

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

13. General Practitioner (GP) Details

Full name

Work telephone

Address

POSTCODE

PART C Your recent circumstances

14. Are you currently working or have you worked since your last review?

No

Yes ►

Note: you must declare all work you are doing, including any unpaid or voluntary work, or self-employment



If you have not already done so, please attach relevant payslips, employment contract or similar for each period of employment. DVA will contact you to seek further information if required.

15. Have you been in prison or admitted and maintained in a hospital, nursing home or similar place for a continuous period of 12 months? (Please contact DVA if this is the case)

No

Yes ►

If you have not provided details already, DVA will contact you to seek further information.

PART D Superannuation and other Benefits

Please provide any available information. DVA will contact you or your fund to seek further information if required.

16. Have you started receiving a superannuation pension under the DFRDB, MSBS or ADF Super since your last review?

No Yes

17. Has your pension been reclassified since your last review?

No Yes

18. Have you received a benefit (pension or lump sum) from any other fund since your last review?

No

Yes ► Fund name

Member number

PART D Superannuation and other Benefits *continued...*

19. Have you or your legal representative commenced, or finalised a common law (Third Party) or State Workers Compensation damages action since your last review?

No

Yes

▶ If you have not provided details already, DVA will contact you to seek further information.

PART E 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.

20. Signature



Date

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