



Annual Review of Circumstances

Please complete the following questions and supply any further information to the Department of Veterans' Affairs (DVA) that may help to assess your current circumstances.

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.](#)

PART A Your details

1. Surname	<input type="text"/>
2. Given name(s)	<input type="text"/> <input type="text"/>
3. Date of birth (dd/mm/yyyy)	<input type="text"/>
4. DVA file number	<input type="text"/>
5. Home address	<input type="text"/> <input type="text"/> POSTCODE <input type="text"/>
6. Postal address	<input type="text"/> <input type="text"/> POSTCODE <input type="text"/>
7. Home phone	[<input type="text"/>]
8. Work phone	[<input type="text"/>]
9. Mobile	<input type="text"/>
10. E-mail	<input type="text"/>

PART B Treating Medical Practitioners details *(if applicable)* - Please note that no medical appointment is required to complete this form

11. Specialist's Details	Full name <input type="text"/>
	Work telephone [<input type="text"/>]
	Address <input type="text"/> <input type="text"/> POSTCODE

For assistance phone DVA on **1800 555 254**. Please write in block letters using a blue or black pen (not pencil).

PART B Treating Medical Practitioners details *continued...*

12. General Practitioner (GP) Details

Full name

Work telephone

Address

PART C Employment details

13. Are you currently working?

Note: you must declare all work you are doing, including any unpaid or voluntary work.

No

Yes ►



Please attach details about your employment for each employer you have had in the last year.

14. Are you involved in a business or partnership?

No

Yes ►



Please attach details about your employment for each employer you have had in the last year. Please also attach details about your business or partnership including gross and net earnings and taxation records.

15. Have you worked at all in the last 12 months?

No

Yes ►



Please attach details about your employment for each employer you have had in the last year.

16. Is the employment regular or casual?

Regular Casual

If you answered 'No' to all the employment questions above please go straight to **Question 22** on the next page.

17. Is the employment continuing?

No

Yes ► Employer's name

Employer's address

Contact name

Telephone number

For assistance phone DVA on **1800 555 254**. Please write in block letters using a blue or black pen (not pencil).

PART C Employment details *continued...*

18. Period of employment.

From

To

Total hours worked per week

19. Gross weekly earnings (i.e before any deductions)

20. Date this rate of pay started.

Please provide a copy of your current pay slip or other pay advice including YTD information.

21. Description of duties.

22. Would you like to be referred for a rehabilitation assessment?

No Yes

23. Have you been maintained in a hospital, nursing home or similar place in the last 12 months?

No

Yes



Please attach details of the duration of this hospitalisation and the reason.

24. Have you been in prison during the past 12 months?

No

Yes



Please attach details of this imprisonment including the duration.

25. Was this imprisonment as a result of a conviction of an offence?

No

Yes



Please attach details of this imprisonment including the duration.

PART D Education details

26. Did you undertake any recognised course in the past 12 months, either part-time or full-time?

No

Yes

Course name

Course number

Provider

Brief description

PART E Other benefits

27. Do you, or did you, receive a superannuation benefit from Commonwealth Superannuation Corporation (CSC) as a pension, a lump sum or both?

No ▶ Please go to Question **33**

Yes ▶ From which scheme?

Full-time members

DFRDB MSBS

Part-time members

CSS PSS Other

28. Type of benefit.

Invalidity Class A B C

Age retirement

20 years service etc.

29. Have you received a lump sum payment of any or all of your superannuation benefits from either the Commonwealth Superannuation Corporation (CSC), DFRDB or MSBS?

No

Yes ▶ Please provide details

30. Has your Commonwealth Superannuation Corporation (CSC) pension been reclassified in the last year?

No

Yes

Please provide a copy of the most recent advice received from the Commonwealth Superannuation Corporation (CSC).

31. Have you received any of your superannuation benefits early due to early retirement, financial hardship or medical grounds (e.g. Employer Productivity Benefit payment)?

No

Yes

32. Have you rolled-over a superannuation benefit from a Commonwealth funded superannuation scheme (e.g. DRFDB, MSBS, CSS, PSS) other than detailed above?

No

Yes ▶ Please provide details

PART E Other benefits *continued...*

33. Have you or your legal representative commenced, intend to commence, or finalised a common law (Third Party) or State Workers Compensation damages action?

No
 Yes ► Please provide details

34. Do you receive benefits from a Commonwealth Department or Authority (e.g. Centrelink, Disability Pension/Income Support Supplement from DVA)?

No
 Yes ► Please provide details

PART F Dependant's details

35. Do you have a spouse or de-facto?

No ► Please go to Question 39
 Yes

36. Name of spouse or de-facto.

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37. Does he or she live with you?

No Yes

38. Is he or she employed?

No Yes

39. Do you have dependant children under 16 years of age?

No
 Yes ► Please give details

Name	Date of birth	Living with you?
<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"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

40. Do you have dependant children between 16 and 25 years of age attending full-time study?

No
 Yes ► Please give details

Name	Date of birth	Educational institution
<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"/>

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PART G Declaration

I understand that information sought on this form is required to assess my eligibility for benefits under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) or the *Military Rehabilitation and Compensation Act 2004* (MRCA). It may also be used to determine my possible eligibility for benefits under the *Veterans' Entitlements Act 1986* (VEA). Therefore, any information I provide in relation to this form may be disclosed to other Agencies or bodies. It may also be necessary for DVA to obtain relevant information from other agencies or bodies for the purposes of assessing and/or paying any entitlements to compensation benefits I may have under the DRCA or MRCA.

Those Agencies and bodies include, but are not limited to, the following:

- the Department of Defence
- the Department of Veteran' Affairs Disability Compensation and Income Support sections (in relation to any similar claim I may lodge, or may have lodged, under the *Veterans' Entitlements Act 1986*)
- Centrelink
- the Australian Taxation Office
- the Child Support Agency
- the Health Insurance Commission (Medicare)
- the legal representatives of the Department of Defence in relation to any common law (Third Party) damages action which I or my legal representative may institute (or have already instituted) and in which the Department of Defence and its legal representative may have legitimate interest
- Commonwealth Superannuation Corporation (CSC) (regarding any Commonwealth superannuation entitlements I may have), and
- Australian Commonwealth, State and Territory's compensation Authorities where it may be necessary to obtain details of any benefits I may have received in relation to a similar injury or medical condition.

The information I have supplied on this form and on any other attachments is true and correct.

I am aware that I must advise DVA immediately if I engage in any employment (whether paid or unpaid) or if I engage in running a business in my own right or as a partner during the period when I am medically certified to be unfit for work due to the injury, disease or illness to which this claim for compensation relates.

I am aware that I must advise DVA immediately if my injury or illness improves during a period of certified incapacity for work sufficiently to allow me to return to work.


I am aware that I must advise DVA if I receive any monies by way of third party damages in relation to that injury, disease or illness which is the subject of this claim for compensation.

I am aware that giving false or misleading information in applying for a benefit from the Commonwealth is a serious offence and may lead to prosecution by the Commonwealth or its legal representatives.

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 DVA, and

I am aware that I must advise DVA within 14 days if I travel overseas for an extended period.

41. Signature



Date

/ /

Post the completed form to: **Department of Veterans' Affairs
GPO Box 9998, Brisbane QLD 4001.**