



Australian Government

Comcare

Parliamentary Injury Compensation Scheme Claim Form

This form is to be completed if you are a Parliamentarian or the Prime Minister's spouse and wish to claim compensation under the *Parliamentary Injury Compensation Scheme Instrument 2016* (the PICS Instrument).

If you have difficulty completing this form, please contact your Department of Finance Entitlements Manager or Comcare for assistance.

How to claim

- If you have sustained an injury or disease or aggravate a pre-existing injury or disease and need to seek medical treatment then you can submit this Parliamentary Injury Compensation Scheme Claim Form.
- To lodge claims for compensation you should do the following:
 - see a medical practitioner and request that they complete a Comcare Certificate of Capacity relating to your injury or disease
 - keep a record of all medical treatment for your injury or disease (including payments made and receipts) and any absences from your official activities as a result of your injury or disease.
- Complete this form and email to Comcare at PICS@comcare.gov.au together with any attachments. Alternatively, you can fax it to 1300 196 971.

Attachments you must supply

Your claim cannot be assessed unless you attach:

- A Certificate of Capacity with diagnosis and causation (including what has caused your condition), completed by your doctor or medical specialist, describing your condition and symptoms.
- If you are only claiming for chiropractic, physiotherapy, dentistry or osteopathic treatment and not for time off work, you only need to provide a certificate from your treating chiropractor, physiotherapist, dentist or osteopath.

Responsibilities

Your responsibilities

- Provide a notice of injury, by lodging this form via email as soon as practicable after you become aware of the injury or disease.
- Actively undertake treatment recommended by your doctor.
- Notify Comcare if any of your circumstances change.
- Focus on what duties you can do, rather than what you can't do—because good work can help you recover.
- Provide Comcare with timely, accurate and complete information about your claim.

Comcare's responsibilities

- Let you know when your claim has been received and notify you of any decisions and entitlements.
- Deliver appropriate and timely management of your claim, including payment for your treatments and time off work where appropriate.

If you need more information

- Call Comcare.
- Email Comcare at PICS@comcare.gov.au
- For information about lodging a claim go to comcare.gov.au/pics
- For translating or interpreting assistance, call **13 14 50**.

What you should expect to happen next

Comcare will let you know when your claim has been received and will notify you of any decisions.

Privacy statement

Comcare is authorised by the *Parliamentary Injury Compensation Scheme Instrument 2016* (the PICS Instrument) to collect, use and disclose your personal information. If Comcare is unable to collect, use and disclose your personal information for the purposes of assessing your claim or related functions, we may not be able to determine your claim. Comcare collects personal information that is reasonably required to manage your injury compensation claim. Comcare may also need, in accordance with the *Privacy Act 1988* (the Privacy Act), to collect your personal information from, and disclose your personal information to, a number of parties, including the following:

- your superannuation fund manager or trustee
- the Department of Finance and your Entitlements Manager
- any health professional, hospital, other health institutions, or service providers related to your claim
- legal advisors
- law enforcement agencies
- personnel engaged by Comcare to conduct research related activities
- Comcare fraud investigators
- the Clinical Panel
- any relevant third party (or insurer) considered by Comcare to have contributed to or have information relevant to the claimed injury or disease
- any other person assisting Comcare in the performance of its functions or exercise of its powers, including contractors and consultants
- any other entity where there is a legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation).

It is unlikely Comcare will provide personal information to anyone in an external territory or outside Australia, unless the information relates to an incident, investigation, injury or disease sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to someone overseas, Comcare will follow the Australian Privacy Principles that relate to disclosure to overseas entities.

Accuracy of personal information. Comcare wants to ensure personal information is up to date and complete. Our Privacy Policy explains how to access personal information held about you and how to go about making any corrections.

Complaints. If you think Comcare has interfered with or breached your privacy (relevant to the Privacy Act), our Privacy Policy contains information about what you should do and how we will respond.

For a copy of our Privacy Policy, to request a change of your personal information or to make a privacy complaint please refer to comcare.gov.au/privacy. You can also contact us on 1300 366 979 or email us at privacy@comcare.gov.au.



