

REQUEST FOR RECONSIDERATION

Your Details

First name _____ Surname _____

Claim number _____ Date of Birth _____

Do you require an interpreter? Yes No

If yes, in what language? _____

How would you like EML to contact you? Post Phone Email

Work phone _____ Home phone _____

Mobile _____

Postal Address

State _____ Postcode _____

Email address _____

Are you represented by a lawyer or another person? Yes No

If yes, please complete the representative details below.

Representative details

Firm/Contact person _____

Postal Address

State _____ Postcode _____

Email address _____

Phone number _____

Details of the determination

What determination do you want to be reconsidered by EML?

- Acceptance of a claim, e.g. injury description, date of injury, liability period
- Rejection of a claim
- Incapacity payments determination
- Medical treatment/services determination
- Permanent impairment and/or non-economic loss assessment
- Other

Date of the determination you want to be reconsidered (this is the date on the top of the *Notice of Determination*):

Please indicate why EML should reconsider this determination. You can select more than one response.

- Further investigation of the claim is required
- Relevant information was not considered
- I did not have the opportunity to respond to adverse information
- I have new information to provide at review
- Other

Reasons for requesting a reconsideration of the determination (attach separate pages if required):

PRIVACY

WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the *Information Privacy Act 2014* (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

To read more about our privacy statement, and how to contact the EML Group Privacy Officer, please visit the EML website.

Signed  _____

Name _____ Date _____

Please send your completed, signed and dated form and any new information to:

The Reconsiderations Officer

EML Canberra

GPO Box 805

Canberra ACT 2601

Email: recon@eml.com.au

If you are unable to forward your request to EML's Reconsideration Officer within 30 days, please contact the Reconsiderations Officer as soon as possible for an extension.

The decision will be reviewed by a reconsideration officer, who was not involved in making the original decision. They will either affirm, revoke or vary the original determination. The Reconsiderations Officer will confirm the outcome of the review in writing.