



# APPLICATION FOR DIRECT INCAPACITY PAYMENTS

This form is to be completed when an employee with a workers' compensation claim has separated from their Commonwealth employer and continues to have an entitlement to incapacity payments. This form allows employees to apply to have future incapacity payments deposited directly into a nominated bank account. If you require assistance completing this form, please contact us via phone 1300 366 979 or email [General.Enquiries@comcare.gov.au](mailto:General.Enquiries@comcare.gov.au).

This form asks for:

- > Your personal details
- > Your bank account details for any incapacity periods post separation to be paid in to
- > Asks questions about;
  - i. Have you accessed superannuation?
  - ii. Have you accessed Centrelink benefits?
  - iii. Details on any work performed since separation?
  - iv. A declaration be completed that that the information provided is true and correct.

## 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*. 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. This includes receiving your future incapacity payments when you have separated from your Commonwealth employer. 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
- > any health professional, hospitals, other health institutions, or service providers related to your claim
- > your case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisors and law enforcement authorities
- > personnel engaged by Comcare to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > Comcare fraud investigators
- > inspectors appointed under section 156 of the *Work Health and Safety Act 2011*
- > any relevant third party (or insurer) considered by Comcare to have contributed to the injury, illness or impairment
- > 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)

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 and continue to make future incapacity payments to you. Comcare is not likely to disclose personal information to a person who is not in Australia or an external Territory. 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)

## PART A: PERSONAL DETAILS

Comcare claim reference number  /

Surname  Given names

Date of birth

Address

Phone (home)  Mobile

Separation from Commonwealth Employer on: Date

## BANK DETAILS

If we have your bank details on file for medical expenses, do you authorise these to be used for incapacity payments?  Yes  No

If you would like to update your bank details, please complete the details below

Name of institution

Branch

Address

Account name

BSB number  Account number

## SUPERANNUATION

Superannuation fund name(s)

Have you accessed superannuation – lump sum, pension or both?  Yes  No

If Yes, on what date did you receive payment?

If No, do you intend to access superannuation?  Yes  No

If you have answered YES to any of the above superannuation questions you will need to complete a Superannuation Authority Release Form for all super funds.

## CENTRELINK

Since ceasing employment with the Commonwealth Government, have you accessed Centrelink benefits?  Yes  No

If yes, what period did you access benefits for? From  to

## EMPLOYMENT

Since ceasing employment with the Commonwealth Government, have you been or are you currently in paid employment since cessation?  Yes  No

If yes from what date  (Employment includes, paid employment, self-employed or earnings from a business)

## EMPLOYEE'S DECLARATION

- > 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

Signature  Date