Claim for Compensation for a Work-related death – Employer Information

Comcare has received a Claim for compensation under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) for a work-related death (copy of claim attached) of an Australian or ACT Government employee. Your agency has been identified as the deceased’s employer. Please complete this form and return it to Comcare as soon as possible.

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 and/or weekly entitlement to dependants of the deceased.

Privacy and personal information
Comcare needs to collect personal information about the deceased to determine the entitlement to compensation and to perform other functions required by the SRC Act.

In the course of managing the claim, Comcare may need to disclose personal information to the following third parties:

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.

In the course of managing the claim, Comcare, 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, may have occasion to disclose personal information to each other.

For more information call 1300 366 979 or visit our website at www.comcare.gov.au.
How to lodge this claim for compensation

If the deceased was not employed by an Australian or ACT Government organisation at the time they were injured or contracted the illness that resulted in their death, there may not be an entitlement to compensation under the SRC Act. If you are unsure, please call Comcare on 1300 366 979.

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<tr>
<th>Step 1</th>
<th>Fill in this form</th>
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<tr>
<td></td>
<td>Please use black or blue pen to answer the questions in this form.</td>
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<td>If a question does not apply to your agency, 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 the claim, you will need to sign the form on page 5.</td>
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<tr>
<th>Step 2</th>
<th>Lodge this form</th>
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<td>When you have completed this form and attached all the relevant documents, send all of these documents and this form to Comcare.</td>
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<th>Help?</th>
<th>Do you need help with this form?</th>
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<td>If you need assistance to complete this form, call Comcare on 1300 366 979 (for the cost of a local call).</td>
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Claim for Compensation for a Work-related death
(employer information)

This form is in two sections:

- Section one asks questions that the deceased’s supervisor and/or agency officer responsible for managing this claim (case manager) should answer, and
- Section two asks questions that an agency’s personnel area should be able to answer.

The completed claim form should be returned to Comcare within 5 days of its receipt by the employer.

* 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.

Section 1 – Supervisor and/or agency case manager to complete

1. What date did you receive this claim form from Comcare
   Date claim first received by employer (Manager, Supervisor, Human Resources, etc.) / / 

2. When the injury happened, was the employee Voluntary (paid or unpaid) ☐ Temporary (non-ongoing) ☐ Permanent ☐

3. When the injury happened, what was the employee’s classification level?
   Employee’s classification
   For example: APS4, EL2, SES1

4. When did the employee commence employment with your agency?
   Date / / 

5. How long had the employee been performing this role prior to the injury?
   Years ☒ Months ☒

6. When the injury occurred was the employee
   an Apprentice ☐ a Trainee ☐ Neither ☐

7. When the injury happened, what was the employee’s job title and main duties?
   Employee’s job title
   Employee’s main duties
   (please include travel if part of normal duties)
**Section 2 – Personnel area to complete**

8 Do you wish to provide a statement of facts?

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Yes ▶ Statement is attached
Yes ▶ Statement will be forwarded to Comcare
No □

If you do not provide Comcare with a statement of facts, a determination on the claim may be made on the evidence at hand.

Name
Position
Telephone Number
Signature
Date / /

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Section 2 – Personnel area to complete

9 When the injury happened, what department or authority was the employee's employer and what is the liable cost centre number for this employer?

Name of employer
Address of employer
State
Postcode
Liable cost centre number

A cost centre number should be provided if available.
For information on cost centre numbers, call 1300 366 979.

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10 Your reference number for this claim or employee?
Reference number

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11 What was the employee's payroll or AGS number?
Payroll / AGS number

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12 When the injury happened, what were the employee's standard working hours per week?

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<td>40hrs</td>
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<td>Other</td>
<td>□ ▶ Please specify hours</td>
<td>minutes</td>
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13 What department/authority is the employee's current employer and what is that employer's payroll cost centre number?

Name of employer
Address of employer
State
Postcode
Payroll cost centre number

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If this is the same as Question 9, go to Question 14

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8 Do you wish to provide a statement of facts?

Yes ▶ Statement is attached
Yes ▶ Statement will be forwarded to Comcare
No □

If you do not provide Comcare with a statement of facts, a determination on the claim may be made on the evidence at hand.

Name
Position
Telephone Number
Signature
Date / /
14 Name of the agency contact for this claim?

Name of contact

Telephone Number

Name of alternative contact

Telephone Number

15 If the deceased was no longer employed by the Australian or ACT government at the time of their injury, how did their employment end?

Accepted voluntary redundancy

Involuntary redundancy

Retired Invalidity

Resigned

Terminated

What was the date of effect? / /

16 When the injury occurred, was the employee temporarily absent from their usual place of work?

Yes ► Go to Question 17

No ► Skip Question 17

17 Was the activity undertaken during this absence at your Agency's request or direction, or associated with their employment?

Yes

No

Wherever possible, this form should be signed by a manager with line management responsibility for the workplace at which the employee was working at the time the injury occurred.

Name

Position

Telephone number

Signature:

Date: / /

Make a copy of this form and attachments for your records

Forward the signed original and attachments to:

Comcare

GPO Box 9905

Canberra ACT 2601
### ‘No-fault’ scheme

The scheme operates under ‘no-fault’ legislation. This means that the claimant does not have to prove negligence on the part of the employer for his or her claim to be successful. For a guide on how Comcare determines claims made under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) visit http://www.comcare.gov.au.

### Statutory benefits

Benefits can include:
- funeral expenses;
- medical expenses (for example the cost of hospital, doctor and ambulance services), and
- a lump sum and/or weekly entitlement to dependants of the deceased.

### Limited access to lump sum payments through common law actions

Unlike other workers’ compensation schemes there is limited access under the SRC Act to lump sum payments through common law except where actions for damages are instituted by dependants of an employee who has died as a result of a work-related injury or disease.