



Australian Government

Comcare

SRC245(Jan2008)

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.

| | |
|---------------|--|
| Step 1 | Fill in this form Please use black or blue pen to answer the questions in this form. 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. |
| Step 2 | Lodge this form When you have completed this form and attached all the relevant documents, send all of these documents and this form to Comcare. |
| Help? | Do you need help with this form? If you need assistance to complete this form, call Comcare on 1300 366 979 (for the cost of a local call). |



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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.**

To be completed by Comcare

Name of Employee

Claim Number

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.) | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | | |
| 2 When the injury happened, was the employee | Voluntary (paid or unpaid) <input type="checkbox"/> Temporary (non-ongoing) <input type="checkbox"/> Permanent <input type="checkbox"/> | |
| <hr/> | | |
| 3 When the injury happened, what was the employee's classification level? | Employee's classification | <input type="text"/> |
| For example: APS4, EL2, SES1 | | |
| <hr/> | | |
| 4 When did the employee commence employment with your agency? | Date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | | |
| 5 How long had the employee been performing this role prior to the injury? | Years | <input type="text"/> |
| | Months | <input type="text"/> |
| <hr/> | | |
| 6 When the injury occurred was the employee | an Apprentice <input type="checkbox"/> a Trainee <input type="checkbox"/> Neither <input type="checkbox"/> | |
| <hr/> | | |
| 7 When the injury happened, what was the employee's job title and main duties? | Employee's job title | <input type="text"/> |
| (please include travel if part of normal duties) | Employee's main duties | <input type="text"/> <input type="text"/> <input type="text"/> |

8 Do you wish to provide a statement of facts?Yes ☐ ► Statement is attachedYes ☐ ► Statement will be forwarded to ComcareNo ☐

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

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?**

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

Name of employer

Address of employer

State

Postcode

Liable cost centre number

10 Your reference number for this claim or employee?

Reference number

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

Payroll / AGS number

12 When the injury happened, what were the employee's standard working hours per week?36hrs 45mins ☐38hrs ☐40hrs ☐Other ☐ ► Please specify

hours

minutes

13 What department/authority is the employee's current employer and what is that employer's payroll cost centre number?

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

Name of employer

Address of employer

State

Postcode

Payroll cost centre number

| | | |
|--|-----------------------------|----------------------|
| 14 Name of the agency contact for this claim? | Name of contact | <input type="text"/> |
| | Telephone Number | <input type="text"/> |
| | Name of alternative contact | <input type="text"/> |
| | Telephone Number | <input type="text"/> |

| | | |
|---|-------------------------------|--------------------------|
| 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 | <input type="checkbox"/> |
| | Involuntary redundancy | <input type="checkbox"/> |
| | Retired Invalidity | <input type="checkbox"/> |
| | Resigned | <input type="checkbox"/> |
| | Terminated | <input type="checkbox"/> |

What was the date of effect? / /

| | | |
|---|------------------------------|---------------------|
| 16 When the injury occurred, was the employee temporarily absent from their usual place of work? | Yes <input type="checkbox"/> | ► Go to Question 17 |
| | No <input type="checkbox"/> | ► Skip Question 17 |

| | |
|---|------------------------------|
| 17 Was the activity undertaken during this absence at your Agency's request or direction, or associated with their employment? | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |

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 | <input type="text"/> |
| Position | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Signature: | <input type="text"/> |
| Date: | <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/> |

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.