



# Claim for Pension by a Widow, Widower or other Dependant of a Deceased Veteran

## A claim may be made by:

- a widow
- a widower
- another dependant
- another person on behalf of the widow, widower or other dependant.

Claims for children aged less than 18 years must be made by the child's parent or guardian, or by another person authorised by the parent or guardian.

The claim will be granted if the veteran's death is determined to have been related to service.

## 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. Dependants of a member 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 D2053 "Claim for Compensation for Dependants of Deceased Members and Former Members" should be completed.

## Repatriation Medical Authority and Statements of Principles

Your claim will be decided using current medical evidence and Statements of Principles (if issued), for the cause(s) of death you have claimed as being service related. Statements of Principles have now been issued for a large number of causes of death.

Statements of Principles consist of up-to-date, world-wide medical information and opinion on the causes of death for which they are issued. Statements of Principles are issued by the Repatriation Medical Authority. Where the cause of death is covered by a Statement of Principle, it is binding on all parties.

If the cause of the veteran's death is not covered in the Statements of Principles, the claim will be determined on the basis of the best medical and scientific information and opinion available.

## Assistance from ex-service organisations

You are strongly encouraged to seek the assistance of Legacy or another ex-service organisation of your choice in lodging this claim. Legacy or another 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: If the veteran was an ex-Prisoner-of-War, or was receiving disability pension at the Special Rate (TPI), Temporary Special Rate (TTI), Intermediate Rate (IR) or the Extreme Disablement Adjustment (EDA) at the time of death, you should contact the Department of Veterans' Affairs for advice before proceeding to complete this form, as a formal claim may not be required.**

## 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 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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### 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 3.)

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 provides 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).

#### 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 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 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  ► Full name of nominated representative

Organisation (if applicable)

Address

Telephone

Home

Work

Mobile

Facsimile

E-mail address

**2 Is the representative trained under the Training and Information Program?**

No

Yes  ► To what level?

**PART B**

**Deceased veteran's personal details**

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

**4 Surname**

**5 Given name(s)**

**6 Date of birth**

Gender:

Male

Female

**7 Date and place of death**

**8 Was a Post Mortem held?**

No

Yes

Not sure

**9 Cause(s) of death**


Please attach a copy of the death certificate as confirmation of the cause(s) of death.

**10 Service number(s) and branch of service** (where applicable)

Service number

Branch (e.g. Army)

**PART C****Claimant's details**

**11 Surname**

**12 Given name(s)**

**13 Address**   
 POSTCODE

**14 Date of birth**  /  /  Gender Male  Female

**15 Telephone** Home  ( )  Work  ( )   
 Mobile  Facsimile  ( )   
 E-mail address

**16 Your relationship to the veteran at the time of death** Legal spouse  ▶ Date of marriage  /  /   
 Divorced  ▶ Date of divorce  /  /   
 De facto  ▶ Date of commencement of relationship  /  /



Please attach a copy of your marriage certificate or evidence of your relationship with the deceased veteran, unless you have previously supplied this material to the Department.

**17 Next of kin's name**

**18 Next of kin's address**   
 POSTCODE

**19 Next of kin's relationship to claimant**

**20 Next of kin's telephone numbers** Home  ( )  Work  ( )   
 Mobile  Facsimile  ( )   
 E-mail address

**21 Have you married or entered into a de-facto relationship since the veteran died?** No  Yes  ▶ Date of marriage/ Date entered into a de-facto relationship  /  /

**22 Give details of dependent children under 25 years of age.**



Please attach a certified extract of birth certificate showing names of both parents or adoption order in respect of each child named in this claim. If the deceased veteran was not the parent, attach evidence that the children were wholly or substantially dependent on the veteran immediately before the veteran's death.

Full name(s)	Date of birth	Present address	Is full-time education undertaken?
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>		<input type="text"/> POSTCODE	

If insufficient space, please attach a separate sheet.

**PART D****Information relating to the claim****23 Was the deceased veteran a prisoner of war?**No  ► Go to **Question 24**Yes  ► Give details of detention below (if known), then go directly to **Question 28**

Country of detention (POW camp name if known)	Period of detention
<input type="text"/>	from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>

**24 Give the names of any doctors, hospitals and nursing homes who provided treatment for any disease or injury that was related to the veteran's death**

Condition treated (diagnosis if known)	Date of treatment	Name of doctor/hospital/nursing home etc.	Type of consultation (e.g. GP, specialist)
<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"/>

**DETAILS OF VETERAN'S LOCAL DOCTOR**

Name

Address

  
 POSTCODE

Telephone

 (  ) **DETAILS OF THE VETERAN'S SERVICE HISTORY**

If the veteran had claimed a disability pension from DVA, you do not need to provide this information, please go to **Question 25**.