Covered Person's authority and declaration

PICS declaration

1. I am a covered person in accordance with the *Parliamentary Injury Compensation Scheme Instrument 2016* (the PICS Instrument).
2. I have sustained an injury, disease, or aggravation of an injury or disease as defined under the instrument as evidenced by the attached:
 Comcare Certificate of Capacity
3. The condition arose out of, or in the course of, covered activities or was contributed, to a significant degree, by my covered activities.
4. Where there are other contributing factors to the condition, my employment is a significant contributing factor in the contraction or aggravation of my condition.
5. I am aware of the exclusionary provisions and they do not apply.

Compensation is not payable for:

- An injury intentionally self-inflicted (s23(2))
- An injury resulting from serious and wilful misconduct unless the injury results in death, or serious and permanent impairment (s23(3)). This includes injuries where the person is under the influence of alcohol or a drug, other than a prescribed drug correctly taken.
- An injury resulting from voluntarily and unreasonably submitting to an abnormal risk of injury (s10(2))
- An injury suffered as a result of:
 - a loss of, or failure to gain, selection as a candidate for election to the Parliament
 - the loss of, or failure to gain, a position as a Minister (including a Parliamentary Secretary) or a Parliamentary office holder
 - the loss of, or failure to gain, a position in a political party
 - the result of an election
 - a decision relating to a benefit (including a decision made under this instrument).

Authority for personal and medical information

1. I have read and agree to all the information within this form including the privacy statement.
2. The information that I am providing in this form and in any attachments are an accurate representation of facts and events. I understand that making a false or misleading claim, or statement in support of this claim, is punishable by law and I may be prosecuted and can result in Comcare recovering any money they give me.
3. I authorise and consent to the collection, use and disclosure of my relevant personal and medical information by Comcare and any relevant parties, including those listed above, for purposes connected with the assessment and management of my compensation claim, and by Comcare to carry out its regulatory functions.
4. I authorise and consent to any doctor, health professional, hospital or other health institution who has examined or treated me to discuss and provide to Comcare any reports, clinical notes or other relevant information relating to this, or other related conditions.
5. I authorise and consent to any doctor, health professional, hospital or other health institution, Comcare and the above mentioned parties disclosing, releasing or discussing records containing my personal medical information, between one another.
6. I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to discuss or provide the personal and medical information requested.
7. I understand that the personal and medical information is required for the purposes of determining and managing my compensation claim, to assist with my treatment and to assist Comcare in any actions authorised under the Parliamentary Injury Compensation Scheme.
8. I understand that if I refuse, fail or withdraw my consent to allow Comcare and the above parties to use and disclose my personal and medical information, Comcare may be prohibited from dealing with my claim as the information is necessary in order to manage and determine my claim for compensation, to assist with treatment and to perform other functions required by the instrument, and as a result my claim may be suspended or determined unfavourably because of lack of evidence.
9. I must immediately inform Comcare if I am aware of any overpayments that I may have received and these may be recovered by Comcare.
10. I must inform Comcare if my injury or disease improves enough to allow me to return to work.

Print your name

Signature

Date

 /

Covered Person to complete

Please complete using black or blue ink.

Your personal details

1. Title

2. Given names

3. Surname

4. Other known or previous names (e.g.maiden name)

5. Date of birth

 / /

6. Medicare card number

 - - Ref no.

7. Gender M F X (Unspecified)

8. Do you wish to identify as Aboriginal or Torres Strait Islander?

Yes, Aboriginal Yes, Torres Strait Islander No

9. Residential street address

| | |
|--------|----------|
| Street | |
| Suburb | |
| State | Postcode |

10. Phone

| | |
|--------|------|
| Mobile | |
| Home | Work |

11. Email

12. Preferred language (if not English)

About your injury

13. Your parliamentary position when you were injured or became ill

14. Were you employed anywhere else at the time
(including self-employment, voluntary or unpaid work)?

Yes No

15. Where were you at the time of your injury/illness?

- At a place for the purpose of conducting covered activities
 Travelling for work purposes
 Other

16. What is the postcode where your injury/disease occurred?

17. What is the condition that you are claiming for?

18. If claiming for a physical injury or disease, which parts of your body are affected?

19. What tasks were you doing when you were injured?

20. What happened and how were you injured?

21. When did you first notice your symptoms/injury?

Date / / Time (approx) am pm

22. How long do you expect to be absent from covered activities due to your injury or disease?

- No absence Less than 12 weeks
 Less than 1 week Longer than 3 months
 Less than 4 weeks

If there has been any absences, please complete a Claim For Time Off Work form.

