



# Claim for Compensation for Dependants of Deceased Members and Former Members

*Military Rehabilitation and Compensation Act 2004 (MRCA)*

## Who should complete this form

This form should be completed by or on behalf of dependants of a member or former member of the Australian Defence Force who had service on or after 1 July 2004 and:

- whose death is being claimed as related to that service; or
- who was entitled to maximum permanent impairment compensation under the MRCA immediately before his or her death; or
- who met the criteria for a Special Rate Disability Pension during some point in his or her life.

It should also be completed by deceased's LPR to claim funeral benefits.

## Definition of dependant

A person who was, immediately before the death, in one of the following relationships with the deceased:

- spouse;
- either a same-sex or opposite-sex relationship with another person which is registered under a prescribed law of a State or Territory. For a list of those laws, please contact the Department of Veterans' Affairs;
- either a same-sex or opposite-sex de facto relationship with the deceased that was not registered;
- parent, step-parent, father-in-law, mother-in-law, grandfather, grandmother, son, daughter, step-son, step-daughter, grandson, granddaughter, brother, sister, half-brother or half-sister of the deceased. These terms apply equally to heterosexual and same-sex relationships.

For example:

- the parents of the partner of a person in a same-sex relationship are included in the term 'father-in-law' and 'mother-in-law'; and
- the son or daughter of the partner of a person in a same-sex relationship are also included in the term 'son' or 'daughter' of the person;
- where the deceased was a member of the Aboriginal race of Australia or a descendant of indigenous inhabitants of the Torres Strait Islands - a person who is or was recognised as the deceased's husband or wife by the custom prevailing in the tribe or group to which the deceased belonged;
- a person in relation to whom the deceased stood in the position of a parent or who stood in the position of a parent to the deceased.

**AND**

who was

- wholly or partly dependent for economic support on the deceased at the date of the deceased's death; or
- would have been wholly or partly dependent on the deceased but for an incapacity resulting from a defence-related injury or disease.

A partner or an eligible young person (under 16 or between 16 and 25 and in full-time education and not full-time work) in one of the above-listed relationships with the deceased is automatically taken to have been wholly dependent for economic support on the deceased at the date of death if they:

- were, immediately before the death, living with the deceased; or
- would have been living with the deceased but for:
  - a temporary absence of the partner, child or the deceased; or
  - an absence of the partner, child or the deceased due to illness or infirmity.

## This form asks about

## Completing this form

- the dependant(s) personal details.
- details of the deceased member.

Not all questions in this form will apply to you. You will be able to **skip questions** which don't apply. If you do not have enough space to answer a question, use a separate piece of paper.

The information you give should be as complete as possible so that your claim is not delayed. If you cannot answer any of the questions, fill in as much as you can and contact the Department of Veterans' Affairs (DVA) for assistance.

If you are asked to provide copies of documents, you must provide **certified copies** or **original documents** which can be sighted and verified by a DVA officer.

## Proof of identity

You will need to provide proof of your identity before the finalisation of your claim. DVA can provide you with information on what forms of identity you will need to provide. Otherwise Fact Sheet DVA06-*Proving your identity to DVA* is available on the DVA website.

## Assistance from service and ex-service organisations

You are strongly encouraged to seek assistance from a service or ex-service organisation of your choice in lodging this claim. Contact telephone numbers for these organisations can be found in the local telephone directories or by contacting the DVA office in your State.

## Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

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## How to contact DVA

For information, please call the Department of Veterans' Affairs on **1800 555 254**

### Internet

<http://www.dva.gov.au>

### Addresses

#### By mail

Department of Veterans' Affairs  
GPO Box 9998  
in your Capital City

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Please write in block letters with a blue or black pen (not pencil)  
Please tick ALL appropriate boxes

