



**Australian Government**  
**Department of Veterans' Affairs**

## DVA Rehabilitation & Compensation Claim Checklist

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This checklist will help you make sure you haven't missed anything before you submit your claim:

- VEA** - Claim for Disability Pension and/or Application for Increase in Disability Pension (D2582)
- Proof of Identity Documents** - As per the information on pages 3 and 4 of the claim form  
- only if applicable, refer to the DVA Claim Information Sheet for details
- A statement/contention** should be provided with your claim describing how you think your condition is related to your ADF employment

**Supporting Documents** - if you're still in the ADF and have access to your documentation, please provide as many of the following documents (relevant to your claim) as you can. This will help us assess your claim as quickly as possible:

- A copy of your service history (PMKeyS ADO Full Service Record)
- ADF medical documents from your ADF Medical Record including:
  - Entry Medical board questionnaire
  - Clinical notes
  - Specialists reports
  - Scans/MRI/x-ray reports
  - Discharge medical information
- Incident report - AC563 (if completed)
- Witness statement(s) if appropriate
- Authority to Participate in Civilian Sport (if appropriate)
- Hazardous Material Exposure Report (if appropriate)

If you've left the service or you don't have access to your documents, we can get this information directly from the ADF, including any discharge information on your behalf.

**Don't forget to:**

- Sign the authorisation and declaration on page 14 of the claim form



# Claim for Disability Pension and/or Application for Increase in Disability Pension

## A claim and/or an application may be made by:

- a veteran (including a merchant mariner); or
- another person on behalf of a veteran (including a mariner).

## Important information

The information sought on this form is required to assess your eligibility for a benefit under the *Veterans' Entitlements Act 1986*. The Act requires that a claim be made on this form which has been approved by the Repatriation Commission. Members of the Australian Defence Force who had service on or after 1 July 2004 may be eligible for benefit under the *Military Rehabilitation and Compensation Act 2004*. In such cases form D2051 "Claim for Liability and/or Reassessment of Compensation" should be completed.

## Assistance from ex-service organisations

You are strongly encouraged to seek the assistance of an ex-service organisation of your choice in lodging this claim. An ex-service organisation should be able to provide you with advice on how the factors identified in the Statements of Principles may apply in this case. Contact telephone numbers for these organisations can be found in local telephone directories or by contacting the Department of Veterans' Affairs (DVA) office in your State.

## Assistance from DVA

DVA staff can also help you to complete this form.

**NOTE: It would be to your advantage to have each condition you are claiming properly diagnosed prior to completing this form. This will help to prevent delays in the time taken to process your claim.**

## The basis for decisions

The decision on whether your disabilities are service-related is based on up-to-date medical and scientific evidence. This information is detailed in the Repatriation Medical Authority's Statements of Principles.

If your claim is for a condition not included in the Statements of Principles, it will be determined based on the best scientific and medical evidence available.

## DRCA and MRCA

The administration of the *Safety Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) was transferred from the Department of Defence to the Department of Veterans' Affairs from 3 December 1999.

The Department of Veterans' Affairs also administers the *Military Rehabilitation and Compensation Act 2004* (MRCA) which was introduced from 1 July 2004.

This means that information you provide in relation to a claim under the *Veterans' Entitlements Act 1986* (VEA) may be used **should it be relevant** to claims under the DRCA and MRCA and vice versa. All access to DVA files is strictly controlled on a "need to know" basis.

This exchange of information is for the purposes of offsetting benefits in dual entitlement cases. Such disclosures of personal information are permitted by the *Privacy Act 1988* as authorised by law.

## Proving your identity to DVA

When lodging a **new** claim for Income Support and Compensation payments under the *Veterans' Entitlements Act 1986*, the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* or the *Military Rehabilitation and Compensation Act 2004*, before your claim can be finalised you may be required to show DVA documents that prove your identity. You must show original documents or copies that are certified as true copies of the originals. You will be contacted if it is necessary to provide these documents.

