

Claim for Compensation for a Work-related death

This form is to be completed if you wish to claim compensation under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) for the work-related death of an ACT Government employee. For the purposes of submitting this form the person/s signing the form will be known as 'claimants'.

Note: The Definition of 'claimant' under the SRC Act is 'a person in respect of whom a determination is made'. This form will be used in order to make a determination on your claim.

Compensation available

Compensation available under the SRC Act for a work-related death includes payment of:

- funeral expenses
- medical expenses (for example the cost of hospital, doctor and ambulance services), and
- a lump sum entitlement to dependant(s) of the deceased
- weekly benefits to any child or children of the deceased

Privacy statement

The Australian Capital Territory (represented by the Chief Minister, Treasury and Economic Development Directorate" (hereinafter referred to as CMTEDD) collects, uses and discloses your personal information for the purposes of, or under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act). CMTEDD collects personal information that is reasonably required to manage your compensation claim, any associated rehabilitation or comply with regulatory requirements under the SRC Act and the *Work Health and Safety Act 2011* (WHS Act).

EML on behalf of the CMTEDD authorised by the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) to collect personal information relevant to the deceased worker's claim for the purposes of managing the compensation claim and the discharge of other functions and use of other powers under the SRC Act. For those purposes, EML may need to collect from, use and disclose the deceased worker's personal information to the following parties:

- their employer at the date of their injury or death
- their superannuation fund manager or trustee
- any health professional, hospitals, other health institutions, or service providers related to the deceased worker's claim
- their EML case manager
- their rehabilitation provider
- vocational and functional assessor
- employment agencies
- legal advisors and law enforcement authorities
- personnel engaged by EML to conduct research related activities
- the Safety, Rehabilitation and Compensation Commission
- fraud investigators
- inspectors appointed under section 156 of the *Work Health and Safety Act 2011*
- any relevant third party (or insurer) considered by EML to have contributed to the injury, illness or impairment
- any other person assisting EML in the performance of its functions or exercise of its powers
- any other entity where there is legal obligation to do so (for example, but not limited to, responding to the direction of a court to produce documentation)

As the claimant of compensation related to a work-related death, your sensitive personal information will be recorded against the deceased worker's claim file. As such, your information will be subject to the same privacy considerations as the deceased worker's.

We want to ensure personal information collected, used, stored or disclosed is accurate, up-to-date and complete. EML Privacy Policy contains information on how you can request access to personal information held about the deceased

worker and how to seek correction of that information.

You may make a complaint to us if you consider that EML has interfered with the privacy of the deceased worker or your privacy or otherwise breached its obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to make a complaint and how we will respond.

EML is not likely to disclose personal information to a person who is not in Australia or an external Territory, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to an overseas recipient, EML will comply with obligations regarding disclosure to overseas entities (Australian Privacy Principle 8).

For further information about our information handling practices, for a copy of our Privacy Policy, to request an amendment of your personal information or to make a privacy complaint, please refer to www.eml.com.au/privacy, contact us on 1800365227 (toll free) or email actg@eml.com.au.

How to claim compensation for a work-related death

If the deceased was not employed by an ACT government organisation at the time they died or were injured or contracted their illness, or their employment did not contribute to their illness, they may not have an entitlement to compensation under the SRC Act. If you are unsure, please call EML on 1800365227.

* Please note that when questions on this form refer to 'the injury', this refers to an injury as defined in Section 5A of the SRC Act. This means an injury or a disease suffered by an employee, arising out of, or in the course of, the employee's employment. Section 17 of the SRC Act provides compensation for injuries resulting in death.

Step 1 - Fill in this form

Please use **black or blue pen** to answer the questions in this form.

Not all of the questions in this form will apply to you. If a question does not apply to you or your circumstances, write N/A in the space provided. If your answers do not fit in the space provided, please attach additional pages with the details. When you have filled in this form and attached all the documents you need to support your claim, you will need to **sign the declaration** on page 10.