<b>PART A</b>	<b>Representative details</b>				
<b>1. Do you wish to nominate a representative or organisation to act for you in matters related to this claim?</b>	<p>No <input type="checkbox"/> ► Please go to <b>PART B</b></p> <p>Yes <input type="checkbox"/> ► Full name of nominated representative <input type="text"/></p> <p>Organisation (if applicable) <input type="text"/></p> <p>Is the representative trained under the Training and Information Program (TIP), or Advocacy Training and Development Program (ATDP)?</p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> ► To what level? <input type="text"/></p> <p>Address <input type="text"/> <input style="text-align: right; font-weight: normal; font-size: small; padding-left: 100px;" type="text"/> POSTCODE</p> <p>Telephone</p> <table border="0" style="width: 100%;"><tr><td style="width: 50%;">Home <input style="width: 90%;" type="text"/></td><td style="width: 50%;">Work <input style="width: 90%;" type="text"/></td></tr><tr><td>Mobile <input style="width: 90%;" type="text"/></td><td>Facsimile (if applicable) <input style="width: 90%;" type="text"/></td></tr></table> <p>E-mail address (if applicable) <input type="text"/></p>	Home <input style="width: 90%;" type="text"/>	Work <input style="width: 90%;" type="text"/>	Mobile <input style="width: 90%;" type="text"/>	Facsimile (if applicable) <input style="width: 90%;" type="text"/>
Home <input style="width: 90%;" type="text"/>	Work <input style="width: 90%;" type="text"/>				
Mobile <input style="width: 90%;" type="text"/>	Facsimile (if applicable) <input style="width: 90%;" type="text"/>				

The nominated representative must also sign this form at Question **75** on page 12

<b>PART B</b>	<b>Deceased's personal details</b>
<b>2. Veterans' Affairs File No. (if known)</b>	<input type="text"/>
<b>3. Title (Mr, Mrs, Ms, Dr, etc.)</b>	<input type="text"/>
<b>4. Surname</b>	<input type="text"/>
<b>5. Given name(s)</b>	<input type="text"/>
<b>6. Previous name (if applicable)</b>	<input type="text"/>
<b>7. Sex</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>8. Date of birth</b>	<input style="width: 100%; text-align: center; font-size: small; font-weight: normal; padding: 2px 10px;" type="text"/> / /
<b>9. Service number</b>	<input type="text"/>
<b>10. Branch</b>	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> RAAF
<b>11. Date of enlistment</b>	<input style="width: 100%; text-align: center; font-size: small; font-weight: normal; padding: 2px 10px;" type="text"/> / /



**PART B - DECEASED'S PERSONAL DETAILS** *continued...*

**20. Please provide details of the deceased member's General Practitioner.**

General Practitioner's name

Address

POSTCODE

Telephone number

**PART C**

**Claimant's details**

**21. What is the claimant's relationship to the deceased?**

Married ▶



Please attach a copy of the marriage certificate

▶ Go to **PART D** - Partner's Details

Defacto ▶



Please attach evidence of your relationship with the deceased member e.g registration certificate or, where the relationship is not registered, other evidence that you were in a de facto relationship with the deceased

▶ Go to **PART D** - Partner's Details

Dependent eligible young person under 16 or between 16 and 25 and in full-time education and not full-time work

▶ Go to **PART E** - Details of Dependent Eligible Young Persons

Other dependant (e.g. dependent mother)

▶ Go to **PART F** - Other Dependand's Details

Legal Personal Representative of the deceased

▶ Go to **PART H** - Funeral Expenses

**PART D**

**Partner's details**

**22. Title** (*Mr, Mrs, Ms, Dr, etc.*)

**23. Surname**

**24. Given name(s)**

**25. Sex**

Male  Female

**26. Date of birth**

**27. Residential address**

POSTCODE

**28. Postal address** (*if same as residential, write 'AS ABOVE'*)

POSTCODE

**PART D – PARTNER’S DETAILS** *continued...*

**29. Telephone**

Home	(   )	Work	(   )
Mobile		Facsimile	(   )
E-mail address			

**30. Were you living with the deceased immediately before the date of his or her death?**

No   
Yes  ► Please go to **PART E**

**31. If you were not living with the deceased, were you:**  
• living apart because of illness or infirmity;  
• living apart due to a temporary absence?

No   
Yes  ► Please give details and go to **PART E**


If insufficient space, please attach a separate sheet

**32. Were you wholly or partly dependent on the deceased for economic support at the date of his or her death?**

No   
Yes  ►  Please attach details

**PART E**

**Details of dependant eligible young persons**

If there are more than 2 dependant young persons, please provide details on a separate sheet.

Eligible Young Person 1.