Further information about proving your identity to DVA is in the Fact Sheet, DVA06 "Proving your identity to DVA".

Applicants in payment prior to 4 January 2005 have already satisfied DVA's proof of identity requirements and do not need to again.

## 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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**Giving false or misleading information is a serious offence.**

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**If any of the details you give in this form change, you must tell the Department within 21 days.**

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## How to contact DVA

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

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### Addresses

By Mail:

Department of Veterans' Affairs

GPO Box 9998

In your Capital City

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## Proving your identity to DVA

When you lodge a claim with DVA, you must show documents from the Category A and B lists below which prove your identity.

You must show original documents or true and certified copies of these documents. (See 'Who can certify copies of documents' on page 4.)

If you mail your claim and originals of your proof of identity documents, your documents will be returned by registered post.

From the lists of Category A and B documents on this page, you must provide **3 different documents** with 1 document from Category A and two documents from Category B. If none of the documents you produce to satisfy Category A or B provide evidence of your current residential address, then you must also produce a document from Category C:



If any of the documents are in a previous name, you must provide an additional document which shows how your name was changed (e.g. a marriage certificate).

### Streamlined process for current serving members and reservists who hold a valid purple Australian Defence Force (ADF) identification (ID) card.

If you are a current serving member or a reservist who holds a current, valid purple ADF ID card, you can access a streamlined proof of identity process. This streamlined process allows you to prove your identity to DVA where you lodge a claim in person with the Department by simply presenting your ADF ID card to a DVA staff member for authentication. They will then take a certified copy of your card to include with your claim.

#### Category A documents

Documents from Category A provide proof of birth or arrival in Australia

- Australian passport (current) - not to be used concurrently as a Category B document
- Full Australian birth certificate
- Record of Immigration Status
- Foreign passport and current Australian Visa
- Travel document and current Australian Visa
- Certificate of Evidence of residential status
- Citizenship Certificate

#### Category B documents

Documents from Category B provide evidence of your identity existing in the community

- Australian driver's licence (current and original)
- Australian passport (current) - not to be used concurrently as a Category A document
- Australian passport (current)
- Australian Defence Force (ADF) identification card (current)
- Firearms licence (current and original)
- Current overseas passport with valid entry stamp or visa
- Medicare card
- Change of name certificate (for marriage or legal name change - showing link with previous name(s))
- Credit or bank account card
- DVA card
- Security Guard/Crowd Control licence
- Australian marriage certificate issued by a government department
- Tertiary identification card

#### Category C documents

Documents from Category C provide evidence of residential address or residence in a Nursing Home or Residential Care Facility

- Utilities notice
- Rent details
- Document from Nursing Home or Residential Care Facility that provides evidence of residence

#### If you don't have the right documents

Other documents may be acceptable. Contact your nearest DVA or VAN office.

## Who can certify copies of documents?

When you lodge a claim with DVA, you must provide documents as proof of identity. In response to some questions on the forms, you will also have to provide documents (such as financial documents).

If you provide **original** documents, your documents will be sighted and verified by a DVA officer and returned to you by registered post.

If you provide copies of your documents, they must be **certified copies** (certified as true by a Justice of the Peace or other person as listed below). The person certifying the copies must see the original documents.

Note: DVA employees with 5 years continuous service can certify your documents as true copies and will do so without charge.

### Persons who can certify copies include:

- Justice of the Peace
- Commissioner for Declarations
- permanent employee of:
  - the Commonwealth or of a Commonwealth authority, or
  - a State or Territory or of a State or Territory authority, or
  - a local government authoritywith 5 or more years of continuous service
- member of the Australian Defence Force who is:
  - an officer; or
  - a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
  - a warrant officer within the meaning of that Act.
- permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- bank officer with 5 or more continuous years of service
- building society officer with 5 or more years of continuous service
- credit union officer with 5 or more years of continuous service
- finance company officer with 5 or more years of continuous service
- Member of the Association of Taxation and Management Accountant
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of religion registered under Division 1 Part IV of the *Marriage Act 1961*
- police officer
- chiropractor
- dentist
- legal practitioner
- medical practitioner
- nurse
- pharmacist
- physiotherapist
- veterinary surgeon
- teacher employed on a full time basis at a school or tertiary education institution.

