



Claim for Compensation by Dependants of Deceased Employees

Seafarers Rehabilitation and Compensation Act 1992

Important Information

1. This form is to be used to claim compensation for dependants of a deceased employee covered under the *Seafarers Rehabilitation and Compensation Act 1992* (the Seafarers Act).
2. In accordance with section 3 of the Seafarers Act, a “dependant” of an employee is a person:
 - (a) who is the spouse of the employee; or
 - (b) who is the father, mother, step-father, step-mother, father-in-law, mother-in-law, grandfather, grandmother, son, daughter, step-son, stepdaughter, grandson, grand-daughter, brother, sister, half-brother or halfsister of the employee; or
 - (c) in relation to whom the employee stood in the position of a parent or who stood in the position of a parent to the employee
being a person who was wholly or partly dependent on the employee at the date of the employee’s death.
3. Once you have completed this form, sign and lodge it with the employer from whom you are claiming. If the employer has gone out of business, lodge it with the Seacare Authority, GPO Box 9905, Canberra ACT 2601. You may wish to make a copy for your records.
4. It is important that all relevant information is provided to assist the prompt assessment of your claim. If there is insufficient space to answer any question, a separate sheet should be attached.
5. If you have difficulty completing this form, you may contact the deceased’s employer or the employer’s representative, a union representative or the Seacare Authority on (02) 6121 7120.

The contents of this form have been approved by the Seafarers Safety, Rehabilitation and Compensation Authority (Seacare Authority) in accordance with paragraph 63(2)(a) of the Seafarers Act.

**This sheet MUST be inserted beneath each
page set as you complete the form.**

Privacy Statement

Personal information on this form is collected to help the employer, and/or the employer's workers' compensation insurer, determine eligibility for compensation and related payments. The authority to collect this information is provided by section 63 of the Seafarers Act.

Personal information collected on this form is provided to the employer and to the organisation which maintains a data base of Seacare scheme workers' compensation statistics, and in some cases to the organisation managing the Seafarers Safety Net Fund established under section 96 or section 100 of the Seafarers Act. Such organisations are required to comply with the applicable principles as set out in the *Privacy Act 1988*.

Personal information collected about you on this form can also be provided in certain circumstances to the employer's workers' compensation insurance company, an approved (rehabilitation) program provider, courts and tribunals, the Seacare Authority and government agencies such as Centrelink, the Department of Employment and Workplace Relations, Comcare and the Australia Safety and Compensation Council. In other circumstances, personal information on this form can be disclosed without consent where authorised or required by law.



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PART 1 – DECEASED EMPLOYEE INFORMATION

Name of deceased employee: _____

Name of employer from whom compensation is being claimed: _____

PART 2 – DEPENDANT(S) INFORMATION

Please supply the following details about dependants of the deceased employee:

Surname or family name	First or given names	Residential address	Relationship to deceased	Date of birth (in the case of children)	Is dependant a full-time or part-time student	Gross weekly income (\$)

Name of claimant: _____

Signature of claimant: _____

Date: _____