Australian Government
Comcare

RECONSIDERATION REQUEST

Who is making the request for reconsideration?

☐ Employee ☐ Employer Claim number

How would you like the reconsiderations team to contact you? ☐ Post ☐ Phone ☐ Email ☐ Fax

EMPLOYEE DETAILS

Name Date of birth

Are you represented by a lawyer or another person for the reconsideration? ☐ Yes ☐ No

If yes, who?

WHAT DETERMINATION DO YOU WANT REVIEWED

Date of determination / /

- ☐ Acceptance of a claim
- ☐ Rejection of a claim
- ☐ Permanent impairment assessment
- ☐ Medical treatment determination
- ☐ Incapacity determination
- ☐ Other—please specify details below

REASON

- ☐ Insufficient investigation of the claim
- ☐ Comcare did not consider relevant information
- ☐ I did not have the opportunity to respond to adverse information
- ☐ I have new information to provide at review
- ☐ Other—please specify details below

You need to provide reasons for requesting a reconsideration which means you need to explain why you think Comcare's decision should be changed. Please attach written reasons for your request to this form.

You should also attach any supporting evidence. As the requesting party, you will have limited opportunity to submit further evidence.

Please send the completed form and attachments to:

reconsiderations.team@comcare.gov.au; or
GPO Box 9905 Canberra ACT 2600; or
fax: 1300 196 971

Signature Date / /

PRIVACY INFORMATION

Your privacy is important to us. For information about how we handle your personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.