



Australian Government

Comcare

PUTTING YOU *FIRST*

RECONSIDERATION REQUEST

Who is making the request for reconsideration?

Worker Employer Claim number

Do you require an interpreter? Yes No

If yes, in what language?

How would you like Comcare to contact you? Post Phone Email Fax

WORKER DETAILS

Title Mr Ms Miss Mrs Dr

Last name Work phone

First name Home phone

Date of birth Mobile

Postal address

State Postcode

Email address

Are you represented by a lawyer or another person? Yes No

If yes, who?

EMPLOYER DETAILS

Agency name

Contact person Phone number

Postal address

State Postcode

Email address

WHAT DECISION DO YOU WANT TO HAVE REVIEWED

- Acceptance of a claim
- Rejection of a claim
- Permanent Impairment assessment
- Other—please provide details below

Date of the decision you wish to have reviewed: /

You need to provide reasons for requesting a reconsideration, which means you need to explain why you think Comcare’s decision should be changed. Please provide reasons below.

- Insufficient investigation of the claim
- Comcare did not consider relevant information
- I did not have the opportunity to respond to adverse information
- I have new information to provide at review
- Other—please specify details below

A Review Officer will contact you to discuss your request for reconsideration and provide an overview of the review process generally. You can contact your Review Officer in person or over the telephone at any time.

Signature

Date /