



Claim for Incapacity for Service/Work

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. Please send your completed and signed form to 'The Department of Veterans' Affairs, GPO Box 9998, in your Capital City'.

Incapacity payments paid by the Department of Veterans' Affairs (DVA) under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)* or the *Military Rehabilitation and Compensation Act 2004 (MRCA)* are economic loss compensation payments due to the inability (or reduced ability) to work, because of a service injury or disease.
For further information about incapacity payments please refer to the following factsheet which can be found at www.dva.gov.au/factsheets/MRC08 - Incapacity for work - under the *Military Rehabilitation and Compensation Act 2004 (MRCA)* and *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)*

PART A Your details

1. Surname

2. Given name(s)

3. Date of birth (dd/mm/yyyy)

4. DVA File number

5. Home address

POSTCODE

6. Postal address (If different to residential)

POSTCODE

7. Home phone []

8. Mobile phone

9. Work phone []

10. E-mail address

PART B Representative details

11. Do you wish to nominate a representative or organisation to act for you in matters related to this claim?
 No 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?



PART B Representative details *continued...*

Address

| |
|----------|
| |
| POSTCODE |

Telephone

Home

[]

Work

[]

Mobile

Facsimile

[]

E-mail address

The nominated representative must also sign this form at Question 43 on page 10.

PART C Incapacity details

12. Condition causing incapacity

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13. Please describe the loss of earnings and/or allowances you are claiming

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14. Please list the period(s) of lost earnings and/or allowances you are claiming

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| / / | to | / / |
| / / | to | / / |
| / / | to | / / |

PART D Treating Medical Practitioner details

15. Specialist's Details

Full name

Type of specialist (e.g. Neurologist, Orthopaedic, etc.)

Date of last consultation

/ /

Work telephone

[]

Address

| |
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| |
| POSTCODE |

E-mail address



Please attach the details shown above for any additional specialist you attend.

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

16. General Practitioner (GP) Details

Full name

Work telephone

Address

 POSTCODE

E-mail address

PART E Australian Defence Force (ADF) details

17. ADF Service number(s)

18. Enlistment date

19. Are you a current serving member of the ADF?

No

Yes

▶ Please provide details

Full time ADF

Reserves (Active or Standby)

20. Discharge date (if you transferred to Reserves, provide the date of transfer)

21. Reason for discharge

Medical

Administrative

Resignation

Other

22. In what service did your injury occur?

Permanent Forces

Part time Reserve

CFTS (Reserve)

Cadet

Declared Members

23. What is your ADF Rank and Paygroup (if discharged from the ADF what was your Rank and Paygroup at date of discharge)?

Rank

Paygroup and Increment

Fortnightly military salary

PART F Civilian employment details

24. Are you currently working?

No

Yes ▶ Please provide details

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

PART F Civilian employment details *continued...*

25. Is the employment continuing?

No Reason for cessation

Date of cessation

Yes Name of employer

Employer's address

Contact name

Telephone

E-mail address

Period of employment

From To

Total hours worked per week

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

 wk

Date this rate of pay started

▶ Provide a copy of your current pay slip or other pay advice

Description of duties



If you answered "Yes" to any of the questions on page 4, please supply details about your employment (e.g. copy of current/last work contract, pay slips, etc.).

Note: please attach to this form the details for each employer you have had in the last 12 months.

26. Is the employment permanent or casual?

Permanent Casual

27. Would you like assistance in returning to work or maintaining your current employment?

No Yes ▶ Please provide details

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

PART F Civilian employment details *continued...*

28. Are you involved in a business or partnership (including any showing a negative profit)?

No

Yes ► Business or Company name

ABN/ACN

Nature of business

Business address

Contact name

Telephone

E-mail address

Period of employment

From To

Total hours worked per week

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

\$ wk

Date this rate of pay started

Description of duties

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For business or partnership please provide your business/financial information e.g. BAS statements, Profit and Loss and Income Tax Returns.

29. Have you worked at all since ceasing employment with the Australian Defence Force?

No

Yes ► Please provide details

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

PART G Other benefits

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

No ► Go to Question **31**

Yes ► Please provide details

Pension Lump sum

From which scheme?

Full-time members

DFRDB - Defence Force Retirement & Death Benefits Scheme

MSBS - Military Superannuation & Benefits Scheme

ADF Super – Australian Defence Force Superannuation (01/07/2016)

Part-time members

CSC - The Commonwealth Superannuation Corporation

PSS - Public Sector Superannuation Scheme

Other - please specify

Invalidity Class A Class B Class C

Age retirement No

Yes ► Please provide details

20 years service etc. No

Yes ► Please provide details

Date Lump sum received

Amount of Lump sum received



Please attach the details of all lump sum payments received.

31. Have you lodged or intend to lodge a claim for superannuation benefit from CSC as a pension, a lump sum or both?

No

Yes ► Please provide details

32. Has your CSC pension been reclassified in the last year?

No

Yes ► Date reclassified

PART G Other benefits *continued...*

33. 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

34. Have you rolled-over a superannuation benefit from a Commonwealth funded superannuation scheme (e.g. DFRDB, MSBS, ADF Super, CSC, PSS or any other fund)?

