



Australian Government

Comcare

Claim for Compensation for a Work-related death

This form is to be completed if you wish to claim compensation under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) for the work-related death of an Australian or ACT Government employee.

Compensation available

Compensation available under the SRC Act for a work-related death includes payment of:

- funeral expenses
- medical expenses (for example the cost of hospital, doctor and ambulance services), and
- a lump sum entitlement to dependant(s) of the deceased
- weekly benefits to any child or children of the deceased

Note: both 'dependant' and 'child' are defined in the SRC Act.

Privacy and personal information

Comcare needs to collect personal information about you to determine your entitlement to compensation and to perform other functions required by the SRC Act. In the course of managing your claim, Comcare may need to disclose personal information to the employer, medical practitioners and other health professionals, legal advisers and law enforcement authorities and other government entities where there are obligations under law to do so. For more information about how Comcare protects the privacy of your personal information, call **1300 366 979** or visit our website at **www.comcare.gov.au**

How to claim compensation for a work-related death

If the deceased was not employed by an Australian or ACT government organisation at the time they died or were injured or contracted their illness, or their employment did not contribute to their illness, they may not have an entitlement to compensation under the SRC Act. If you are unsure, please call Comcare on 1300 366 979.

* Please note that when questions on this form refer to 'the injury', this refers to an injury as defined in Section 5A of the SRC Act. This means an injury or a disease suffered by an employee, arising out of, or in the course of, the employee's employment. Section 17 of the SRC Act provides compensation for injuries resulting in death.

Step 1	<p>Fill in this form</p> <p>Please use black or blue pen to answer the questions in this form.</p> <p>Not all of the questions in this form will apply to you. If a question does not apply to you or your circumstances, write N/A in the space provided. If your answers do not fit in the space provided, please attach additional pages with the details. When you have filled in this form and attached all the documents you need to support your claim, you will need to sign the declaration on page 10.</p>
Step 2	<p>Provide details of all dependants</p> <p>For the purposes of the SRC Act, you are a dependant of the deceased if you are their spouse or are a relative who was wholly or partly dependent on the employee for economic support at the date of their death. Spouse includes a person of the opposite sex who lived with the employee on a bona fide domestic basis in a de facto relationship.</p> <p><i>Dependant, in relation to a deceased employee, means:</i></p> <p>(a) <i>the spouse, father, mother, step-father, step-mother, father-in-law, mother-in-law, grandfather, grandmother, son, daughter, step-son, step-daughter, grandson, grand-daughter, brother, sister, half-brother or half-sister of the employee; or</i></p> <p>(b) <i>a person 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;</i></p> <p><i>being a person who was wholly or partly dependent on the employee at the date of the employee's death.</i></p> <p>Children under 16 years are dependants. Full-time students, aged between 16 and 25 years and who are not normally employed are also considered to be a dependant of the deceased.</p> <p>A dependant child, in relation to a deceased employee, means:</p> <p>(a) <i>a child who was, at the date of the injury or at the date of the employee's death, wholly or mainly dependant on the employee;</i></p> <p>(b) <i>a child of the employee who was born after the employee's death; or</i></p> <p>(c) <i>a child who would, if the employee had not died, have been wholly or mainly dependent on the employee.</i></p>
Step 3	<p>Collect all the documents you need</p> <p>You will need to provide a copy of the death certificate. If the death was due to an illness or disease, you will need to also provide medical evidence from a legally qualified medical practitioner that indicates how employment with the Australian or ACT Governments contributed to the employee's illness or disease and how that illness or disease contributed to their death. If you are claiming compensation for dependants (including yourself) you will need to provide proof of the relationship with the deceased and the level of dependency. Use the checklist at the end of this form to make sure you have provided all the required information.</p>
Step 4	<p>Lodge this form</p> <p>When you have completed this form and attached all the documents you need to support the claim, send all of these documents and this form to Comcare.</p>
Help?	<p>Do you need help with this form?</p> <p>If you need assistance to complete this form, call Comcare on 1300 366 979 (for the cost of a local call). If you need translating or interpreting assistance, please call 13 14 50.</p>



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Claim for Compensation for a Work-related death

About you

1 What is your full name?	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
	Family name	<input type="text"/>
	Given name(s)	<input type="text"/>
<hr/>		
2 What is your relationship to the deceased?	<input type="text"/>	
<hr/>		
3 What is your date of birth?	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
<hr/>		
4 How can we contact you during the day?	Home telephone number	<input type="text"/> (<input type="text"/>)
	Work telephone number	<input type="text"/> (<input type="text"/>)
	Mobile number	<input type="text"/>
<hr/>		
5 Do you have a preferred language other than English?	No <input type="checkbox"/>	
	Yes <input type="checkbox"/> ► What language?	<input type="text"/>
	Do you need an interpreter?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Call the Translating and Interpreting Service on 13 14 50
<hr/>		
6 Where do you live?	Your permanent home address (please give street address and not a PO Box)	<input type="text"/>
		<input type="text"/>
		State <input type="text"/> Postcode <input type="text"/>
<hr/>		
7 Do you have a different postal address?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Please give details:	<input type="text"/>
		<input type="text"/>
		State <input type="text"/> Postcode <input type="text"/>
<hr/>		
8 Do you need another person to act on your behalf for this claim?	For example: a partner, support person or solicitor	
	No <input type="checkbox"/>	
	Yes <input type="checkbox"/> ► Please give details:	Their name <input type="text"/>
		Home telephone number <input type="text"/>
		Work telephone number <input type="text"/>
	Mobile number <input type="text"/>	<input type="text"/>

