



Australian Government
Department of Veterans' Affairs

Claim for Pension by a War Widow who remarried prior to 1984

A claim may be made by:

- a person who was once in receipt of a War Widow's Pension which was lost when she remarried prior to 1984.

Important Information

Assistance from Ex-Service Organisations

You may seek the assistance of Legacy, the War Widows' Guild of Australia or another ex-service organisation of your choice in lodging this claim. Contact telephone numbers for these organisations can be found in local telephone directories or by contacting the Veterans' Affairs office in your State.

Assistance from Department of Veterans' Affairs

The Department of Veterans' Affairs staff can also help you to complete this form.

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.

If any of the details you give in this form change, you must tell the Department within 21 days.



For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:
1800 VETERAN (1800 838 372)



The addresses of the Department of Veterans' Affairs offices are:

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street, Surrey Hills NSW 2001	GPO Box 9998 Brisbane QLD 4001
Victoria	300 Latrobe Street Melbourne VIC 3000	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD 4000	GPO Box 9998 Brisbane QLD 4001
South Australia	Westpac House 91 King William Street Adelaide SA 5000	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS 7001	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT 0820	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	Gnabra Building 21 Genge Street Civic/Canberra City	GPO Box 9998 Brisbane QLD 4001

Deceased Veteran's Personal Details

1. DVA file No. (if known)

2. Surname

3. Given names

4. Date of birth

 / /

5. Date of death

 / /

6. Place of death

Claimant's Details

7. Surname

8. Given names

9. Address

 Postcode

10. Date of birth

 / /

11. Telephone

 Home () Work ()

12. Your relationship to the veteran at the time of his death

☐ Legal spouse - date of marriage

 / /

☐ Divorced - date of divorce

 / /

☐ De facto - date of start of relationship

 / /

Please attach a copy of your marriage certificate or evidence of your relationship with the deceased veteran, unless you have previously supplied this material to the Department.

Compensation Details

13. Were damages/compensation claimed or received from any other source in respect of the veteran's death (e.g. Comcare, Department of Defence, third party insurance, workers' compensation)?

☐ No

☐ Yes - please give details below

Name of compensation source

Address of compensation source

 Postcode

Date of claim

 / /

Reference No.

If more than one damages/compensation claim, please attach a separate sheet giving the required details.

Other Payment Details

14. Do you receive, or have you ever received or applied for, any payment from Centrelink or another source other than superannuation?

☐ No

☐ Yes - please give details below

Name of source

Type of payment

Date of claim

 / /

Reference No.

If more than one payment, please attach a separate sheet giving the required details.

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15. Have you ever been known by any other name(s) (e.g. before marriage, previous marriages, later marriages, deed poll)?

☐ No

☐ Yes - what was the name(s)

Pension Payment Details

16. Provide details of the Australian account you want your pension paid into:

Name of bank, credit union or building society

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Branch

--

Address

Postcode

Account in the name of

Account number

--

BSB number (if known)

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If a pension is granted, it will be paid fortnightly into an account at an Australian bank, credit union or building society.

Income Support Supplement

If you are granted a War Widow(er)'s Pension, then any income support pension or benefit paid by Centrelink or Veterans' Affairs you might be receiving now may be cancelled. You may however, qualify for an extra payment called the Income Support Supplement (ISS). This is a means-tested pension, similar to the service pension, and payable by Veterans' Affairs.

To qualify for Income Support Supplement, a war widow must:

- ***be of qualifying age; or***
- ***have a dependent child or children; or***
- ***be the partner of another income support pensioner; and***
- ***be in Australia; and***
- ***be an Australian resident; and***
- ***satisfy the income and assets test for income support supplement (blind pension is exempt).***

17. Do you wish to claim for Income Support Supplement in addition to war widow's pension? (if you are already receiving a service pension from Veterans' Affairs, you do not need to claim ISS. Your entitlement to ISS will be automatically assessed if war widow's pension is granted)

☐ No - please go to Question 24.

☐ Yes - you may need to provide a birth certificate or other proof of your age.

Eligibility

18. Are you an Australian resident?

☐ No

☐ Yes

19. Do you currently live in Australia?

☐ No

☐ Yes

20. Are you claiming on the basis that you are permanently incapacitated?

☐ No

☐ Yes - you will also need to complete form D0512 "Invalidity Details". This form will be sent to you.

Assessment

21. Do you receive a "blind pension" from Centrelink?

- ☐ No
☐ Yes

22. Do you currently receive an income support payment from the Department of Veterans' Affairs or Centrelink?

- ☐ No - a form to determine your income and assets will be forwarded to you or your representative
☐ Yes - current information on your income and assets will be used to assess your claim

23. Do you currently live in a marriage-like relationship?

- ☐ No
☐ Yes - please ensure your partner also signs the Declaration at Question 24.

Declarations

24. A representative is not required to sign this form unless they are legally authorised to act for a claimant who is incapable of signing due to their physical or mental incapacity.

- I declare that the details I have given in this claim are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain information needed to process, determine or review this claim.
- I authorise the nominated representative or organisation to act for me in respect of this claim and any reviews in respect of this on subsequent decisions. This authorisation will continue until I:
 - revoke this authorisation, or
 - nominate another representative or organisation to act for me.
- I authorise Australian Government Departments or agencies (including Centrelink and the Australian Taxation Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my claim for Income Support Supplement.
- I understand that Centrelink will give information relevant to this claim that it holds about me (and my partner) to the Department of Veterans' Affairs.
- I am aware that claiming restoration of the War Widows Pension may affect my partner's current pension entitlements.

Claimant's signature

/ /

Partner's signature (if applicable)

/ /

Authority to act on behalf of a Widow or other Dependant (if they are unable to sign due to physical or mental incapacity)

25. Details of the person who is legally authorised to act on behalf of the widow or other dependant who is unable to sign this claim.

NB: The person approved by the Commission will usually be a person who has been appointed by an enduring power of attorney to manage the affairs of the Claimant or a family member or friend.

Surname

Given name(s)

Address

Postcode

Telephone

Home () _____

Work () _____

I declare that I am authorised to act on behalf of the claimant in matters relating to this claim and that the claimant is unable to sign due to physical or mental incapacity.

Please attach a copy of the instrument conferring this authority e.g. enduring power of attorney or a medical certificate attesting to the person's incapacity to sign. This information will be evaluated by the delegate for the purposes of approval.

Type of authority (e.g. power of attorney)

Signature of authorised person (you must also sign the Declaration at Question 24)

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