



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.

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.

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
- > 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)

PRIVACY STATEMENT

Comcare may collect your personal information from and disclose it to third parties such as:

- > Your employer at the time you were injured, any subsequent employer and your current employer
- > Your superannuation fund manager or trustee
- > Any health professional, hospital, other health institution or service provider with information relevant to this claim
- > Your rehabilitation case manager, providers, fitness-for-work assessors and employment agencies
- > The Safety, Rehabilitation and Compensation Commission
- > Any relevant third party considered by Comcare to have contributed to, or be liable for, the injury, illness or impairment this claim relates to and their insurer
- > Any person assisting Comcare in the performance of its functions or exercise of its powers

For more information about collection from and disclosure to third parties please refer to our Privacy Policy. Comcare uses personal information to conduct research, policy development and for internal administrative purposes. Comcare may need to disclose information outside Australia if the injury, illness or impairment occurred overseas or you received treatment overseas.

For more information about how Comcare manages your personal information, to request access to or correct personal information about you that Comcare holds or to make a privacy complaint, please refer to our Privacy Policy www.comcare.gov.au/privacy. You can also contact us on 1300 366 979 or email us at 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

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