



**Australian Government**

**Comcare**

## STATEMENT OF FINANCIAL CIRCUMSTANCES

The information collected on this form is required to examine your current financial circumstances and to assess your ability to repay an overpayment. If you do not believe that you can repay Comcare at this time due to financial hardship, Comcare may decide to 'write off' your overpayment. This means that you can pay back the money at a later date. In situations of extreme financial hardship Comcare may decide to 'waive' your overpayment. This means that the debt will cease to exist. This will only happen if you can show that you are experiencing severe financial hardship and that your situation will not change in the future. Note—only Comcare's Chief Executive Officer can waive a debt.

*Giving false or misleading information is a serious offence.*

### COMPLETING THIS FORM

Here are some points to assist you to complete the form:

- > Please complete using black or blue ink.
- > Some questions in this form may not 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.
- > Make and keep a copy or record of this form.
- > Once you have completed this form and attached all the supporting documentation, you must sign the declaration on page 6.
- > If any of your circumstances detailed on this form change after you have completed this form, you must notify Comcare immediately.

### DO YOU NEED HELP WITH THIS FORM?

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.

### PRIVACY STATEMENT

Your privacy is important to us. We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. If Comcare does not collect personal information from you for the purposes of assessing your claim or related functions, we may not be able to determine your claim.

Comcare is the Commonwealth agency authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect personal information relevant to an injured worker's claim for the purposes of managing the compensation claim and for the management of the injured worker's rehabilitation and the discharge of other functions and use of other powers under the SRC Act. For those purposes, Comcare may need to collect from, use and disclose your personal information to the following parties:

- > your employer at the date of your injury, your current employer and any subsequent employer
- > your superannuation fund manager or trustee
- > your case manager
- > employment agencies
- > legal advisors and law enforcement authorities
- > the Safety, Rehabilitation and Compensation Commission
- > Comcare fraud investigators
- > any other person assisting Comcare in the performance of its functions or exercise of its powers
- > any other entity where there is legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation).

We want to ensure personal information collected, used, stored or disclosed is accurate, up-to-date and complete. Comcare's Privacy Policy contains information on how you can request access to personal information held about you and how to seek correction of that information.

You may make a complaint to us if you consider that Comcare has interfered with your privacy or otherwise breached its obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to make a complaint and how we will respond.

Comcare is not likely to disclose personal information to a person who is not in Australia or an external territory, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to an overseas recipient, Comcare will comply with obligations regarding disclosure to overseas entities (Australian Privacy Principle 8).

For further information about our information handling practices, for a copy of our Privacy Policy, to request an amendment of your personal information or to make a privacy complaint, please refer to [www.comcare.gov.au/privacy](http://www.comcare.gov.au/privacy), contact us on 1300 366 979 or email [privacy@comcare.gov.au](mailto:privacy@comcare.gov.au)

## RECORD KEEPING

Please note, any original documentation is scanned in accordance with Comcare's policy and disposal authorities issued by the National Archives of Australia. The original paper format will only be held for a period of six months. If you have any questions please write to:

The Records Manager and Mail Centre

Comcare  
PO Box 9905  
CANBERRA CITY ACT 2601

### 1. EMPLOYEE DETAILS

Claim number	<input type="text"/>		
Full Name	<input type="text"/>		
Current Residential Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Telephone Home	<input type="text"/>	Work	<input type="text"/>
		Mobile	<input type="text"/>

### 2. DEPENDANTS' DETAILS

A dependant is a person who is dependent on you for economic support. If a dependant listed below is over 16 years of age and earning an income, please provide additional information regarding that income and the level of support provided by you.

A dependant may include: a partner, step-parent, father-in-law, mother-in-law, grandparent, child, stepchild, grandchild, sibling or half sibling, or a person to whom you have stood in the position of parent or who has stood in the position of parent to you.

Name	<input type="text"/>	Age	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>	Relationship	<input type="text"/>

### 3. INCOME (FORTNIGHTLY)\*

Where payments are made at other intervals, these amounts should be converted to an amount per fortnight.