A full list of who can certify documents can be found at:

<http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200400084?OpenDocument>

### If you ask someone to certify copies of your documents, you must make sure that:

- the person certifying is on the above list
- they use the wording “CERTIFIED TRUE COPY”
- they sign and date the copy
- they print their name, address, business hours phone number and profession or qualification to sign or if the certifying officer is a Justice of the Peace or a Commissioner for Declarations they should provide their name and relevant registration number including state/territory of registration

**PART A****Representative's details**

To be completed only if you wish to nominate a representative to act for you in matters relating to this application

**1 Do you wish to nominate a representative or organisation to act for you in matters related to this claim?**

No  ► Go to **Question 3**

Yes  ► Representative type

Ex-Service Organisation     Legal     Other

Full name

Organisation name (if applicable)

Is the representative trained under the Training and Information Program (TIP), or Advocacy Training and Development Program (ATDP)?

No     Yes  ► To what level?

Address

POSTCODE

Telephone Home

 [ ]

Work

 [ ]

Mobile

Facsimile

 [ ]

Email address

**PART B****Veteran's details**

**3 DVA file number** (if known)

**4 Title** (Mr, Mrs, Dr etc.)

**5 Surname**

**6 Given name(s)**

**7 Residential address**

POSTCODE

**8 Postal address** (if same as residential, write 'As Above')

POSTCODE

**9 Telephone numbers**

Home

 ( )

Work

 ( )

Mobile

Email address

**10 Date of birth** (dd/mm/yyyy)

**11 Relationship status**

Married

Single

Widowed

Divorced

De-facto

**12 Next-of-kin's name**

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**13 Relationship to veteran**

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**14 Next-of-kin's address**   
 POSTCODE

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**15 Next-of-kin's telephone numbers** Home  ( )  Work  ( )

**PART C**

**What type of application are you making?**

Tick the box or boxes that apply.

**A. Claim for Disability Pension for disabilities that have not yet been accepted as service related**

**Complete ALL questions**  
(unless advised differently by question notes)

AND/OR

**B. Application for Increase in Disability Pension for previously accepted disabilities**  
(if your already accepted disabilities have worsened)

**Complete ALL questions from Question 25 onwards**  
(unless advised differently by question notes)

**16 Have you claimed a disability or service pension from this Department before?** No  **Go to Question 18**  
Yes  **In which State was the claim lodged?**  **Year lodged (if known)**

**17 Have you had further service since your last claim?** No  **Go to Question 20**  
Yes  **Go to Question 18**

**PART D**

**Your service details**

**18 Please provide known details of your service in Australian forces and forces of other countries**

If insufficient space, please attach a separate sheet giving the required details

**NOTE:** The Department of Veterans' Affairs will approach the Department of Defence for full details of your service. The information you provide will ensure the inquiries are directed to the appropriate area within Defence.

| Service number       | Unit or branch of service<br>(include part-time reservist) | Enlistment and discharge dates (show actual dates, if known) | Nature of duties     |
|----------------------|--|--|----------------------|
| <input type="text"/> | <input type="text"/>                                       | <input type="text"/> / / to / /                              | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                       | <input type="text"/> / / to / /                              | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                       | <input type="text"/> / / to / /                              | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                       | <input type="text"/> / / to / /                              | <input type="text"/> |
| <input type="text"/> | <input type="text"/>                                       | <input type="text"/> / / to / /                              | <input type="text"/> |

**Merchant Mariners only**

| Name of ship | Rank or grade | Name of owner or manager | Port of registration | Non-Australian ports visited | Voyage dates |
|--------------|---------------|--------------------------|----------------------|------------------------------|--------------|
|              |               |                          |                      |                              | From / /     |
|              |               |                          |                      |                              | To / /       |
|              |               |                          |                      |                              | From / /     |
|              |               |                          |                      |                              | To / /       |

If insufficient space, please attach a separate sheet

**19 Did you serve under any other name?** No  Yes  What was the name?

**PART E Details of the NEW disabilities you are now claiming as war or defence caused**

If you are not claiming for acceptance of new disabilities go straight to **Question 25**.

