



Australian Government

Comcare

PERIODIC REVIEW FORM

SECTION 58 NOTICE TO PROVIDE INFORMATION AND DOCUMENTS RELEVANT TO YOUR CLAIM

Notice under section 58(1) *Safety, Rehabilitation and Compensation Act 1988* (SRC Act): Comcare requests that you provide the information and any documents sought on this form under authority of section 58 of the SRC Act, (power to request the provision of information). You are required to provide the information and documents within 28 days of the date of this notice. If you refuse or fail, without reasonable excuse, to comply with this request, Comcare may refuse to deal with your claim until you provide the information and documents specified in this notice.

Giving false or misleading information is a serious offence.

COMPLETING THIS FORM

Comcare regularly requests all injured workers ('employees' as defined in the SRC Act) who receive compensation for injuries which result in ongoing or long-term incapacity to complete this form. This request applies whether or not such workers are still employed or are retired and whether or not such retired workers receive superannuation benefits.

Comcare asks that you complete this form because the information and documents requested are relevant to your claim. By accurately supplying the information and documents requested in this form, you will assist Comcare to correctly determine your ongoing workers' compensation benefits and to guard against making any incorrect payments due to a change in your circumstances.

The form requests information and documents against six topic areas.

1. Your details (such as address, contact information)
2. Prescribed person details
3. Employment/work details
4. Non employment income details
5. Education details
6. Third party/common law details

Finally, you are required to sign and date a declaration.

You may not need to update information in all topic areas but will need to answer at least all the bolded questions in every topic section. Where your circumstances have not changed, or your current situation requires a 'no' answer to the question, you should tick 'No' and move onto the next question. Where your circumstances have changed or your current situation requires a 'yes' answer, you should tick 'Yes' and complete the details requested.

If you have any difficulties completing this form and returning it to Comcare within 28 days, please call your claims services officer on 1300 366 979.

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

- > You must complete your personal details in section 1.
- > You must answer the bolded questions in topic areas 2–6 'yes' or 'no'. If you answer 'no', move onto the next question. If you answer 'yes', please provide the details requested.
- > If your answers do not fit in the space provided, please attach additional pages with the details including any supporting documents.
- > You should only include details for the last 12 months unless specifically requested to provide information for any periods prior to that.
- > When you have finished answering the questions, ensure you read and sign the declaration in section 7 of the form.
- > Make and keep a copy or record of this form.
- > If any of your circumstances detailed on this form change after you have completed this form, you must notify your Claims Services Officer immediately (you should not wait until Comcare asks you to complete another *Periodic review* form).

NOTICE—LEAVING AUSTRALIA FOR ANY PERIOD OF TIME

If you have been receiving incapacity payments for three months or more, and

- > intend to leave Australia for any length of time, you should notify your Claims Services Officer of the date on which you intend to leave.
- > if you don't notify your Claims Services Officer before you leave, you must notify your Claims Services Officer in writing within seven days of leaving Australia, of the fact that you have left Australia and the date on which you left.
- > have been absent from Australia for three months or more, you must notify your Claims Services Officer in writing of your residential address: (please note: failure to notify Comcare about leaving Australia as detailed below is a 'strict liability' criminal offence)
 - within seven days after the expiry of the first three month period of you being absent from Australia; and
 - within seven days after the expiry of each three month period you are absent from Australia after that.

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
- > 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)

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, contact us on 1300 366 979 or email 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.

You can also call 1300 366 979 or visit Comcare's website at www.comcare.gov.au

1. EMPLOYEE'S DETAILS

Comcare claim reference number	<input type="text"/>
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Comcare retains your details on file. For claim management purposes, please complete the following:

Your full name

Has your name changed in the last 12 months?

No

Yes If yes, please enclose documentary evidence of your new name

Old name(s) (if applicable)

Residential address

Postal address

Home phone number () Work phone number ()

Mobile phone number

Preferred email

2. PRESCRIBED PERSON DETAILS

Certain compensation payments are based on your individual circumstances . Answering these questions will allow Comcare to confirm the accuracy of your payments and avoid any incorrect payments.

If your incapacity entitlements are less than the **'minimum earnings'** amount per week, you may be entitled to further benefits in relation to a 'prescribed person/child' who is **dependent on you for economic support**.

'Prescribed person' means immediate and some extended family members, including but not limited to: spouse; parents; children; siblings; step-children (see section 19(12) of the SRC Act). 'Prescribed child' is defined in section 4 of the SRC Act. Your Claim Services Officer can assist you with establishing who is a prescribed person/child and whether or not they are dependent on you for the purposes of the SRC Act.

Note: The statutory rate for minimum earnings relating to incapacity payments under section 19(7) of the SRC Act can be found at www.comcare.gov.au.

Do you earn less than the minimum earnings amount per week?

No If no, please go to question 3

Yes If yes, please complete the following

Do you have a person/child who is dependent on you for economic support?

No If no, please go to question 3

Yes If yes, please complete the following (if there is insufficient space please attach additional details on a separate sheet)

Person/child's full name

Date of birth Relationship to you

Date dependency commenced Date dependency ceased (if applicable)

Person/child's full name

Date of birth Relationship to you

Date dependency commenced Date dependency ceased (if applicable)

Person/child's full name

Date of birth Relationship to you

Date dependency commenced Date dependency ceased (if applicable)

For each child listed above who is aged between 16 and 25 years of age and is a current student, please complete the following details:

Student's full name

What is the name and address of the school/college/university?

Full-time Part-time Date study will cease

If a person/child listed above is working or self-employed, please state their full name:

State the average hours per week of employment or self-employment:

What is the name and address of the employer/s?

Person/child's full name

State the average hours per week of employment or self-employment:

What is the name and address of the employer/s?

