



# Claim for Incapacity for Service/Work

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## About this form

Incapacity payments paid by the Department of Veterans' Affairs (DVA) under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) or the *Military Rehabilitation and Compensation Act 2004* (MRCA) are economic loss compensation payments due to the inability (or reduced ability) to work, because of a service injury or disease.

Further information about incapacity payments under the MRCA and DRCA can be found at [www.dva.gov.au/incapacity-work](http://www.dva.gov.au/incapacity-work).

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## How to fill in this form

Consider lodging your claim using DVA's online claim portal MyService. You can find MyService at <https://www.dva.gov.au/myservice/#/>. It is quick and easy to use.

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.

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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.advocateregister.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).

## PART A Your details

1. Surname

2. Given name(s)

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

4. DVA File number

5. Home address

Postcode

6. Postal address  
(If different to residential)

Postcode

7. Home phone

8. Mobile phone

9. Work phone

10. E-mail address

## PART B Representative details

11. Do you wish to nominate a representative or organisation to act for you in matters related to this claim?

No ☐

Yes ☐ ► Representative type

☐ Ex-Service Organisation ☐ Legal ☐ Other

Full name

Organisation name (if applicable)

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

No ☐ Yes ☐ ► To what level?

**PART B Representative details** continued...

Address

POSTCODE

Telephone

Home

[   ]
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Work

[   ]
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Mobile

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Facsimile

[   ]
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E-mail address

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The nominated representative must also sign this form at Question 43 on page 11.

**PART C Incapacity details****12. Condition causing incapacity**


**13. Please describe the loss of earnings and/or allowances you are claiming**


**14. Please list the period(s) of lost earnings and/or allowances you are claiming**

/ /	to	/ /
/ /	to	/ /
/ /	to	/ /

**PART D Treating Medical Practitioner details****15. Specialist's Details**

Full name

--

Type of specialist (e.g. Neurologist, Orthopaedic, etc.)

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Date of last consultation

/ /
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Work telephone

[   ]
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Address

POSTCODE

E-mail address

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Please attach the details shown above for any additional specialist you attend.

**PART D Treating Medical Practitioners details** continued...**16. General Practitioner (GP) Details**

Full name

Work telephone

 

Address

POSTCODE

E-mail address

**PART E Australian Defence Force (ADF) details****17. ADF Service number(s)****18. Enlistment date** /  / **19. Are you a current serving member of the ADF?**No ☐Yes ☐

▶ Please provide details

☐ Full time ADF☐ Reserves (Active or Standby)**20. Discharge date (if you transferred to Reserves, provide the date of transfer)** /  / **21. Reason for discharge**☐ Medical☐ Administrative☐ Resignation☐ Other**22. In what service did your injury occur?**☐ Permanent Forces☐ Part time Reserve☐ CFTS (Reserve)☐ Cadet☐ Declared Members**23. What is your ADF Rank and Paygroup (if discharged from the ADF what was your Rank and Paygroup at date of discharge)?**

Rank

Paygroup and Increment

Fortnightly military salary

**PART F Civilian employment details****24. Are you currently working?**No ☐Yes ☐ ▶ Please provide details


**PART F Civilian employment details** continued...

**25. Is the employment continuing?**

No ☐ ► Reason for cessation

Date of cessation

 / 

Yes ☐ ► Name of employer

Employer's address

Contact name

Telephone

E-mail address

Period of employment

From  /  To  /

Total hours worked per week

Gross weekly earnings (i.e. before any deductions)

 

Date this rate of pay started

 / 

► Provide a copy of your current pay slip  
or other pay advice

Description of duties



If you answered "Yes" to question 24 or question 25, please supply details about your employment (e.g. copy of current/last work contract, pay slips, etc.).

Note: please attach to this form the details for each employer you have had in the last 12 months.