Step 2 - Provide details of all dependants

For the purposes of the SRC Act, you are a **dependant** of the deceased if you are their spouse or are a relative who was wholly or partly **dependent** on the employee for economic support at the date of their death. **Spouse** includes:

Spouse includes:

- (a) in relation to an employee or a deceased employee—a person who is, or immediately before the employee's death was, a de facto partner of the employee; and
- (b) in relation to an employee or a deceased employee who is or was a member of the Aboriginal race of Australia or a descendant of indigenous inhabitants of the Torres Strait Islands—a person who is or was recognised as the employee's husband or wife by the custom prevailing in the tribe or group to which the employee belongs or belonged.

Children under 16 years are dependants. **Full-time students**, aged between 16 and 25 years and who are **not normally employed** are also considered to be a dependant of the deceased.

A dependant child, in relation to a deceased employee, means:

- (a) a child who was, at the date of the injury or at the date of the employee's death, wholly or mainly dependant on the employee;
- (b) a child of the employee who was born after the employee's death; or
- (c) a child who would, if the employee had not died, have been wholly or mainly dependent on the employee.

Step 3 - Collect all the documents you need

You will need to provide a copy of the **death certificate**. If the death was due to an illness or disease, you will need to also provide **medical evidence** from a legally qualified medical practitioner that indicates how employment with the ACT Government contributed to the employee's illness or disease and how that illness or disease contributed to their death. If you are claiming compensation for dependants (including yourself) you will need to provide proof of the relationship with the deceased and the level of dependency. **Use the checklist** at the end of this form to

make sure you have provided all the required information.

Step 4 - Lodge this form

When you have completed this form and attached all the documents you need to support the claim, send all of these documents and this form to EML.

Help? - Do you need help with this form?

If you need assistance to complete this form, call EML on 1800365 227 (Toll free). If you need assistance with interpretation please ring Translating and Interpreting Service on **13 14 50**

Claim for Compensation for a Work-related death

About you

1 What is your full name?

Family name _____

Given name(s) _____

2 What is your relationship to the deceased? _____

3 What is your date of birth?

Date of birth _____

4 How can we contact you during the day?

Home telephone number _____

Work telephone number _____

Mobile number _____

5 Do you have a preferred language other than English?

No Yes → What language? _____

Do you need an interpreter? No Yes → Call the Translating and Interpreting Service on **13 14 50**

6 Where do you live?

Your permanent home address (please give street address and not a PO Box)

State _____ Postcode _____

7 Do you have a different postal address?

No Yes → Please give details:

State _____ Postcode _____

8 Do you need another person to act on your behalf for this claim?

For example: a partner, support person or solicitor

No Yes → Please give details:

Their name _____

Home telephone number _____

Work telephone number _____

Mobile number _____

9 Do you intend to take action, other than making this claim, to recover personal injury damages or expenses from either the ACT government or a third party?

You must inform EML in writing when initiating a claim against the deceased's employer or a third party in respect of the injury or illness which caused their death. Failure to notify EML within 7 days of initiating proceedings may result in a penalty.

No Yes → Do you have a solicitor acting on your behalf?

No Yes → Please give details _____

Name of solicitor _____

Telephone number _____

10 What compensation entitlements are you seeking?

Tick as many as appropriate. Information about dependants is provided on page 2. For more information about the entitlements available for dependants, please call EML on 1800365227 (toll free).

Funeral expenses

Medical expenses (for example: hospital, doctor and ambulance services)

Lump sum payment for dependants of the deceased

Weekly payments for children of the deceased

About the deceased

11 What is the deceased's full name?

Family name _____

Given name(s) _____

12 When was the deceased born?

Date of birth _____

13 Where did they live?

State _____ Postcode _____

14 Who was the deceased's employer at the time of death or previously?

For example, the name of the government department or agency.

Name of department/agency _____

In some cases, the employing department or organisation may no longer exist or may have changed its name. If this is the case, please call EML 1800365 227 for assistance.

About the cause of death

15 When did the deceased die?

Date of death _____

Time of death _____ am/pm

16 What is the cause of death as shown on the death certificate?

Details on death certificate _____

Please attach a copy of **death certificate**.

