



Australian Government

Department of Veterans' Affairs

Application for Tier Classification by the Estate of an F-111 deseal/reseal program participant or F-111 fuel tank entry maintenance worker

Important information

A person who is classified as Tier 1, 2, or 3 is entitled to the following benefits:

Tier 1 (for formal program participants only)

- Access to a more beneficial standard of proof for compensation and health care for certain conditions under subsection 7(2) of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA);
- eligibility for treatment and counselling under the SHOAMP Health Care Scheme;
- eligibility for cancer screening and access to information on disease prevention under the Better Health Program; and
- a one-off payment of \$40,000 in recognition of the unique working conditions on the F-111 deseal/reseal programs.

Tier 2 (for formal program participants only)

- Access to a more beneficial standard of proof for compensation and health care for certain conditions under subsection 7(2) of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA);
- eligibility for treatment and counselling under the SHOAMP Health Care Scheme;
- eligibility for cancer screening and access to information on disease prevention under the Better Health Program; and
- a one-off payment of \$10,000 in recognition of the unique working conditions on the F-111 deseal/reseal programs.

Tier 3

- Access to a more beneficial standard of proof for compensation and health care for certain conditions under subsection 7(2) of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA); and
- eligibility for treatment and counselling under the SHOAMP Health Care Scheme;
- eligibility for cancer screening and access to information on disease prevention under the Better Health Program.

Who is eligible?

The estate of an eligible deceased person may be entitled to compensation or a lump sum ex-gratia payment.

Other information

Please answer all relevant questions (using a **black** or **blue** pen) and include any other documents and information that you think may help support this claim. The Department of Veterans' Affairs will then contact the Department of Defence to gather any evidence they may have relating to the deceased participant's F-111 deseal/reseal or fuel tank entry involvement. If further evidence is still needed, the Department of Veterans' Affairs will contact you about obtaining statutory declarations to support your claim. Please refer to <https://www.dva.gov.au/get-support/financial-support/compensation-claims/claims-f-111-workers/use-statutory-declaration-when-you-apply-tier-classification>

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](#)

Giving false or misleading information is a serious offence.

Where to lodge this claim

This claim must be lodged at the Department of Veterans' Affairs:
F-111 Tier Classification Team, PO Box 9998, Brisbane QLD 4001

How to contact DVA

Please call **1800 VETERAN (1800 838 372)** during business hours.

Information is also available on the F-111 website

<https://www.dva.gov.au/financial-support/compensation-claims/claims-f-111-workers>

SECTION A**Details of person making this claim**

1 Surname

2 Other names (in full)

3 Date of birth

4 Address where you live now

POSTCODE

5 Telephone numbers

Home	Work/mobile
<input type="text" value="[]"/>	<input type="text" value="[]"/>

6 Are you the Executor of the deceased participant's estate?

No ▶ Name of executor
Address of executor

POSTCODE
Telephone

Yes ▶ Go to Question 7.

SECTION B**Details of Deceased Person**

7 Deceased person's surname

8 Deceased person's other names (in full)

9 Deceased person's date of birth

10 Deceased person's last home address

POSTCODE

11 Date of death

12 Place of death

13 Cause of death
Please attach a certified copy of the death certificate

14 Was the deceased person:

- a member of the Armed Forces? No Yes ▶ Please complete **SECTION C.**
- a public servant? No Yes ▶ Please complete **SECTION D.**
- a civilian contractor? No Yes ▶ Please complete **SECTION D.**

SECTION C

Details of the deceased person's Armed Forces service

Complete this section if the deceased person was a member of the Armed Forces when in the F-111 deseal/reseal program or undertaking F-111 fuel tank maintenance

15 Rank held during the F-111 deseal/reseal process

16 Service number

17 Name of Unit

18 Details of work environment 1

(if insufficient space, attach separate sheet)

If the details are unknown, please provide the name of an individual who worked with the deceased person at the time of this employment.

A statutory declaration in support of the claim by this person may assist in the processing of this claim.

Location

Dates

Duty assignment

Nature of this employment

Duration of this employment

19 Details of work environment 2

(if insufficient space, attach separate sheet)

If the details are unknown, please provide the name of an individual who worked with the deceased person at the time of this employment.

A statutory declaration in support of the claim by this person may assist in the processing of this claim.

Location

Dates

Duty assignment

Nature of this employment

Duration of this employment

SECTION D**Details of the deceased Civilian Contractor or Public Servant**

Complete this section if the deceased person was a Civilian Contractor or Public Servant when in the F-111 deseal/reseal program or undertaking F-111 fuel tank maintenance

20 Occupation involved in the F-111 deseal/reseal programs or involvement in fuel tank maintenance involving entry

21 Employer at the time of the F-111 deseal/reseal programs or involvement in fuel tank maintenance involving entry

22 Employee's number (e.g. AGS number if public servant)

23 Details of work environment 1
(if insufficient space, attach separate sheet)
If the details are unknown, please provide the name of an individual who worked with the deceased person at the time of this employment.
A statutory declaration in support of the claim by this person may assist in the processing of this claim.

Location

Dates

Duty assignment

Nature of this employment

Duration of this employment

24 Details of work environment 2
(if insufficient space, attach separate sheet)
If the details are unknown, please provide the name of an individual who worked with the deceased person at the time of this employment.
A statutory declaration in support of the claim by this person may assist in the processing of this claim.

Location

Dates

Duty assignment

Nature of this employment

Duration of this employment

SECTION E**Payment Details**

If the deceased person's service is determined to be Tier 1 or Tier 2, a one-off lump ex-gratia payment will be deposited directly into an account, nominated by the Executor, at an Australian bank, credit union or building society.

We will contact the Executor for the relevant account details prior to determining the claim.

Only one lump sum payment may be made to each eligible estate assessed as Tier 1 or Tier 2, regardless of how many times the person may have been eligible. For example, a member of the Armed Forces who participated in the F-111 deseal/reseal program, who subsequently became an employee of Hawker De Havilland and who continued to participate in the F-111 deseal/reseal programs may be assessed as Tier 1 or Tier 2 for both periods of employment. However, the estate is only eligible for one payment.

If a deceased estate receives more than one lump sum ex-gratia payment the executor will have to return the payments to which the estate is not entitled.

SECTION F**Declaration**

- I declare that the details provided in this form are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission, Military Rehabilitation and Compensation Commission and the Department of Veterans' Affairs to obtain information needed to process, determine or review this claim.
- I consent to the release of medical, clinical and other information to the Department of Veterans' Affairs by all medical practitioners, hospitals, clinics, insurance companies, Centrelink, the Department of Defence or other organisations, in relation to this claim or its review.
- I consent to the release of any information relating to the tier determination to the Department of Defence by the Department of Veterans' Affairs, including details of any ex-gratia payments.

You must sign this form yourself if you can – even if someone else has filled it in for you. If someone else signs on your behalf they must provide their authority for signing.

SignatureA rectangular box for a signature. On the left side of the box is a small icon of a hand holding a pen. In the center of the box are two forward slashes (/ /).