Audiometrist	
Date of assessment	
For a replacement device, attach copies of:	
<input type="checkbox"/>	The worker's current hearing status and relevant clinical changes since the issue of the initial hearing aid(s)
<input type="checkbox"/>	Tests or assessments performed, including an updated audiogram
<input type="checkbox"/>	The recommended replacement hearing aid and its suitability for the worker
For repairs, attach copies of:	
<input type="checkbox"/>	The reason for the repair and/or maintenance
<input type="checkbox"/>	The manufacturer's quote for the cost of the repairs and/or maintenance
Name	
Signature	
Date	