9 Do you intend to take action, other than making this claim, to recover personal injury damages or expenses from either the Australian or ACT government or a third party?

You must inform Comcare in writing when initiating a claim against the deceased's employer or a third party in respect of the injury or illness which caused their death. Failure to notify Comcare within 7 days of initiating proceedings may result in a penalty.

No
 Yes Do you have a solicitor acting on your behalf?
 No
 Yes Please give details

Name of solicitor
 Telephone number ()

10 What compensation entitlements are you seeking?

Tick as many as appropriate.
 Information about dependants is provided on page 2.
 For more information about the entitlements available for dependants, please call Comcare on 1300 366 979.

Funeral expenses
 Medical expenses (for example: hospital, doctor and ambulance services)
 Lump sum payment for dependants of the deceased
 Weekly payments for children of the deceased

About the deceased

11 What is the deceased's full name?

Title Mr Mrs Ms Miss Other
 Family name
 Given name(s)

12 When was the deceased born?

Date of birth / /

13 Where did they live?

State Postcode

14 Who was the deceased's employer at the time of death or previously?

For example, the name of the government department or agency.

Name of department/agency

i In some cases, the employing department or organisation may no longer exist or may have changed its name. If this is the case, please call 1300 366 979 for assistance.

About the cause of death

15 When did the deceased die?

Date of death / /
 Time of death am/pm

16 What is the cause of death as shown on the death certificate?

Details on death certificate

U Please attach a copy of **death certificate**.

17 Was the death due to an illness or disease contributed to by work, or to an injury resulting from an accident?
 Illness or disease contributed to by work
 Injury resulting from an accident

18 Had the deceased claimed compensation from Comcare in respect of the injury that led to their death before they died?
 No
 Yes ► Go to 'About dependants' on page 7


19 Was there a witness to the injury?
 No
 Yes ► Please give details

Name of witness

Home telephone number

Work telephone number

Mobile number


 If there was more than one witness to the injury, please attach details.

20 Had the deceased received medical treatment for the condition that caused their death?
 No
 Yes ► Please give details

Date of first treatment

Name of doctor, medical practice or hospital

Telephone number

 If the deceased consulted other doctors or medical practitioners in relation to the injury or disease which caused their death, please attach their names and contact details.

21 Did the death occur due to or while travelling on a journey to/from/ for work?
 No ► Go to About dependants on page 7
 Yes ► Go to Question 22

About the journey

22 What was the mode of transport for the journey?
 For example: driving a car, passenger on a train, boat or aircraft, cycling, walking.

23 When was the journey?
 During working hours Before or after work While on a break

24 What were their hours of duty on the day of the journey?
 From To

25 Approximately what time did they commence the journey?
 am/pm

26 Where were they travelling from?

Workplace
 Home
 Other ► Please specify

27 Where were they travelling to?

Workplace
 Home
 Other ► Please specify

About the vehicle in which the employee was travelling

Registration Number	<input type="text"/>	State of registration	<input type="text"/>
Driver's Name	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>		
Owner's Name	<input type="text"/>		
Address	<input type="text"/>		

Other vehicles involved

Registration Number	<input type="text"/>	State of registration	<input type="text"/>
Driver's Name	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>		
Owner's Name	<input type="text"/>		
Address	<input type="text"/>		

 If more than one other vehicle was involved please attach a separate list.

28 Has the accident/injury been reported to the police?

No ► Go to Q34
 Yes ► If yes, please advise the location of the Police station, if applicable

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29 Date the accident was reported?

/	/
---	---

30 Police officer's name

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31 Police Incident Number

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32 Did police attend the scene of the accident?

No
 Yes

33 Has any police action been taken or proposed?

No
 Yes ► Please give details

About dependants

34 Do you wish to claim compensation for dependants of the deceased?

No ► **Go to the checklist on Page 9**
 Yes ► Please provide details of all dependants

Information about dependants is provided on page 2.

35 Are you the sole dependant?

Yes ► If you are the sole dependant, and have already provided your name, address and contact details on page 3, go to **Question 36**.
 No ► If there is more than one dependant, photocopy this page and the next page for each dependant and attach to this form.