If you need an interpreter call 13 14 50

23. At the time you were injured/became ill, were you taking any prescribed medication or under the influence of alcohol or other drugs?

Yes No

You may be required to attend independent medical examinations throughout the course of your claim.

Please provide details

 If you believe that there are additional circumstances relevant to your situation, please attach a signed and dated statement. Further information and a statement template are available at comcare.gov.au/providingastatement

24. Do you intend to make a claim, or take any other action, against any other third party for this injury (e.g. insurance company, Department of Veterans' Affairs, Dust Diseases Tribunal or government entity)?

Yes No Not sure

You must inform Comcare in writing when initiating a claim against the Government or a third party in respect of your injury/disease. Failure to notify Comcare within seven days of initiating proceedings may result in a penalty.

Your medical treatments

25. When did you first seek medical treatment?

Date / /

26. Name of medical practitioner

27. Name of specialist clinic or hospital

28. Address

29. Phone

30. Type of medical provider (e.g. physiotherapist, chiropractor, counsellor)?

 Please attach a Certificate of Capacity completed by your doctor.

 If you have been treated by other medical practitioners, attach a list that provides details as outlined in Q25–30.

31. Have you ever experienced a similar symptom, injury or disease, work-related or otherwise?

Yes No

32. Have you ever claimed compensation through any insurer, for a similar injury or condition (e.g. claims with the Department of Veterans' Affairs, the Dust Diseases Tribunal, or involving a motor vehicle accident)?

Yes No ➔ No, go to Q44

33. Describe your injury/condition

34. What parts of the body were affected?

35. Name of your employer at the time

36. Year of claim

37. Name of insurer

38. Claim reference number (if known)

39. Name and contact details of any health provider who has treated you for this condition

40. Medical practitioner (e.g. doctor)

41. Phone number of medical practitioner

 If you have claimed compensation for any other similar injury or condition please attach an additional list.



Your bank details

44. Any medical expense payments that are due to you will be paid by electronic funds transfer (EFT) into your bank account. Please provide your bank details and sign the authorisation.

Name of institution

Branch

Address

State

Postcode

Account name

BSB number

Account number

Authorisation: I authorise Comcare to make payments into my nominated bank account.

Print your name

Signature

Date

/ /

Checklist

Once you have read, understood and completed the Covered Person section of this form, use this checklist to ensure you have supplied everything required. Please ensure you have provided all the attachments and authorisations, as failure to do so may delay a decision on your claim.

Signatures/authorisations

- Have you signed the Covered Person's declaration and authority for personal and medical information section on page 2?
- Have you completed and signed the electronic funds transfer (Q44)?

Attachments

- Have you attached a Certificate of Capacity? This needs to be completed by a legally qualified medical practitioner such as your doctor or medical specialist and includes the diagnosis and causation of your condition.
Or
- If you are claiming for chiropractic, physiotherapy, dentistry or osteopathic treatment only and not for time off work, have you attached a certificate from the practitioner who is performing this treatment?
- Have you written and attached an additional list of medical practitioners related to your claim, not already included on this form (Q25–30)?
- For psychological injury claims, have you included a statement outlining the events that occurred in support of your claim?
- Have you attached any other information you think is relevant to determining this claim? Please note that any statements must be signed and dated.
- Have you attached an additional list for any other similar injury or condition that you have claimed for in the past (Q34)?

Lodging your claim

Once completed and signed, please return this document and attachments to PICS@comcare.gov.au. Alternatively you can fax your documents to: 1300 196 971.