You may provide a copy of the veteran's discharge certificate or any other information you have relating to the veteran's postings or movements. If you don't have any such documents, please provide as much information as you know below.

DVA will request information about the veteran's service from the Department of Defence, so there is no need to request the information if you don't have it.

Place and country of service	Unit, Squadron or Ship	Period served (show actual dates, if known)	Nature of duties
<input type="text"/>	<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"/>
<input type="text"/>	<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"/>
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<input type="text"/>	<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"/>
<input type="text"/>	<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"/>

**25 How do you believe the veteran's service caused or contributed to his or her death?**

Where at all possible, please attempt to address the factors in the Statements of Principles that cover the condition named on the death certificate as the cause of death, and/or any contributing factors.


**PART E Tobacco and Alcohol**

**IMPORTANT** - Some conditions may be caused, contributed to or aggravated by tobacco or alcohol consumption. If you believe that tobacco or alcohol consumption is relevant to any of the causes of death, 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.

**26 Did the veteran ever smoke?**

No

Yes  ► What type of tobacco product did the veteran use?

Cigarettes (includes tailor-made and roll your own)  Pipe  Cigars

**27 Did the veteran ever consume alcohol?**

No

Yes

**PART F Compensation**

**28 Have damages/compensation been claimed or received from any other source in respect of the veteran's death (e.g. Comcare, Department of Defence, third party insurance, workers' compensation)?**

No

Yes  ► Give details below

Name and address of compensation source	Date of claim	Reference No.
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

**PART G**

**Other payments**

**29 Do you or any other dependants named in this claim receive, or have you ever received or applied for, any payment from Centrelink or another source other than superannuation?**

No   
Yes  ► Give details below

(Family tax benefit payments are not required but other Centrelink payments, Youth Allowances etc. must be included).

Name of person	Name of source	Type of payment	Date of claim	Reference No.
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

**30 Has any claimant named on this form been known by any other name(s) (e.g. before marriage, previous marriages, deed poll)?**

No   
Yes  ► What was the name(s)?


**PART H**

**Pension payment details**

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

No   
Yes  ► Go to **Question 33** - Please read the "Important" notice above the question

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

**32 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 (if known)



**IMPORTANT:** If you are granted a war widow's pension then any income support pension or benefit paid by Centrelink or DVA will be cancelled. You may however, qualify for the Income Support Supplement (ISS).

ISS is a means-tested payment that is paid by DVA to eligible war widows and widowers in addition to their war widow's pension or MRCA benefits. It was introduced to enable them to receive all their payments from DVA.

There is no age restriction on eligibility for ISS.

ISS may be granted on the basis of invalidity. Invalidity ISS paid to a person who is under age pension age is non-taxable income. Age pension age for a male is 65 years of age. Age pension age for a female is being raised by six months every two years so that by 1 January 2014, female and male qualifying ages will be the same.

Female's date of birth	Age pension age
Before 1 July 1947	64
1 July 1947 to 31 December 1948	64.5
1 January 1949 and later	65

To be eligible for invalidity ISS you must be permanently incapacitated for work.

The criteria for permanent incapacity are:

- you are permanently blind in both eyes (even if working); or
- you have a physical, intellectual or psychiatric disability; and
  - the disability(ies), assessed under the Impairment Tables in Schedule 1B of the Social Security Act 1991, is assessed at 20 points or more; and
  - you are unable to work for at least 30 hours per week; and
  - the disability(ies) alone prevent you from working for the next 2 years.

A requirement for ISS is that you are an Australian resident and physically in Australia when you lodge your claim.

**Note:**

For further information about eligibility for ISS, you should contact your nearest DVA or VAN office. You can ask for a copy of the booklet D529B "About Claiming Income Support Supplement".

- 33 Do you wish to claim for the ISS in addition to war widow's pension?**
- No  ► Go to **Question 42**
- Yes  ► Go to **Question 34**

**Note:** If you are already receiving a service pension from DVA, you do not need to claim ISS. Your entitlement to ISS will be automatically assessed if war widow's pension is granted.

If you have been receiving a pension or benefit from Centrelink, it will be cancelled and you must tick "Yes" box above to claim ISS.