3. EMPLOYMENT/WORK DETAILS

Your entitlement to compensation may vary if you are working. 'Working' includes any employment, whether full-time, part-time, contract or intermittent, self-employment, involvement in a business, whether as a sole trader, partner or in a company structure, receipt of remuneration or goods for skill/effort/time spent, unpaid employment or unpaid self-employment.

Providing these details and relevant supporting evidence will assist Comcare to manage your claim accurately and ensure you receive the correct entitlements. If you are unsure about what constitutes 'working' please contact your Claims Services Officer for clarification. Written advice can be provided or a meeting arranged to discuss your compensation payments.

Note: You are required to complete all of the following employment questions.

Are you currently working (in any form as outlined above)?

No

Yes If yes, please provide the following details:

Name of employer, description of self-employment or remuneration source

Address

Employer ABN

Period of employment: Number of hours worked per week

Gross weekly earnings
(that is, before any deductions)

Are you or have you been employed in any form of employment (including volunteer work) over the last 12 months?

No

Yes If yes, please provide the following details:

Name of employer

Address

Period of employment: Number of hours worked per week

Gross weekly earnings
(that is, before any deductions)

Are you or have you been self-employed or involved in a business, partnership or company structure any time over the last 12 months?

No

Yes If yes, please provide the following details:

Name of business or partnership or company

Address

Period of employment Number of hours worked per week

Gross weekly earnings (that is, before any deductions) \$

Note: 'Earnings' may also include dividends, investment earnings, beneficiaries and/or trust payments from that business, partnership or company as well as the value of any non-cash benefits, for example, low/no interest loans, free rent, car and fuel).

Have you received income from any royalties, licence fees, franchisor fees, commissions, or other similar income as a result of your work, material published or patented within the past 12 months?

No If no, go to question 4

Yes If yes, please provide the following details:

Name of payee

Type of payment

Date payment commenced

Average weekly amount you received \$

Note: If you have had more than one employer in the last 12 months please attach a separate sheet with the above details for each position.

4. NON EMPLOYMENT INCOME DETAILS

Do you receive a pension from a superannuation fund?

No

Yes If yes, please provide the following details:

Name of fund or administrator

Address

Date payment commenced

Weekly amount you received

Have you received or rolled over a lump sum benefit (the employer-financed component including the productivity amount) from a superannuation fund in the past 12 months?

Note: Please include details of any superannuation you may have voluntarily preserved or rolled over in the last 12 months.

No

Yes If yes, please provide the following details:

Name of fund

Address

Date lump sum received

Do you receive a pension or allowance from any other Commonwealth department or authority (for example, Centrelink, Department of Veterans' Affairs)?

No If no, go to question 5

Yes If yes, please provide the following details:

Name of department or authority

Address

Date payment commenced

Weekly amount you received

5. EDUCATION DETAILS

Your response to the following questions may lead to your Claims Services Officer discussing your rehabilitation or return to work program with your employer.

Are you currently or have you been engaged in any part-time or full-time study in the last 12 months?

No

Yes **If yes, please provide the following details:**

Name of institution	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
Name of course	<input type="text"/>			
Hours of study per week	<input type="text"/>			
Period of attendance:	Date attendance commenced	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date attendance expected to ceased	<input type="text"/> / <input type="text"/> / <input type="text"/>

6. THIRD PARTY/Common LAW DETAILS

You must notify Comcare in writing within seven days after the day on which you first become aware that a common law claim has been made in relation to an injury, loss or damage you incurred that is compensable under the SRC Act against either:

- > a third party for the recovery of damages
- > the Commonwealth for damages.

You must notify Comcare in writing of the amount of any common law damages recovered in respect of any injury, loss or damage that is compensable under the SRC Act within 28 days after the day on which the damages were recovered.

Note: Failure to notify Comcare of any of the above within the timeframes specified is a criminal offence of strict liability.

Taking common law action and receiving common law damages may affect your entitlements under the SRC Act.

Your responses to the following questions may lead to your Claims Services Officer commencing recovery action.

Have you commenced common law proceedings against the Commonwealth, your employer or any other party as a result of your condition/injury?

No **If no, go to Employee's Declaration**

Yes **If yes, please provide the following information about your legal representative (including if you are self-represented):**

Name of representative	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Phone number	<input type="text"/>		
	<input type="text"/> / <input type="text"/> / <input type="text"/>		

What date did you commence proceedings?

Have you received any money as a result of these proceedings?

No

Yes **If yes, please provide the following details:**

How much did you receive?

7. EMPLOYEE'S 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 if my workers' compensation entitlements have been overpaid, Comcare will need to recover any such overpayment from me, in the courts if necessary, as a debt due to the Commonwealth, if I do not notify Comcare immediately of any of the following:
 - I engage in any employment (whether paid or not) or run a business in my own right (in a business, partnership or a company structure) during the period I am absent from work as a result of my compensable condition
 - any dependent person for whom I am receiving a compensation benefit ceases to be a dependent (eg ceases to reside with me)
 - a child in my care turns 16 and ceases to be a full-time student
 - a dependent of mine, aged 16–24 years, ceases to be a full-time student or engages in full time employment
 - I receive a pension or allowance from any Commonwealth department or receive or have rolled over a superannuation benefit
 - I instigate common law action for my compensable condition or receive a common law damages amount
 - I travel overseas for any period of time
 - I change address
- > I am aware that I must advise Comcare if my compensable condition improves during any period of incapacity sufficiently to allow my return to work
- > I am aware that making a false or misleading claim or statement in support of my claim may make me liable for prosecution
- > I am aware that any money paid by Comcare as a result of a false or misleading statement or claim will be recovered
- > 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