**To be filled in by the VETERAN**

**20 List the disabilities you are now claiming and describe the signs and symptoms.**  
 Please provide the diagnosis of the disability, if you know what it is. If you don't know what the diagnosis is, please describe as fully as you can the signs and symptoms that make you notice the disability (for example, pain in lower back, shortness of breath, loss of range of movement in arm).  
**Do not include any injury or disease already accepted as war or defence caused.**  
 You are requested to ask your doctor to fill in the Medical Practitioner column next to this section before lodging your claim.

**To be filled in by a MEDICAL PRACTITIONER**

**For each disability the veteran is claiming, provide a diagnosis indicating whether the diagnosis is final or provisional.** A final diagnosis is preferred.  
 Please supply a brief summary of the basis for each diagnosis. Please attach any reports you have that confirms the diagnosis/es.  
 The Department will pay you for this service according to *The Schedule of Fees*.  
**Note:** An account must be lodged before payment can be made.

| Disability | 1 | Signs and symptoms | Medical diagnosis   |
|------------|---|--------------------|---------------------|
|            |   |                    | Diagnosis           |
|            |   |                    |                     |
|            |   |                    | Basis for diagnosis |
|            |   |                    |                     |
|            |   |                    |                     |
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|            |   |                    |                     |

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

When did the veteran first consult you for this condition?



**PART E** *continued*

DETAILS OF NEW DISABILITIES YOU ARE NOW CLAIMING AS WAR OR DEFENCE CAUSED

**Disability** **2**

**Signs and symptoms**

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

**Medical diagnosis**

Diagnosis

Basis for diagnosis

When did the veteran first consult you for this condition?

**Disability** **3**

**Signs and symptoms**

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

**Medical diagnosis**


Diagnosis

Basis for diagnosis

When did the veteran first consult you for this condition?

**IMPORTANT** - So that your claim can be processed quickly:

- please have your doctor provide a diagnosis for each disability you are now claiming; and
- provide all relevant documents you may have relating to the disabilities.

 Please attach a separate sheet if you wish to claim for more than three (3) disabilities at this time.

**Doctor's stamp** (or address and telephone number)

( )

VRGP  Non VRGP

**Doctor's signature**

 / /

Payment for your account for this service can only be made after this form has been received.

**PART F**

**Tobacco and Alcohol**

**IMPORTANT** - Some conditions may be caused, contributed to, or aggravated by tobacco or alcohol consumption. If tobacco or alcohol consumption is relevant to any of the conditions you are now claiming, more information may be needed by the person handling your claim. Please tick the relevant boxes below so that the correct questionnaire can be sent to you or your representative.

**21 Have you ever smoked?** No  Yes  **▶ What type of tobacco product did the veteran use?**  
Cigarettes   
Pipe   
Cigars   
Tobacco

**22 Have you filled out a smoking questionnaire previously?** No  Yes  Can't remember

**23 Have you ever consumed alcohol?** No  Yes

**24 Have you filled out an alcohol questionnaire previously?** No  Yes  Can't remember

**PART G**

**Reasons for this application for increase**

To be completed only if previously accepted disabilities have become worse.

**25 Which of your accepted disabilities have become worse since they were last assessed by the Department and in what way?**

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If insufficient space, please attach a separate sheet.

