



# Claim for Compensation for Dependants of Deceased Members and Former Members

*Military Rehabilitation and Compensation Act 2004 (MRCA)*

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## Ex-service organisations

Ex-service organisations (ESO) are able to assist you in completing this form. You can use the advocacy register at <https://www.advocaterregister.org.au/> to search for an ESO or find an advocate in your area.

For more information, visit [www.dva.gov.au/advocacy-representation-advice](http://www.dva.gov.au/advocacy-representation-advice).

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## When to use this form

Use this form if you are:

- a dependant of a member or former member of the Australian Defence Force (ADF) who served on or after 1 July 2004.

For more information on the definition of a dependant under the MRCA, visit [www.dva.gov.au/MRCA-compensation-for-dependants](http://www.dva.gov.au/MRCA-compensation-for-dependants).

- the member's legal personal representative claiming funeral benefits.

For information about claiming:

- bereavement payments refer to **Part G**
- funeral benefits refer to **Part H**.

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## How to fill in this form

You can fill in and sign this form digitally using Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form.

If you have printed the form:

- use black or blue pen
- print in BLOCK LETTERS.

If you cannot answer all of the questions, fill in as much as you can and contact us for assistance.

If you are asked to provide copies of documents, you must provide certified copies or original documents which can be sighted and verified by a the Department of Veterans' Affairs (DVA) officer.

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## Proof of identity

When you lodge a claim with us you must prove your identity. You can establish your identity by providing original documents or certified copies from our approved list. Find out more at [www.dva.gov.au/poi](http://www.dva.gov.au/poi).

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## How to contact us

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

You can also contact us by mail. Please address your correspondence to:

Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001

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## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*.

Your personal information is being collected by DVA to assess your eligibility for benefits under MRCA. It may also be used to determine possible eligibility for benefits under related legislation (such as the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* or *Veterans' Entitlements Act 1986*).

DVA may obtain relevant information from other agencies or bodies for this purpose. In particular, DVA may obtain medical/psychological, clinical, employment or other information about you from Service Health Centres, medical practitioners, hospitals, clinics, insurance companies, Australian Government departments or agencies, or other relevant organisations.

Information you provide in relation to this form may be disclosed to those other agencies or bodies for this purpose..

Go to [www.dva.gov.au/privacy](http://www.dva.gov.au/privacy) to find out more about how DVA manages personal information.

| PART A Member details |  |
|-----------------------|--|
|-----------------------|--|

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

A horizontal number line with 8 evenly spaced tick marks. The line is enclosed in a rectangular box. There are no numbers or labels on the line.

|  |
|--|
|  |
|--|

Navy ☐ Army ☐ RAAF ☐

Attach a copy of the death certificate.

|  |
|--|
|  |
|--|

No ☐ Not sure ☐ Yes ☐ 

Attach a copy of the report if you have it.

If you need more space, attach another sheet.

If you need more space, attach another sheet.

[illegible]

**15. Please provide details of the member's GP**

GP's name

Address

Postcode

Phone (include area code for a landline)

**PART B Claimant's details**

**16. As the claimant, are you:**  
(Tick one only)

the spouse/partner of the member ☐ ► **Go to Part C**

a dependant eligible young person\* ☐ ► **Go to Part D**

an other dependant (for example, dependent mother) ☐ ► **Go to Part E**

the member's personal legal representative claiming funeral benefits ☐ ► **Go to Part H**

\* A dependant eligible young person is someone under 16 or between 16 and 25 and in full-time education and not in full-time work. A full-time apprenticeship does not count as full-time education.

**PART C Spouse/Partner details**

**17. Title**

Mr

☐

Mrs

☐

Ms

☐

Other

☐

**18. Surname**

**19. Given name(s)**

**20. Date of birth** (dd/mm/yyyy)

**21. Gender**

Male

☐

Female

☐

**22. Home address**

Postcode

**23. Postal address**  
(if different to home address)

Postcode

**24. Contact details**

Phone (include area code for a landline)

Mobile

Email address

Preferred contact method

Phone

☐

SMS

☐

Email

☐

**25. Marital status**

Married ☐



Attach a copy of your marriage certificate.

Defacto ☐



Attach evidence of your relationship with the member.  
For example, registration certificate or where the relationship is not registered, other evidence that you were in a defacto relationship with the member.

**26. Were you living with the member immediately before the date of their death?**

No ☐

Yes ☐ **Go to Part D**

**27. Were you living apart because of:**

- illness or infirmity, or
- a temporary absence?