No
Yes

▶ Please provide details

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

No
Yes



If your claim has settled, please provide a copy of your settlement of claim.

36. Do you have a solicitor representing your common law (Third Party) or State Workers Compensation damages action?

No
Yes

▶ Please provide solicitor details

Contact name

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Firm name

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Address

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|----------|
| |
| POSTCODE |

Contact phone number

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| [] |
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E-mail address

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

No
Yes

▶ Please provide details

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PART G Other benefits *continued...*

38. Do you receive any payments from Centrelink?

No

Yes ► Your Customer Reference Number (CRN)

PART H Interim Incapacity Payments

Before any entitlement to incapacity payments can be correctly calculated DVA must first obtain information from the Commonwealth Superannuation Corporation (CSC), and the Department of Defence. To reduce the risk of financial difficulty resulting from delays while DVA awaits receipt of all necessary information, interim fortnightly payments of compensation may be made to you.

Please be aware that payment of incapacity benefits in this way would be an interim measure only, and may result in an overpayment to you. Once details of your superannuation and rank and pay group are received by DVA, your actual fortnightly compensation entitlement can be determined. Any overpayments resulting from the interim fortnightly payments will be recovered from arrears of superannuation owing to you and/or from any further incapacity payments you may be entitled from DVA. From 1 January 2017, interim incapacity payments under the *Military Rehabilitation and Compensation Act 2004* may be calculated taking account of the person's normal weekly earnings.

39. Do you wish to receive interim fortnightly payments?

No

Yes

PART I Bank details

40. Provide the details of the account you wish your payment to be paid into:

Name of Bank, Credit Union or Building Society

Branch

Address

POSTCODE

Account in the name of

Account number

BSB (*if known*)

PART J Attachments

IMPORTANT: The early provision of the claim attachments listed below is important to enable DVA to process your claim in the shortest possible timeframe. Delays may occur in processing your claim if DVA is required to source documentary evidence from other areas such as Defence.

DVA/Comcare Medical Certificate (www.comcare.gov.au) or Workcover Medical Certificate

ATO Tax File Number Declaration Form

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>

Medical discharge (if relevant)

MECRB Determination and Minutes

ADF Final Medical Board

MSBS (M40) or DFRDB (D40) Acknowledgement letter

Most recent CSC Benefit Advice

Most recent SVA (Military Pay Advice)

DM042

Loss of military allowance (including reserves)

SVA (Military Pay Advice) with allowances

SVA (Military Pay Advice) without allowances

Loss of civilian earnings (where relevant)

Employment separation certificate or letter from employer

Leave application

Most recent Payslip

Tax return

Profit and Loss Statements

Business Activity Statement (BAS)

Balance Sheet

Bank Statements

For further information about incapacity payments please refer to the following factsheet which can be found at www.dva.gov.au/factsheets

MRC08 - Incapacity for work - under the *Military Rehabilitation and Compensation Act 2004* (MRCA) and *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA).

Proving your identity to DVA

When lodging a **new** claim for compensation payments with DVA, 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.

For further information about proving your identity please refer to factsheet DVA06 'Proving your identity to DVA' - Proof of Identity (POI) which can be found at www.dva.gov.au/factsheets

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.](#)

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

PART K Authorisation and Declaration

I authorise the Service Health Centres and all doctors, hospitals and rehabilitation providers where/by whom I have been or may be treated for the injury or illness listed on this form to provide DVA staff with medical reports, clinical notes and other information in relation to this or any similar injury or illness.

I also authorise DVA staff to obtain medical/psychological and rehabilitation information about me and to use such information as necessary to determine any entitlements I may have to benefits.

I agree that DVA staff may disclose personal information about me to, and seek to obtain personal information about me from, other Agencies and bodies for the purpose(s) indicated, where DVA or those Agencies or bodies have legitimate interest in such personal information. I also agree that such other Agencies and bodies may disclose personal information about me to DVA staff.

If I have indicated on this claim form that I have a representative acting for me in relation to this claim, I authorise DVA to correspond with, and to speak to, that representative.

The information I have supplied on this form and on any other attachments is true and accurate to the best of my knowledge.

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 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, being six weeks or longer.

I am aware that delays may occur in processing my claim if all relevant information is not provided with my claim.

41. Claimant name

42. Claimant date of birth

CLAIMANT SIGNATURE

Date

43. Nominated Representative signature (if applicable)

I am the representative nominated in Question 11 of this form.

I assisted the claimant to complete this claim form ensuring that the contents accurately reflect the claimant's statements.

I acknowledge that I have been nominated by the claimant to represent them in matters related to this claim and I will treat the information shared in a secure and confidential manner in order to maintain the claimant's privacy.

I consent to the use of my contract and personal information, provided in this form, for communication and authentication purposes by DVA in relation to this claim.

NOMINATED REPRESENTATIVE SIGNATURE

Date

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

PART L Legal Representative's authority to act

Authority to act on behalf of the claimant



Details of the person who is legally authorised to act on behalf of the claimant

Full name

Address

Telephone

Home

Work

Mobile

SIGNATURE OF LEGAL REPRESENTATIVE



Date