Dependant's full name

Title Mr Mrs Ms Miss Other

Family name

Given name(s)

Dependant's address

Permanent home address
 (please give street address and not a PO Box)

State	Postcode

Dependant's postal address (leave blank if same as above)

State	Postcode

Dependant's telephone number

Home telephone number

Work telephone number

Mobile number

Dependant's birth date

Date of birth

36 Dependant's relationship to the deceased


For example, spouse, de facto partner, son, daughter, brother, sister, etc.

Relationship to deceased

Please provide proof of the dependant's relationship, for example, a marriage or birth/adoption certificate. Joint bank accounts and joint account payments (such as bills in both names) will assist to establish de facto relationships. For more information on Comcare's requirements, please call 1300 366 979.

37 Was the dependant living with the deceased immediately before the date of their death? No
 Yes

Note: Answer yes if living with the deceased immediately before he or she was admitted to hospital where he or she died.

 If there are dependants not living with the deceased at the time of death then proof of level of economic support by the deceased, such as child support payments or other financial support, would need to be provided. This may be ascertained from bank account transactions or pay slips, receipts, etc.

38 Was the dependant dependent on the deceased for economic support at the date of their death?

No ► Go to Question 39

Yes ► Was the dependant wholly or partly dependent?

Wholly

►

Wholly dependent generally means where a person does not earn and relies upon the earnings of another for support


Partly

►

Partly dependent generally means were a person does earn, but those earnings are not sufficient to allow that person to be self supporting, and they also rely on the earnings of another for support.

Notes:

1. Answer 'yes' and 'wholly' if you answered yes to question 37
2. A child born after the employee's death is considered to have been wholly dependent on the deceased at the time of death.

 If you ticked partly, please attach details of earnings for each dependant.

39 Is the dependant aged between 16 and 25 AND receiving full-time education at a school, college, university or other educational institution?

No

Yes ► Please give details

Name of educational institution

Expected date for completion of course of study

 / /

 Please attach current enrolment details

40 Does the dependant need another person to act on their behalf for this claim?

No

Yes ► Please give details

Their name

Home telephone number

Work telephone number

Mobile number

Checklist

Check that you have answered all the questions you are required to answer.

Cause of death (question 16)



Have you **attached a copy of the death certificate?**

If the cause of death was an illness or disease, you will also need to provide information from a legally qualified medical practitioner that indicates how the employee's Australian or ACT Government employment contributed to the illness or disease AND how that illness or disease contributed to the employee's death.

Additional details



If there was more than one witness to the injury (question 19), have you **attached details of the other witness(es)?**

If the deceased has any dependants (question 34), have you **attached proof of their relationship with the deceased?**

If the deceased had more than one dependant (question 35), have you **attached details and proof of the relationship of each dependant with the deceased?**

If any dependants were partly dependent on the deceased for economic support at the time of their death (question 38), have you **attached details of the support given?** (ie. group certificates or tax returns for any dependants and for the deceased)

Please read and sign the authorisation and declaration on the next page.

Then make a copy for your records and send the signed original (and attachments) to Comcare.

Please attach any relevant accounts for medical or funeral expenses etc to this form.

Authorisation and declaration

Please read and sign this authorisation and declaration.

The signature of one adult, acting on behalf of all dependants, is all that is required.

I authorise and consent to Comcare collecting personal information about the deceased from or disclosing personal information about the deceased to:

- Any health professional, hospital or other health institution;
- The employer of the deceased;
- Any other relevant third party (or insurer) considered by Comcare to have contributed to the injury;

For the purposes of determining and managing this compensation claim and/or to assist Comcare in any actions authorised under the SRC Act.

I authorise and consent to any health professional, hospital or other health institution, the deceased's employer, and any third party (or its insurer) considered by Comcare to have contributed to the injury or illness, collecting personal information about the deceased or disclosing or releasing records containing personal information about the deceased, or discussing with or providing information about the deceased, to one another.

I understand that the information is required for the purposes of determining and managing this compensation claim and/or to assist Comcare in any actions authorised under the SRC Act.

I further authorise and consent to a photocopy of this Authority and Consent as sufficient evidence of my authority and consent to discuss or provide the information requested.

I declare that:

The information I have supplied on this form and any other attachment is true and accurate:

- I am aware that the making of a false or misleading claim or false or misleading statement in support of this claim is punishable by law under the Criminal Code Act 1995 and, in that event, I may be liable for prosecution;
- I am aware that any monies paid by Comcare as a result of a false or misleading statement or claim will be recovered.

Your signature:

Date:

What to do now

Please read and sign this authorisation and declaration.

Make a copy of this form and attachments for your records

Send the signed original and attachments to:

Comcare
GPO Box 9905
Canberra ACT 2601

What's next?

Upon receipt of this form Comcare will seek further information from the deceased's employer. Comcare will write to you to let you know when further information has been received from the employer and will advise you in writing of any decisions it makes in relation to the claim.