



Australian Government

Comcare

PUTTING YOU *FIRST*

# PAY START INFORMATION

## COMPLETING THIS FORM

Comcare uses this form to direct your fortnightly payments into your bank account.

Please complete this form and return to:

Comcare  
GPO 9905  
Canberra 2601

## DISCLOSING AND SHARING INFORMATION

Comcare needs to collect your personal information for the purpose of the determining and managing your compensation claim and to assist Comcare in the performance of its functions and exercise its powers under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act).

Your personal information may also be used by Comcare for the purposes of administering and enforcing other legislation administered by Comcare including the *Occupational Health and Safety Act 1991* (OHS Act) and associated regulations.

In the course of managing your claim, Comcare may need to disclose your personal information to the following third parties:

- > your employer at the date of injury and any subsequent employer
- > your superannuation fund manager or trustee
- > any health professional, hospital or other health institutions
- > your case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisers, persons engaged by Comcare to conduct research related activities, the Safety, Rehabilitation and Compensation Commission
- > Investigators appointed under section 40 of the OHS Act
- > any relevant third party (or insurer) considered by Comcare to have contributed to the injury, and
- > any other person assisting Comcare in the performance of its functions or exercise of its powers.

In the course of managing your claim, Comcare and the above parties may have occasion to disclose records containing your personal information to one another.

Please be aware, making false or misleading claims or statements in support of your claim may lead to prosecution under the Criminal Code Act 1995.

**PART A: PERSONAL DETAILS**

Comcare claim reference number (if known)

Surname

Given name(s)

Date of birth

Address

Phone (home)  Mobile

**BANK DETAILS**

Name of institution

Branch

Address

Account name

Account number

BSB number

If the account is with a bank, please tick the appropriate box.

Savings  Cheque

**EMPLOYEE'S DECLARATION**

- > I authorise and consent to Comcare depositing my fortnightly payments into my nominated account.
- > The information I have supplied on this form and any other attachment is true and accurate.
- > I am aware making false or misleading claims or statements in support of my claim is punishable by law under the *Criminal Code Act 1995*.
- > I am aware any monies paid by Comcare as a result of a false or misleading statement or claim will be recovered.

Signature  Date