



Authority and Consent for the Release of Superannuation Information

This form allows Comcare to collect information from an employee with a workers' compensation claim on behalf of a superannuation fund and provides authority and consent for the superannuation fund to release relevant information about the employee to Comcare to assist with determining incapacity entitlements.

Privacy statement

Comcare is authorised to collect, use and disclose your personal information when relevant to the exercise of its functions and powers under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) and other legislation. Comcare is asking you to provide this information so that Comcare can make sure that we make the right decisions about your entitlement to workers compensation under the SRC Act. If you do not provide this information, Comcare may not be able to process your entitlements.

Comcare will disclose the information you provide in this form to your superannuation fund/s so that Comcare can collect information from them about any payments you are receiving in connection with your superannuation. Comcare may also use or disclose the information you provide in this form where otherwise authorised under the Privacy Act 1988 (Privacy Act). Comcare will not disclose any of the information in this form to overseas recipients.

For more information about how Comcare collects, uses and discloses personal information when managing workers compensation claims, please see the privacy statement in Comcare's [current workers compensation claim form here](#). For more information about how Comcare handles personal information more generally, to find a copy of Comcare's Privacy Policy, to request access to or a change of your personal information, or to make a privacy complaint please refer to www.comcare.gov.au/privacy or contact us on 1300 366 979, or email privacy@comcare.gov.au.

Employee's details

Superannuation membership number Comcare claim reference number

Title Given name(s) Surname

Other known or previous names (e.g. maiden name) Date of birth / /

Residential address

Postal address (if different from above)

Previous address (if applicable)

Mobile Home Work

Email address

Do you need another person to act on your behalf for the purpose of communicating with the superannuation fund?
(For example: partner, support person, solicitor)

No Yes ► Please give details: Their name

Telephone number

Email address

Date of birth (for identification purposes) / /

Relationship with employee

Employment details

If you have had more than one Commonwealth or licensee employer who has contributed to this fund, please complete additional fields for each. Please attach an additional list if you require more space.

Note: Comcare only considers Employer funded contributions from the Commonwealth or licensee employers, private employment is not relevant.

Employment ceased with [name of employer/department/agency]

Employed for the following period to

Employment ceased with [name of employer/department/agency]

Employed for the following period to

Authorisation and declaration

I authorise [name superannuation fund] to release information about my superannuation entitlements to Comcare.

I understand the requested information is needed to accurately determine and manage my compensation claim and to assist Comcare in any actions authorised under the SRC Act.

I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to discuss or provide the information requested.

NOTE for employee: Before providing the information to Comcare, your superannuation fund may contact you if they require certified identification.

NOTE for superannuation fund: If you require certified identification from the employee, please contact the employee (or their representative) directly to obtain this.

Signature Date