**33. Title** (*Mr, Mrs, Ms, etc.*)

**34. Surname**

**35. Given name(s)**

**36. Sex** Male  Female

**37. Date of birth**

**38. Residential address**

**39. Postal address** (*if same as residential, write 'AS ABOVE'*)

**PART E – DETAILS OF DEPENDANT ELIGIBLE YOUNG PERSONS** *continued...*

**40. Telephone**

Home

Work

Mobile

**41. If eligible young person is 16 or over, are they a student?**

No

Yes  ► Are they in: full time education  OR part time education

Name of educational institution

**42. Was the Dependent Eligible Young Person living with the deceased immediately before the date of his or her death?**

No

Yes  ► Please go to **PART F**

**43. If the Dependent Eligible Young Person was not living with the deceased, were they:**

- living apart because of illness or infirmity;
- living apart due to a temporary absence?


No

Yes  ► Please give details and go to **PART F**


If insufficient space, please attach a separate sheet

**44. Was the Eligible Young Person wholly, mainly or partly dependent on the deceased for economic support at the date of his or her death?**

No

Yes  ►  Please attach details

--

 Please attach a copy of the birth certificate and if applicable, adoption certificate.

Eligible Young Person 2.

**45. Title** (*Mr, Mrs, Ms, etc.*)

**46. Surname**

**47. Given name(s)**

**48. Sex**

Male

Female

**49. Date of birth**

**50. Residential address**

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POSTCODE

**51. Postal address** (*if same as residential, write 'AS ABOVE'*)

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POSTCODE

**PART E - DETAILS OF DEPENDANT ELIGIBLE YOUNG PERSONS** *continued...*

**52. Telephone**

Home ( )	Work ( )
Mobile	Facsimile ( )
E-mail address	

**53. If eligible young person is 16 or over, are they a student?**

No   
Yes  ► Are they in: full time education  OR part time education   
Name of educational institution

**54. Was the Dependent Eligible Young Person living with the deceased immediately before the date of his or her death?**

No   
Yes  ► Please go to **PART F**

**55. If the Dependent Eligible Young Person was not living with the deceased, were they:**

- living apart because of illness or infirmity;
- living apart due to a temporary absence?

No   
Yes  ► Please give details and go to **PART F**


If insufficient space, please attach a separate sheet

**56. Was the Eligible Young Person wholly, mainly or partly dependent on the deceased for economic support at the date of his or her death?**

No   
Yes  ►  Please attach details

 Please attach a copy of the birth certificate and if applicable, adoption certificate.



<b>PART F</b>	<b>Other dependant's details</b>
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<b>57. Title</b> ( <i>Mr, Mrs, Ms, Dr, etc.</i> )									
<b>58. Surname</b>									
<b>59. Given name(s)</b>									
<b>60. Sex</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>								
<b>61. Date of birth</b>	/ /								
<b>62. Residential address</b>									
	POSTCODE								
<b>63. Postal address</b> ( <i>if same as residential, write 'AS ABOVE'</i> )									
	POSTCODE								
<b>64. Telephone</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Home ( )</td> <td style="width: 50%; padding: 5px;">Work ( )</td> </tr> <tr> <td style="padding: 5px;">Mobile</td> <td style="padding: 5px;">Facsimile ( )</td> </tr> <tr> <td colspan="2" style="padding: 5px;">E-mail address</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; height: 25px;"></td> </tr> </table>	Home ( )	Work ( )	Mobile	Facsimile ( )	E-mail address			
Home ( )	Work ( )								
Mobile	Facsimile ( )								
E-mail address									

**65. Were you wholly or partly dependent on the deceased for economic support at the date of his or her death?**

No  Yes   Please attach details

Please attach proof of the dependant's relationship with the deceased member.

**66. Are there any other persons known to you, but not listed above, who were dependent on the deceased at the date of his or her death?**

No  Yes  Please give details

Name	Address	Relationship
	POSTCODE	
	POSTCODE	
	POSTCODE	
	POSTCODE	

**NB:** Section 263 of the MRCA limits the total amount of compensation paid for all 'other dependents'. To that end, so that all other dependants are apportioned correctly the delegate must consider all potential other dependants.