**26. Is the employment permanent or casual?**

☐ Permanent ☐ Casual

**27. Would you like assistance in returning to work or maintaining your current employment?**

No ☐ Yes ☐ ► Please provide details

**PART F Civilian employment details** continued...

**28. Are you involved in a business or partnership (including any showing a negative profit)?**

No ☐

Yes ☐ ► Business or Company name

ABN/ACN

Nature of business

Business address

POSTCODE

Contact name

Telephone

E-mail address

Period of employment

From

To

Total hours worked per week

Gross weekly earnings (i.e. before any deductions)

Date this rate of pay started

Description of duties



For business or partnership please provide your business/financial information e.g. BAS statements, Profit and Loss and Income Tax Returns.

**29. Have you worked at all since ceasing employment with the Australian Defence Force?**

No ☐

Yes ☐

► Please provide details

## PART G Other benefits

**30. Do you, or did you, receive a superannuation benefit from Commonwealth Superannuation Corporation (CSC) as a pension, a lump sum or both?**

No ☐ ► Go to Question **31**

Yes ☐ ► Please provide details

☐ Pension ☐ Lump sum

From which scheme?

Full-time members

☐ DFRDB - Defence Force Retirement & Death Benefits Scheme

☐ MSBS - Military Superannuation & Benefits Scheme

☐ ADF Super – Australian Defence Force Superannuation (01/07/2016)

Part-time members

☐ CSC - The Commonwealth Superannuation Corporation

☐ PSS - Public Sector Superannuation Scheme

☐ Other - please specify

Invalidity ☐ Class A ☐ Class B ☐ Class C

Age retirement No ☐

Yes ☐ ► Please provide details

20 years service etc. No ☐

Yes ☐ ► Please provide details

Date Lump sum  
received

Amount of Lump  
sum received



Please attach the details of all lump sum payments received.

**31. Have you lodged or intend to lodge a claim for superannuation benefit from CSC as a pension, a lump sum or both?**

No ☐

Yes ☐ ► Please provide details


**32. Has your CSC pension been reclassified in the last year?**

No ☐

Yes ☐ ► Date reclassified

**PART G Other benefits** continued...

**33. Have you received any of your superannuation benefits early due to early retirement, financial hardship or medical grounds (e.g. Employer Productivity Benefit payment)?**

No ☐

Yes ☐

**34. Have you rolled-over a superannuation benefit from a Commonwealth funded superannuation scheme (e.g. DFRDB, MSBS, ADF Super, CSC, PSS or any other fund)?**

No ☐

Yes ☐ ► Please provide details


**35. Have you or your solicitor commenced, intend to commence, or finalised a common law (Third Party) or State Workers Compensation damages action?**

No ☐

Yes ☐ ►



If your claim has settled, please provide a copy of your settlement of claim.

**36. Do you have a solicitor representing your common law (Third Party) or State Workers Compensation damages action?**

No ☐

Yes ☐ ► Please provide solicitor details

Contact name

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Firm name

--

Address


POSTCODE

Contact phone number

[   ]
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E-mail address

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**37. Do you receive (or intend applying for) benefits from a Commonwealth Department or Authority (e.g. Centrelink, Disability Pension/Income Support Supplement from DVA)?**

No ☐

Yes ☐ ► Please provide details




## PART G Other benefits continued...

38. Do you receive any payments from Centrelink?

No ☐

Yes ☐ ► Your Customer Reference Number (CRN)

## PART H Interim Incapacity Payments

Before any entitlement to incapacity payments can be correctly calculated DVA must first obtain information from the Commonwealth Superannuation Corporation (CSC), and the Department of Defence. To reduce the risk of financial difficulty resulting from delays while DVA awaits receipt of all necessary information, interim fortnightly payments of compensation may be made to you.

Please be aware that payment of incapacity benefits in this way would be an interim measure only, and may result in an overpayment to you. Once details of your superannuation and rank and pay group are received by DVA, your actual fortnightly compensation entitlement can be determined. Any overpayments resulting from the interim fortnightly payments will be recovered from arrears of superannuation owing to you and/or from any further incapacity payments you may be entitled from DVA. From 1 January 2017, interim incapacity payments under the *Military Rehabilitation and Compensation Act 2004* may be calculated taking account of the person's normal weekly earnings.