- 34 Do you currently receive an income support payment from DVA or Centrelink?**

This includes for example, age pension, disability support pension, ABSTUDY and payment under the New Enterprise Incentive Scheme (NEIS).

No  ►



You will need to complete and return to DVA **Claim for Service Pension or Income Support Supplement Part B - Income and Assets - (D648)**. This form will be sent to you or your representative.

Go to **Question 35**

Yes  ►

Current information on your income and assets will be used to assess pension payable but you may be contacted if additional details are needed.

Go to **Question 35**

- 35 Are you applying for ISS on the basis of invalidity?**

No  ►

Go to **Question 37**

Yes  ►


Invalidity ISS paid to a person who is under age pension age is non-taxable income. Go to **Question 36**

**36 On what basis are you applying for invalidity?**

Invalidity (Blind)  ▶

 Attach a report from an ophthalmologist giving details of the degree of visual impairment.

Invalidity (Other)  ▶

 You will need to complete and return to DVA the Medical and Work Details form (**D571**). This form will be sent to you or your representative.


## Pension Bonus Scheme

This question must be answered because once you receive ISS, you cannot ever receive the Pension Bonus.

**37 Are you a registered member of the Pension Bonus Scheme?**

No  ▶ Go to **Question 38**

Yes  ▶ You **MUST** claim the Pension Bonus when you apply for income support supplement.

 You will need to complete and return to DVA the **Claim for Pension Bonus** form (**D559**). This form will be sent to you or your representative.

Go to **Question 38**


**38 Are you:**

An Australian citizen

The holder of a permanent visa

The holder of a special purpose visa

The holder of a special category visa

 If you are the holder of a permanent visa, special purpose visa or special category visa, attach a copy of documents that show that you are legally allowed to remain in Australia – for example, passport showing your visa.

**39 Are you living permanently in Australia?**

No  Yes

**40 Were you born in Australia?**

No  ▶ Country of birth

When did you first arrive in Australia?  /  /

How long have you lived in Australia?  years  months

Yes  ▶ Have you ever lived overseas?

No  ▶ Go to **Question 42**

Yes  ▶ Go to **Question 41**

**41 Have you moved to or returned to live in Australia in the last 12 months?**

No  Yes

**42 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**

- I declare that the details I have given in this claim 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, the Department of Defence or other organisation, in relation to this claim or its review.
- I authorise Australian Government Departments or agencies (including Centrelink and the Australian Taxation Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my claim for Income Support Supplement.
- I understand that Centrelink will give information relevant to this claim that it holds about me (and my partner) to the Department of Veterans' Affairs.

\*Claimant's signature

 / /
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\* If the Claimant is unable to sign, the Declaration must be signed by the person signing the Authority to Act on behalf of the Widow, Widower or other Dependant at **Question 43** over page.

**PART K**

**Authority to Act on behalf of a Widow, Widower or other Dependant**

**43 Details of the person who is legally authorised to act on behalf of the widow, widower or other dependant who is unable to sign this claim**

**NOTE:** The person approved by the Commission will usually be a person who has been appointed by an enduring power of attorney to manage the affairs of the claimant or a family member or friend.

Full name

Address

POSTCODE

Telephone

Home ( )

Work ( )

Mobile

Facsimile ( )

E-mail address

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 42**)

**How to contact DVA**

For information, please call the Department of Veterans' Affairs

(from anywhere in Australia) on:

**133 254**

Callers from regional Australia can call:

**1800 555 254**

**New South Wales**

Centennial Plaza Tower B  
280 Elizabeth Street  
Sydney NSW

GPO Box 9998  
Sydney NSW 2001

**Victoria**

300 Latrobe Street  
Melbourne VIC

GPO Box 9998  
Melbourne VIC 3001

**Queensland**

Bank of Queensland Centre  
259 Queen Street  
Brisbane QLD

GPO Box 9998  
Brisbane QLD 4001

**South Australia**

Blackburn House  
199 Grenfell Street  
Adelaide SA

GPO Box 9998  
Adelaide SA 5001

**Western Australia**

AMP Building  
140 St Georges Terrace  
Perth WA

GPO Box 9998  
Perth WA 6848

**Tasmania**

Barrack Place  
254 - 286 Liverpool Street  
Hobart TAS

GPO Box 9998  
Hobart TAS 7001

**Northern Territory**

Winnellie Central  
14 Winnellie Road  
Winnellie NT

GPO Box 9998  
Darwin NT 0801

**Australian Capital Territory**

28 - 30 Corinna Street  
Woden ACT

GPO Box 9998  
Canberra ACT 2601