**PART G****Bereavement Payments**

**67. Does this claim for compensation include a claim for bereavement payments?** (i.e. continuing Permanent Impairment (PI), SRDP or Incapacity for 12 week period.)

No Yes 

Where the deceased was in receipt of PI, SRDP or Incapacity Payments for the week prior to the week in which they died payments for these may continue for a further 12 week period.

However bereavement payments can only be claimed by:

- wholly dependant partner(s); or
- where there are no wholly dependent partners, Eligible Young Person(s).

**NB:** Please note that where the deceased leaves 2 or more persons entitled to the 12 week bereavement payment, it will be apportioned in accordance with the directions of the Commission.

**PART H****Funeral Expenses**

Please note that funeral expenses can only be claimed by or on behalf of a dependant who has incurred the cost of the funeral or by deceased's Legal Personal Representative

**68. Do you wish to claim reimbursement of funeral expenses?**

No Yes  ►

Please attach a receipt for funeral expenses paid

**69. Do you wish to direct the payment of the funeral expenses to the person who carried out the funeral?**

No Yes  ►

Please provide a copy of the invoice

**70. Do you wish to direct the payment of the funeral expenses to other person/organisation that incurred the cost of the funeral?**

No Yes  ►

Please provide a copy of the receipt

**PART I****Common law damages**

**71. Have you claimed or do you intend to claim common law damages against the Commonwealth or a third party in respect of the member's death?**

If you have claimed or claim in the future, you must notify DVA in writing of the claim as soon as practicable but no later than 7 days after the day on which you make the claim. You must also notify DVA in writing within 28 days of recovering any damages.

No

Yes  ► Please give details

Australian Government Department or third party	Date of claim	Reference number
	/ /	
	/ /	
	/ /	
	/ /	

**PART J****Authorisation****72. Authorisation**

This authorisation must be signed by you or your legal representative if you cannot sign yourself.

I authorise the Department of Veterans' Affairs to obtain medical/psychological, clinical, employment or other information about the deceased member from Service Health Centres, medical practitioners, hospitals, clinics, insurance companies, Australian Government Departments or Agencies, or other organisations in relation to this claim or its review.

I agree that the Department of Veterans' Affairs may disclose personal information about me to other Agencies and bodies, where the Department of Veterans' Affairs or those other Agencies or bodies have a legitimate interest in such personal information.

I authorise the representative or organisation nominated in **PART A** (if any) to act for me in respect of this claim and any review of a decision relating to this claim.

This authorisation will continue until I:

- revoke this authorisation; or
- nominate another representative or organisation to act for me.

Claimant's full name (please print)

**Claimant's/legal representative's signature**


Date

The legal representative must also complete **PART L**

**73. Representative's signature**

This part is to be signed by the representative who completed the Representative details in **PART A**. The signature indicates that they have assisted the claimant to complete this claim form and that all the information contained accurately reflects the claimant's statements and intentions.

**Representative's signature**


Date

**PART K****Declaration****74. Declaration**

This declaration must be signed by you or your legal representative if you cannot sign yourself.

I declare that:

- the details I have given on this form and on any attachments are true and accurate.
- I am aware that I must advise the Department of Veterans' Affairs immediately if I receive monies by way of third party damages in relation to this claim.
- I am aware that any compensation monies which I may be paid as a result of any false or misleading claim or statement will be recovered by the Department of Veterans' Affairs.
- I am aware that a copy of this claim form may be sent to the Department of Defence.
- I am aware that there are penalties for making false statements.

Claimant's full name (please print)

**Claimant's/legal representative's signature**


Date

 /  / 

The legal representative must also complete **PART L**.

**PART L****Legal representative's authority to act****75. Authority to act**

**Please complete the details of the person who is legally authorised to act:**

- on behalf of the claimant;
- OR
- on behalf of the estate in relation to the claiming of funeral benefits.



Please attach a certified copy of:

- enduring Power of Attorney, guardianship papers or other authorisation to act (if acting on behalf of the claimant).
- the will, probate or letter of administration (if acting on behalf of the deceased).

Full name

Address


POSTCODE

Telephone

Home

 ( ) 

Work

 ( ) 

Mobile

Facsimile

 ( ) 

E-mail address

**Signature of legal representative**


Date

 /  /