No ☐

Yes ☐ **Go to Part D**

If you need more space, attach another sheet.

**28. Were you wholly or partly dependent on the member for economic support at the date of their death?**

No ☐

Yes ☐



Attach details

**PART D Details of dependant eligible young person(s)**

This form allows space for 2 dependant young persons. If there are more than 2, provide details on a separate sheet.

**Dependant eligible young person 1**

**29. Title**

Mr ☐

Mrs ☐

Ms ☐

Other ☐

**30. Surname**

**31. Given name(s)**

**32. Date of birth** (dd/mm/yyyy)



Attach a copy of the birth certificate and if adopted, the adoption certificate.

**33. Home address**

Postcode

**34. Postal address**  
(if different to home address)

Postcode

**35. Contact details**

Phone (include area code for a landline)

Mobile

Email address

Preferred contact method

Phone ☐

SMS ☐

Email ☐

36. Is this young person 15 or under? No ☐ Yes ☐ ► Go to question 38

37. Is this young person (aged 16 or over) a student?

No ☐

Yes ☐ ► Are they in full-time or part-time education?

Full-time ☐ Part-time ☐

Name of educational institution



Attach a copy of their enrolment form.

38. Was this young person living with the member immediately before the date of their death?

No ☐

Yes ☐ ► If there is more than one dependant eligible young person, continue to question 41, otherwise go to Part E.

39. Was this young person living apart from the member because of:

- illness or infirmity, or
- a temporary absence?

No ☐

Yes ☐ ► Give details below

If you need more space, attach another sheet.

40. Was this young person wholly, mainly or partly dependent on the member for economic support at the date of their death?

No ☐

Yes ☐ ► Attach details

If there is more than one dependant eligible young person, continue to question 41, otherwise go to Part E.

## Dependant eligible young person 2

41. Title

Mr ☐ Mrs ☐ Ms ☐ Other ☐ ►

42. Surname

43. Given name(s)

44. Date of birth (dd/mm/yyyy)



Attach a copy of the birth certificate and if adopted, the adoption certificate.

45. Home address

Postcode

46. Postal address  
(if different to home address)

Postcode

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**47. Contact details**

Phone (include area code for a landline)

Mobile

Email address

Preferred contact method      Phone ☐      SMS ☐      Email ☐

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**48. Is this young person 15 or under?**

No ☐      Yes ☐ ► **Go to question 50**

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**49. Is this young person (aged 16 or over) a student?**

No ☐

Yes ☐ ► Are they in full-time or part-time education?

Full-time ☐      Part-time ☐

Name of educational institution

 Attach a copy of their enrolment form.

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**50. Was this young person living with the member immediately before the date of their death?**

No ☐      Yes ☐ ► **Go to Part E**

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**51. Was this young person living apart from the member because of:**

- illness or infirmity, or
- a temporary absence?

No ☐

Yes ☐ ► Give details below then **Go to Part E**  
If you need more space, attach another sheet.

**52. Was this young person wholly, mainly or partly dependent on the member for economic support at the date of their death?**

No ☐      Yes ☐ ►  Attach details

**PART E Other dependant's details****53. Title**

Mr

☐

Mrs

☐

Ms

☐

Other

☐**54. Surname****55. Given name(s)****56. Date of birth** (dd/mm/yyyy)**57. Home address**

Postcode

**58. Postal address**  
(if different to home address)

Postcode

**59. Contact details**Phone (include area  
code for a landline)

Mobile

Email address

Preferred contact method

Phone

☐

SMS

☐

Email

☐**60. Relationship to the deceased  
member**

Attach proof of the dependant's relationship to the deceased member.

**61. Was this dependant wholly or  
partly dependent on the member  
for economic support at the date  
of their death?**

No

☐

Yes

☐

Attach details

**62. Are there any other people  
known to you who aren't listed  
above who were dependent on  
the member at the date of their  
death?**

No

☐

Yes

☐

Provide details

If you need more space, attach another sheet.

| Full name | Address | Relationship |
|-----------|---------|--------------|
|           |         |              |
|           |         |              |
|           |         |              |
|           |         |              |

## PART F Income Support Supplement

### Important information

If you are granted wholly dependant partner payments then Services Australia – Centrelink or DVA will cancel any income support pension or benefit you are receiving.