17 Was the death due to an illness or disease contributed to by work, or to an injury resulting from an accident?

- Illness or disease contributed to by work
- Injury resulting from an accident

18 Had the deceased claimed compensation from ACT Government in respect of the injury that led to their death before they died?

No Yes → Go to 'About dependants' on page 7

19 Was there a witness to the injury?

No Yes → Please give details

Name of witness _____

Home telephone number _____

Work telephone number _____

Mobile number _____

If there was more than one witness to the injury, please attach details.

20 Had the deceased received medical treatment for the condition that caused their death?

No Yes → Please give details

Date of first treatment _____

Name of doctor, medical practice or hospital _____

Telephone number _____

If the deceased consulted other doctors or medical practitioners in relation to the injury or disease which caused their death, please attach their names and contact details.

21 Did the death occur due to or while travelling on a journey to/from/for work

No → **Go to About dependants on page 7**

Yes → **Go to Question 22**

About the journey

22 What was the mode of transport for the journey?

For example: driving a car, passenger on a train, boat or aircraft, cycling, walking.

23 When was the journey?

During working hours Before or after work While on a break

24 What were their hours of duty on the day of the journey?

From _____

To _____

25 Approximately what time did they commence the journey?

_____ am/pm

26 Where were they travelling from?

Workplace Home Other → Please specify _____

27 Where were they travelling to?

Workplace Home Other Please specify _____

About the vehicle in which the employee was travelling

Registration Number _____

State of registration _____

Driver's Name _____

Address _____

Telephone _____

Owner's Name _____

Address _____

If more than one other vehicle was involved please attach a separate list.

Other vehicles involved

Registration Number _____

State of registration _____

Driver's Name _____

Address _____

Telephone _____

Owner's Name _____

Address _____

If more than one other vehicle was involved please attach a separate list.

28 Has the accident/injury been reported to the police?

- No → Go to Q34
- Yes → If yes, please advise the location of the Police station, if applicable _____

29 Date the accident was reported? _____

30 Police officer's name _____

31 Police Incident Number _____

32 Did police attend the scene of the accident? No Yes

33 Has any police action been taken or proposed?

No Yes Please give details _____

About dependants

34 Do you wish to claim compensation for dependants of the deceased?

Information about dependants is provided on page 2.

No → **Go to the checklist on Page 9**

Yes → Please provide details of all dependants

35 Are you the sole dependant?

Yes → If you are the sole dependant, and have already provided your name, address and contact details on page 3, go to **Question 36**.

No → If there is more than one dependant, photocopy this page and the next page for each dependant and attach to this form.

Dependant's full name

Family name _____

Given name(s) _____

Dependant's address

Permanent home address (please give street address and not a PO Box)

State _____ Postcode _____

Dependant's postal address (leave blank if same as above)

State _____ Postcode _____

Dependant's telephone number

Home telephone number _____

Work telephone number _____

Mobile number _____

Dependant's birth date

Date of birth _____

36 Dependant's relationship to the deceased

For example, spouse, de facto partner, son, daughter, brother, sister, etc.

Relationship to deceased _____

Please provide proof of the dependant's relationship, for example, a marriage or birth/adoption certificate. Joint bank accounts and joint account payments (such as bills in both names) will assist to establish de facto relationships.

For more information on EML's requirements, please call 1800 365 227.

37 Was the dependant living with the deceased immediately before the date of their death?

Note: Answer yes if living with the deceased immediately before he or she was admitted to hospital where he or she died.

No Yes

If there are dependants not living with the deceased at the time of death then proof of level of economic support by the deceased, such as child support payments or other financial support, would need to be provided. This may be ascertained from bank account transactions or pay slips, receipts, etc.

38 Was the dependant financially dependent on the deceased for economic support at the date of their death?

Notes:

1. Answer 'yes' and 'wholly' if you answered yes to question 37
2. A child born after the employee's death is considered to have been wholly dependent on the deceased at the time of death.

No → Go to Question 39

Yes → Was the dependant wholly or partly dependent?

Wholly → Wholly dependent generally means where a person does not earn and relies upon the earnings of another for support

Partly → were a person does earn, but those earnings are not sufficient to allow that person to be self supporting, and they also rely on the earnings of another for support.

