



To be completed by employee. Please use this form if you wish to claim for the cost of household services (home help) provided to you.
Please use BLOCK letters

Claim for reimbursement of cost of household services ('home help')

1. Employee's Details

Surname: Given Names: Comcare claim number:

2. Please read this, before completing the rest of the form

- Definition: *household services*: 'in relation to an employee, means services of a domestic nature (including cooking, house cleaning, laundry and gardening services) that are required for the proper running and maintenance of the employee's household.' Section 4 of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) refers.
- The total amount paid per week cannot exceed the weekly rate approved by the Comcare Claims Manager for this claim.
- Hourly rates apply to these services. For details please call Comcare's Workers' Compensation Enquiry Line 1300 366 979.
- Payments for household services are subject to statutory upper limits. Subsection 29(1) of the SRC Act refers.
- **Privacy and personal information:** Comcare uses the information on this form to assist it in managing the employee's claim for workers' compensation. The collection, storage and release of the information provided is protected under the *Privacy Act 1988*. Comcare only gives this information to someone else in special circumstances where Commonwealth legislation allows or requires it, or where the employee gives permission.

3. Claim

Provider's name	Period of service from	to	Description of service	Hours claimed	Amount \$	Have you paid for this service?	If 'yes' have you attached original receipt?

4. Declaration

Under the provisions of the *Safety, Rehabilitation and Compensation Act 1988*, I claim for payment of the services listed in Part 3 of this form, and **I declare that:**

- I have incurred the expenses for these services;
- all the services relate to my compensable condition;
- to the best of my knowledge and belief, all the information in this claim is true and correct; and
- I am aware that the making of a false or misleading statement on this form may constitute a criminal offence under the *Crimes Act 1914* for which I may be prosecuted.

Signature: Date:

Need assistance or further information?

Please call Comcare's
Workers' Compensation
Enquiry Line on
1300 366 979.