You may qualify for the Income Support Supplement (ISS). ISS is a means-tested payment (income and asset tested) that is paid by DVA to eligible war widows and widowers in addition to their wholly dependant partner payment.

A requirement for ISS is that you are an Australian resident and physically in Australia when you lodge your claim.

There is no age restriction on eligibility for ISS.

ISS may be granted based on invalidity. Invalidity ISS paid to a person who is under Age Pension age is non-taxable income. Age pension age will increase by 6 months every 2 years until it reaches 67 on 1 July 2023. Your pension age is determined by the following table:

| If your date of birth is on or between: | Then your pension age is: |
|---|---------------------------|
| Before 1 July 1952                      | 65 years                  |
| 1 July 1952 to 31 December 1953         | 65 years and 6 months     |
| 1 January 1954 to 30 June 1955          | 66 years                  |
| 1 July 1955 to 31 December 1956         | 66 years and 6 months     |
| On or after 1 January 1957              | 67 years                  |

To be eligible for invalidity ISS you must be permanently incapacitated for work. To be considered permanently incapacitated for work you must meet one of the following criteria:

- That you are permanently blind in both eyes (even if you are still working).
- That you have a physical, intellectual or psychiatric disability and all of the following apply:
  - The disabilities are assessed at 20 points or more under the Impairment Tables in Schedule 1B of the *Social Security Act 1991*.
  - You are unable to work for at least 30 hours a week.
  - The disabilities alone prevent you from working for the next 2 years.

Receiving a wholly dependant partner payment as a lump sum payment may result in the non-payability of ISS if you exceed the income or assets test.

**Note:** If you would like further information about eligibility for ISS, you can contact DVA and ask for a copy of the booklet *About Claiming Income Support Supplement (D0529B)*. The booklet is also available from <https://www.dva.gov.au/about-us/dva-forms/claim-income-support-supplement-part-eligibility>

#### 63. Do you want to claim for the ISS in addition to wholly dependant partner payments?

**Note:** If you are already receiving a service pension from DVA, you do not need to claim ISS. Your entitlement to ISS will be automatically assessed if wholly dependant partner payment is granted. **Go to Part H**


If you have been receiving a pension or benefit from Services Australia – Centrelink, it will be cancelled and you **must tick the ‘Yes’ box below** to claim ISS.

No ☐ **Go to Part H**

Yes ☐

#### 64. Do you currently receive an income support payment from DVA or Services Australia – Centrelink?

For example, age pension, disability support pension, ABSTUDY and payment under New Enterprise Incentive Scheme.

No ☐  You will need to complete and return the form *Claim for Service Pension or Income Support Supplement Part B – Income and Assets (D0648)* to us. This form will be sent to you or your representative.

Yes ☐ Current information on your income and assets will be used to assess pension you will receive, but you may be contacted if additional details are needed.



65. Are you applying for ISS on the basis of invalidity?

No ☐ ► Go to question 67

Yes ☐

66. On what basis are you applying for invalidity?

Invalidity (Blind) ☐ ►



Attach a report from an ophthalmologist giving details of the degree of visual impairment.

Invalidity (Other) ☐ ►



You will need to complete and return the form *Medical Details (D0571)*. We will send this form to you or your representative.

### Pension Bonus Scheme

67. Are you a registered member of the Pension Bonus Scheme?

**Note:** You must answer this question because once you receive ISS you will not be able to get the Pension Bonus at any point in the future.

No ☐

Yes ☐ ►



You will need to complete and return form *Claim for Pension Bonus (D0559)* to us. We will send this form to you or your representative.

68. What is your residence status in Australia?

Australian citizen ☐

Special purpose visa holder ☐

Permanent visa holder ☐

Special category visa holder ☐



If you are the holder of a permanent visa, special purpose visa or special category visa, attach a copy of documents that show that you are legally allowed to remain in Australia. For example, a passport showing your visa.

69. Are you living permanently in Australia?

No ☐

Yes ☐

70. Were you born in Australia?

No ☐

Yes ☐ ► Have you ever lived overseas?

No ☐ ► Go to Part G

Yes ☐ ► Go to question 72

71. If you were born outside Australia:

Country of birth

When did you first arrive in Australia

How long have you lived in Australia

years months

72. Have you move to or returned to live in Australia in the last 12 months?

No ☐

Yes ☐

## PART G Bereavement payments

### You might be eligible for a bereavement payment

Where the member was getting Permanent Impairment (PI), Special Rate Disability Pension (SRDP) or Incapacity Payments for the week prior to the week in which they died, payments for these may continue to you as a bereavement payment for a further 12 week period.