If you ticked partly, please attach details of earnings for each dependant.

39 Is the dependant aged between 16 and 25 AND receiving full-time education at a school, college, university or other educational institution?

No Yes → Please give details

Name of educational institution _____

Expected date for completion of course of study _____

Please attach current enrolment details

40 Does the dependant need another person to act on their behalf for this claim?

No Yes → Please give details

Their name _____

Home telephone number _____

Work telephone number _____

Mobile number _____

Checklist

- Check that you have answered all the questions you are required to answer.**

Cause of death (question 16)

- Have you **attached a copy of the death certificate?**

If the cause of death was an illness or disease, you will also need to provide information from a legally qualified medical practitioner that indicates how the employee's ACT Government employment contributed to the illness or disease AND how that illness or disease contributed to the employee's death.

Additional details

- If there was more than one witness to the injury (question 19), have you **attached details of the other witness(es)?**

- If the deceased has any dependants (question 34), have you **attached proof of their relationship with the deceased?**

- If the deceased had more than one dependant (question 35), have you **attached details and proof of the relationship of each dependant with the deceased?**

If any dependants were partly dependent on the deceased for economic support at the time of their death (question 38), have you **attached details of the support given?** (ie. group certificates or tax returns for any dependants and for the deceased).

- Please read and sign the authorisation and declaration on the next page.
- Then make a copy for your records and send the signed original (and attachments) to EML.
- Please attach any relevant accounts for medical or funeral expenses etc to this form.

Authorisation and declaration

Please read and sign this authorisation and declaration.

The signature of one adult, acting on behalf of all dependants, is all that is required (unless the 'child/ren' are over 18 years of age then, all parties to the form over the age of 18 must sign).

I authorise and consent to EML on behalf of CMTEDD collecting and storing personal information about all claimants in relation to this matter. This includes but is not limited to:

- Marriage certificate
- Birth certificate or other proof of age documentation
- Bank account details
- Proof of enrolment in education

I authorise and consent to EML on behalf of **CMTEDD** collecting personal information about the deceased from and / or disclosing personal information about the deceased to:

- Any health professional, hospital or other health institution;
- The employer of the deceased;
- Any other relevant third party (or insurer) considered by EML on behalf of **CMTEDD** to have contributed to the injury;

For the purposes of determining and managing this compensation claim and/or to assist **CMTEDD** in any actions authorised under the SRC Act.

I authorise and consent to any health professional, hospital or other health institution, the deceased's employer, and any third party (or its insurer) considered by EML on behalf of **CMTEDD** to have contributed to the injury or illness, collecting personal information about the deceased or disclosing or releasing records containing personal information about the deceased, or discussing with or providing information about the deceased, to one another.

I understand that the information is required for the purposes of determining and managing this compensation claim and/or to assist EML on behalf of **CMTEDD** in any actions authorised under the SRC Act.

I further authorise and consent to a photocopy of this Authority and Consent as sufficient evidence of my authority and consent to discuss or provide the information requested.

I declare that:

The information I have supplied on this form and any other attachment is true and accurate:

- I am aware that the making of a false or misleading claim or false or misleading statement in support of this claim is punishable by law under the *Criminal Code Act 1995* and, in that event, I may be liable for prosecution;
- I am aware that any monies paid by EML on behalf of **CMTEDD** as a result of a false or misleading statement or claim will be recovered.

Your signature: _____

Date: _____

Dependant Child 1 (over 18 only) signature: _____

Dependant Child 2 (over 18 only) signature: _____

Dependant Child 3 (over 18 only) signature: _____

Dependant Child 4 (over 18 only) signature: _____

*Please attach another sheet for anymore dependant claimants

What to do now

- Please read and sign this authorisation and declaration.
- Make a copy of this form and attachments for your records
- Send the signed original and attachments to:

EML ACT

GPO Box 805

Canberra ACT 2601

What's next?

Upon receipt of this form EML will seek further information from the deceased's employer. EML will write to you to let you know when further information has been received from the employer and will advise you in writing of any decisions it makes in relation to the claim.