**PART H****Details of your medical treatment**

**26 Provide details of doctors and hospitals who have provided treatment or consultation for the disabilities which have been accepted as service related or those you are now claiming.**

| Disability treated | Date of treatment | Name of doctor/hospital etc. | Type of treatment or consultation provided (e.g. GP, specialist) |
|--------------------|-------------------|------------------------------|--|
|                    | / /               |                              |  |
|                    | / /               |                              |  |
|                    | / /               |                              |  |
|                    | / /               |                              |  |
|                    | / /               |                              |  |
|                    | / /               |                              |  |

If insufficient space, please attach a separate sheet.

**YOUR LOCAL MEDICAL PRACTITIONER'S DETAILS**

**27 Provide details of your local medical practitioner (not the specialist) who will provide ongoing treatment.**

Local medical practitioner's name

Address


POSTCODE

Telephone

 ( )
**PART I****Details of your employment history (other than your service)**

Please complete this section even if you are retired.

**28 Are you currently employed?**

No  ▶ Date ceased work

 / /

Reason for ceasing work (e.g. age, illness, redundancy)

Yes  ▶ Name of current employer

How many hours per week do you work?

**29 Provide details of your employment history other than your service for the last 10 years or since your last claim.**

| From (year)          | To (year)            | Type of work         | Name and address of employer |
|----------------------|----------------------|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>         |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>         |

If insufficient space, please attach a separate sheet.

**30 Have the disabilities you are now claiming affected your employment or your ability to seek employment at any time?**

No   
 Yes  Please give details

|                      |
|----------------------|
| <input type="text"/> |
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If insufficient space, please attach a separate sheet.

**PART J****Other payments**

If you lodge a claim for any other pension, benefit or allowance while this claim is being processed, you **MUST** advise the Department of Veterans' Affairs.

**31 Do you receive, or have you applied for, any payment (e.g. the age pension from Centrelink), other than superannuation?**

No

Yes  ► Give details below

(Family Allowances are not required but other Centrelink payments must be included).

| Type of benefit or pension | Name and address of source | Date of claim  | Reference No. (if known) |
|----------------------------|----------------------------|--|--------------------------|
| <input type="text"/>       | <input type="text"/>       | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>     |
| <input type="text"/>       | <input type="text"/>       | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>     |
| <input type="text"/>       | <input type="text"/>       | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>     |
| <input type="text"/>       | <input type="text"/>       | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>     |

If insufficient space, please attach a separate sheet.

**PART K****Compensation**

**32 Have damages/compensation been claimed or received from any other source for any of the disabilities you are now claiming (e.g. Comcare, Department of Defence, third party accident insurance)?**

No

Yes  ► Give details below

| Nature of injury or disease | Name and address of source | Date of claim  | Reference No. (if known) |
|-----------------------------|----------------------------|--|--------------------------|
| <input type="text"/>        | <input type="text"/>       | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>     |
| <input type="text"/>        | <input type="text"/>       | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>     |
| <input type="text"/>        | <input type="text"/>       | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/>     |

If insufficient space, please attach a separate sheet.

**PART L****Pension payment details**

**33** Do you currently receive a pension from the Department of Veterans' Affairs?

No  ▶ Go to **Question 34**

Yes  ▶ Go to **Question 35**

**IMPORTANT** - If a pension is granted, it will be paid fortnightly into an account at an Australian bank, credit union or building society.

**34** Provide details of the Australian account you want your pension to be paid into

Name of bank, credit union or building society

Branch

Address

POSTCODE

Account in the name of

Account number

BSB number

Account type (e.g. savings)

**Please complete Part M and Part N over page.**

**Complete (a) OR (b) - A representative is not required to sign this form** unless they are legally authorised to act for a claimant who is incapable of signing due to their physical or mental incapacity.

**35 (a) No representative appointed**

- I declare that the details I have given in this form are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this claim.
- I consent to the release of medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisation, in relation to this claim or its review.

The authority to obtain information relevant to your claim is contained in the provisions of the *Military Rehabilitation and Compensation Act 2004* (MRCA), *Veterans' Entitlements Act 1986* (VEA) and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA). I authorise the Department to consider my claim under one or more of the Acts above. I understand the information sought on the claim form is required to assess my eligibility for compensation under all Acts (VEA, DRCA and MRCA) that may be applicable to the injury or disease which I am now claiming.