Bereavement payments can continue if either of the following applies:

- you are a wholly dependant partner of the member, or
- there are no wholly dependant partners or eligible young persons.

**Note:** Where the member leaves 2 or more persons entitled to the 12 week bereavement payment, it will be apportioned in accordance with the directions of the Commission.

73. Do you want to claim a bereavement payment?

No ☐ ► **Go to Part H**

Yes ☐ ►  If you are claiming bereavement payment based on the member's Incapacity Payments, please provide a completed tax file number (TFN) declaration. For more information go to <https://www.ato.gov.au/Forms/TFN-declaration/>

## PART H Funeral expenses


Funeral expenses can only be claimed by or on behalf of a dependant who paid for the funeral costs or by the member's legal personal representative.


74. Do you want to claim funeral expenses?


No ☐ ► **Go to Part I**

Yes ☐

75. Which one of the following do you want to do?

Claim a reimbursement of funeral expenses ☐ ►  Attach a copy of the receipt.

Direct the payment of funeral expenses to the person or organisation who carried out the funeral ☐ ►  Attach a copy of the invoice.

Direct the payment of funeral expenses to another person or organisation that incurred the cost of the funeral ☐ ►  Attach a copy of the receipt or invoice.

## PART I Common law damages

76. Have you claimed or do you intend to claim common law damages against the Australian Government or third party in respect of the member's death?

**Note:** If you have claimed or claim in the future, you must tell us of the claim in writing as soon as you can. It must be within days of making the claim. You must also let us know in writing within 28 days of recovering any damages.

No ☐

Yes ☐ ► Provide details  
If you need more space, attach another sheet.

| Australian Government Department or third party | Date of claim | Reference number |
|---|---------------|------------------|
|   |               |                  |
|   |               |                  |
|   |               |                  |
|   |               |                  |
|   |               |                  |
|   |               |                  |

|               |                               |
|---------------|-------------------------------|
| <b>PART J</b> | <b>Representative details</b> |
|---------------|-------------------------------|

**77. Would you like to nominate a representative or organisation to act for you in matters related to this claim?**

No ☐ **▶ Go to Part K**

Yes ☒ Provide their details below

**78. Representative's surname**

[illegible]

**79. Given name(s)**

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

[illegible]

**80. Organisation name** (if applicable)

**81. Is the representative trained under the Training and Information Program (TIP), or Advocacy Training and Development Program (ATDP)?**

|    |  |
|----|--|
| No |  |
|----|--|

Yes  To what level?

\_\_\_\_\_

## 82. Representative's postal address

Postcode

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### 83. Contact details

Phone (include area code for a landline)

\_\_\_\_\_

## Mobile

\_\_\_\_\_

Fax

\_\_\_\_\_

Email address

\_\_\_\_\_

### Preferred contact method

Phone 

|     |  |
|-----|--|
| SMS |  |
|-----|--|

Fax Email

## PART K Acknowledgement and Declaration

**84. This declaration must be signed by you (the claimant) or your legal representative if you cannot sign it yourself**

**I understand that:**

- any information I provide in relation to this form will be handled in accordance with the Privacy notice on page 1.
- 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.
- 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.
- any compensation monies which I may be paid as a result of any false or misleading claim or statement will be recovered by DVA.

**I declare that:**

- the information I have supplied on this form and on any other attachments is true and correct.

Claimant's full name

**Claimant/legal representative's signature**



Date

The legal representative must also complete **Part L**.

**85. This declaration must be signed by the representative nominated in Part J (if any).**

**I declare that:**

- I have helped the claimant complete this claim form, and
- all the information accurately reflects the claimant's statements and intentions.

**Representative's signature**



Date

## PART L Legal representative's authority to act

Complete the details of the person who is legally authorised to act either:

- on behalf of the claimant, or
- on behalf of the estate in relation to the claiming of funeral benefits.



Attach a certified copy of:

- enduring Power of Attorney, guardianship papers or other authorisation to act (if you're acting on behalf of the claimant).
- the will, probate or letter of administration (if you're acting on behalf of the deceased).

### 86. Legal representative's surname

### 87. Given name(s)

### 88. Address

Postcode

### 89. Contact details

Phone (include area code for a landline)

Mobile

Email address

Preferred contact method

Phone

☐

SMS

☐

Email

☐

### 90. Legal representative's signature



Date