



Application for direct incapacity payments

This form is to be completed when an employee with a workers' compensation claim has separated from their Australian Government 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 on 1300 366 979 or email General.Enquiries@comcare.gov.au.

To complete this form, you will need to provide:

- > Your personal details
- > Bank account details for receiving your incapacity payments
- > Information about:
 - i. accessing superannuation
 - ii. accessing Centrelink benefits
 - iii. any work you have done since you separated from Australian Government employment
- > A declaration that the information provided is true and correct.

Privacy statement

Comcare is authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect, use and disclose your personal information. If Comcare is unable to collect, use and disclose your personal information for the purposes of assessing your claim or related functions, we may not be able to determine your claim. Comcare collects an employee's personal information that is reasonably required in order to manage the compensation claim, any associated rehabilitation or Comcare's regulatory requirements under the SRC Act and the *Work Health and Safety Act 2011* (WHS Act). Comcare may also need, in accordance with the *Privacy Act 1988*, to collect your personal information from, and disclose your personal information to, a number of parties, including the following:

- > your employer (including any relevant managers) when you were injured, 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 rehabilitation case manager
- > your rehabilitation provider
- > vocational and functional assessor
- > employment agencies
- > legal advisors
- > law enforcement authorities
- > personnel engaged by Comcare to conduct research related activities
- > the Safety, Rehabilitation and Compensation Commission
- > Department of Veterans' Affairs
- > Comcare fraud investigators
- > inspectors appointed under section 156 of the WHS Act
- > the Clinical Panel www.comcare.gov.au/clinicalpanel
- > any relevant third party (or insurer) considered by Comcare to have contributed to or have information relevant to the claimed injury, illness or impairment
- > any other person assisting Comcare in the performance of its functions or exercise of its powers, including contractors and consultants
- > 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).

It is unlikely Comcare will provide personal information to anyone in an external territory or outside Australia, 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 someone overseas, Comcare will follow the Australian Privacy Principles that relate to disclosure to overseas entities.

Accuracy of personal information. Comcare wants to ensure personal information is up to date and complete. Our Privacy Policy explains how to access personal information held about you and how to go about making any corrections.

Complaints. If you think Comcare has interfered with or breached your privacy (relevant to the *Privacy Act 1988*), our Privacy Policy contains information about what you should do and how we will respond.

For a copy of our Privacy Policy, to request a change of your personal information or to make a privacy complaint please refer to www.comcare.gov.au/privacy. You can also contact us on 1300 366 979 or email us at privacy@comcare.gov.au.

Personal details

Comcare claim reference number / Date of birth / /

Surname Given names

Address

Phone Separation from Australian Government 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

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 an [Authority and consent for the release of superannuation information form](#) for all super funds.

Centrelink

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

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

Tax File Declaration

Have you completed a tax file declaration form? Yes No

Have you provided a copy of your declaration to Comcare? Yes No

Employee 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 / /