\* Claimant's full name  
(please PRINT)

\* Claimant's signature

**35 (b) Representative appointed**

- I declare that the details I have given in this form are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this claim.
- I authorise the nominated representative or organisation to act for me in respect of this claim and any reviews in respect of this or subsequent decisions. This authorisation will continue until I:
  - revoke this authorisation; or
  - nominate another representative or organisation to act for me.
- I consent to the release of medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisations, in relation to this claim or its review.

The authority to obtain information relevant to your claim is contained in the provisions of the *Military Rehabilitation and Compensation Act 2004* (MRCA), *Veterans' Entitlements Act 1986* (VEA) and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA). I authorise the Department to consider my claim under one or more of the Acts above. I understand the information sought on the claim form is required to assess my eligibility for compensation under all Acts (VEA, DRCA and MRCA) that may be applicable to the injury or disease which I am now claiming.

\* Claimant's full name  
(please PRINT)

\* Claimant's signature

\* If the veteran is unable to sign, due to physical or mental incapacity, the Declaration must be signed by the person signing the Authority to act on behalf of the claimant at **Question 36** over the page.

**36 Details of the person who is legally authorised to act on behalf of the claimant who is unable to sign this claim and/or application.**

**NOTE:** The person will usually be appointed by an enduring power of attorney to manage the affairs of the claimant or a family member or friend acting on their behalf, or will hold a medical certificate attesting to the incapacity.

Full name

Address


POSTCODE

Telephone  
Home
 ( )

Work

 ( )

I declare that I am authorised to act on behalf of the claimant in matters relating to this claim and that the claimant is unable to sign due to physical or mental incapacity.

**IMPORTANT** - Please attach a copy of the instrument conferring this authority e.g. enduring power of attorney or a medical certificate attesting to the person's incapacity to sign. This information will be evaluated by the delegate for the purposes of approval.

Type of authority  
(e.g. power of  
attorney)
Signature of  
authorised person  
(you must also sign  
the Declaration at  
**Question 35**)
 / /



To help ensure that pensions and benefits are received only by eligible persons, we compare our records with those of other government agencies, such as:

- the Department of Social Services;
- Centrelink; and
- the Australian Taxation Office.

All matching programs are monitored by the Privacy Commissioner who ensures they are conducted in accordance with the *Data Matching Program (Assistance and Tax) Act 1990* and Guidelines.

Collection of tax file numbers is authorised under Section 128A of the *Veterans' Entitlements Act 1986*.

It is not an offence if you choose not to supply your tax file number, but if you do not, you may not receive certain pensions and benefits from this Department.

Exemptions from the requirement to provide a tax file number may be granted because of specific individual circumstances where it would cause undue stress or disadvantage to comply.

If you wish to discuss and apply for an exemption from providing your tax file number, you should contact the Department of Veterans' Affairs (DVA).

Further information on DVA's collection and use of Tax File numbers can be found at:  
<https://www.dva.gov.au/about-dva/accountability-and-reporting/your-tax-file-number>

If you do not have a tax file number and are not eligible for an exemption you will need to apply for a tax file number through the Australian Taxation Office.

**Access to your tax file number is restricted. If you wish to apply for a tax file number, or lose or forget your number, DVA can help you to get your tax file number from the Australian Taxation Office - you will need to complete a Tax file number application or enquiry form NAT1432.**

## How to contact DVA

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

## DVA State Office addresses

### Sydney

Centennial Plaza Tower B  
280 Elizabeth Street  
GPO Box 9998  
Sydney NSW 2001

### Adelaide

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### Melbourne

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Melbourne VIC 3001

### Perth

AMP Building  
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Perth WA 6001

### Brisbane

Bank of Queensland Centre  
259 Queen Street  
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Brisbane QLD 4001

### Hobart

Barrack Place  
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### Canberra

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