	You	Your partner
Gross salary	\$ <input type="text"/>	\$ <input type="text"/>
Net salary (after tax)	\$ <input type="text"/>	\$ <input type="text"/>
Family allowance, pensions or other benefits	\$ <input type="text"/>	\$ <input type="text"/>
Other income (Other income may include rent, maintenance, board, investment interest, income from any family trust, business interests etc.)		
Type <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Type <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Type <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total income</b>	\$ <input type="text"/>	\$ <input type="text"/>

\* Please provide payslips, current Centrelink statements and proof of any other income for yourself and your partner

#### 4. HOUSEHOLD EXPENSES (FORTNIGHTLY)

Please provide estimates where there is no fixed amount per fortnight

Mortgage repayments	\$ <input type="text"/>	Rent or board	\$ <input type="text"/>
Food and household goods	\$ <input type="text"/>	Electricity/gas	\$ <input type="text"/>
Rates (Council and water)	\$ <input type="text"/>	Phone/ internet	\$ <input type="text"/>
Motor vehicle expenses	\$ <input type="text"/>	Fares/ fuel	\$ <input type="text"/>
Insurance	\$ <input type="text"/>	Superannuation	\$ <input type="text"/>
Health fund contributions	\$ <input type="text"/>	Medical expenses	\$ <input type="text"/>
Loan/credit card repayments	\$ <input type="text"/>	Education	\$ <input type="text"/>
Clothing	\$ <input type="text"/>		

Education includes school fees, higher education, HELP fees, etc.

#### Other expenses not listed above

Description	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Amount	\$ <input type="text"/>
Description	<input type="text"/>	Amount	\$ <input type="text"/>
Total fortnightly expenditure			\$ <input type="text"/>

#### 5. ASSETS (WHAT YOU OWN)

Details	Market value	
House and land	\$ <input type="text"/>	Address <input type="text"/>
Other real estate	\$ <input type="text"/>	Address <input type="text"/>
Motor vehicle	\$ <input type="text"/>	Make/model <input type="text"/>
2nd motor vehicle	\$ <input type="text"/>	Make/model <input type="text"/>
Caravan/ trailer	\$ <input type="text"/>	Make/model <input type="text"/>
Boat	\$ <input type="text"/>	Make/model <input type="text"/>
Household furniture	\$ <input type="text"/>	
Electrical goods	\$ <input type="text"/>	
Shares or investments	\$ <input type="text"/>	
Other assets	\$ <input type="text"/>	Details <input type="text"/>
Total assets	\$ <input type="text"/>	

## 6. LIABILITIES (WHAT YOU OWE)

Details	Balance	Fortnightly payments	Details (e.g. bank, lender etc.)
Mortgage/home loan	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Car loan/lease	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Personal/other loan	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Credit card 1	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Credit card 2	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Credit card 3	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Store card	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Phone/gas/power (in addition to regular bills)	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other debts	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<b>Total liabilities</b>	\$ <input type="text"/>	\$ <input type="text"/>	

## 7. BANK, BUILDING SOCIETY OR CREDIT UNION ACCOUNT DETAILS

If you have more than one account, please attach an additional page with the details.

Institution	<input type="text"/>	Branch	<input type="text"/>
Account type	<input type="text"/>	BSB	<input type="text"/>
		Balance	\$ <input type="text"/>

## 8. ADDITIONAL INFORMATION

## 9. CHECKLIST

- Signed the form
- Provided full contact details
- Supplied your bank details
- Attached payslips, Centrelink notices and evidence of all sources of income
- Attached last 3 months of credit card statements (for all credit cards)
- Attached last 12 months of bank statements (for all accounts)

Attached documentary evidence of expenditure detailed above including (but not limited to):

- Electricity/gas/water accounts (12 months)
- Telephone/internet accounts (12 months)
- School fee accounts
- Insurance receipts
- Australian Taxation Office Notice of Assessment (last financial year)
- Any other regular expenses detailed above

## DECLARATION

I declare that:

- > I have completed all questions on this form that are relevant to me
- > The information I have supplied on this form is true and accurate
- > I am aware that making a false or misleading claim or statement in support of my claim may make me liable for prosecution
- > I have read and understood the Privacy statement section of this form and consent to the release of my personal information to the parties listed in that section.

Print your name

Signature

Date

Comcare may be in contact with you to request further information or clarify the information provided by you in this form.