39. Do you wish to receive interim fortnightly payments?

No ☐

Yes ☐

## PART I Bank details

40. Provide the details of the account you wish your payment to be paid into:

Name of Bank, Credit Union or Building Society

Branch

Address

POSTCODE

Account in the name of

Account number

BSB (if known)

## PART J Attachments

**IMPORTANT:** To help us assess your claim more quickly, you can provide copies of any supporting documents that you have, such as:

- clinical notes
- specialists reports
- scans, MRIs or X-ray reports
- witness statement(s)
- Authority to Participate in Civilian Sport
- Hazardous Material Exposure Report
- Entry Medical Board Questionnaire.

Providing these documents up-front can help to save time later.

☐ DVA/Comcare Medical Certificate ([www.comcare.gov.au](http://www.comcare.gov.au)) or Workcover Medical Certificate

☐ ATO Tax File Number Declaration Form

Information on DVA's collection and use of Tax File numbers can be found at;  
<https://www.dva.gov.au/about-dva/accountability-and-reporting/your-tax-file-number>

### Medical discharge (if relevant)

- ☐ MECRB Determination and Minutes
- ☐ ADF Final Medical Board
- ☐ MSBS (M40) or DFRDB (D40) Acknowledgement letter
- ☐ Most recent CSC Benefit Advice
- ☐ Most recent SVA (Military Pay Advice)
- ☐ DM042

### Loss of military allowance (including reserves)

- ☐ SVA (Military Pay Advice) with allowances
- ☐ SVA (Military Pay Advice) without allowances

### Loss of civilian earnings (where relevant)

- ☐ Employment separation certificate or letter from employer
- ☐ Leave application
- ☐ Most recent Payslip
- ☐ Tax return
- ☐ Profit and Loss Statements
- ☐ Business Activity Statement (BAS)
- ☐ Balance Sheet
- ☐ Bank Statements

For further information about incapacity payments under the *Military Rehabilitation and Compensation Act 2004* (MRCA) and *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA), please refer to [www.dva.gov.au/incapacity-work](http://www.dva.gov.au/incapacity-work)

## PART K Authorisation and Declaration

**I understand that** information sought on this form is required to assess my eligibility for benefits under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)* or the *Military Rehabilitation and Compensation Act 2004 (MRCA)*. It may also be used to determine my possible eligibility for benefits under the *Veterans' Entitlements Act 1986 (VEA)*. Therefore, any information I provide in relation to this form may be disclosed to other Agencies or bodies. It may also be necessary for DVA to obtain relevant information from other agencies or bodies for the purposes of assessing and/or paying any entitlements to compensation benefits I may have under the DRCA or MRCA.

Those Agencies and bodies include, but are not limited to, the following:

- the Department of Defence
- the Department of Veterans' Affairs Disability Compensation and Income Support sections (in relation to any similar claim I may lodge, or may have lodged, under the VEA)
- Services Australia (Centrelink, Medicare, Child Support Agency)
- the Australian Taxation Office
- the legal representatives of the Department of Defence in relation to any common law (Third Party) damages action which I or my legal representative may institute (or have already instituted) and in which the Department of Defence and its legal representative may have legitimate interest
- Commonwealth Superannuation Corporation (CSC) (regarding any Commonwealth superannuation entitlements I may have), and
- Australian Commonwealth, State and Territory's compensation Authorities where it may be necessary to obtain details of any benefits I may have received in relation to a similar injury or medical condition.

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

**I am aware that:**

- I must advise DVA immediately if I engage in any employment (whether paid or unpaid) or if I engage in running a business in my own right or as a partner during the period when I am medically certified to be unfit for work due to the injury, disease or illness to which this claim for compensation relates.
- I must advise DVA immediately if my injury or illness improves during a period of certified incapacity for work sufficiently to allow me to return to work.
- 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, and
- I must advise DVA within 14 days if I travel overseas for an extended period.

**41. Claimant name**

**42. Claimant date of birth**

 

**CLAIMANT SIGNATURE**



Date

 

**43. Nominated Representative signature** (if applicable)

I am the representative nominated in Question 11 of this form.

I assisted the claimant to complete this claim form ensuring that the contents accurately reflect the claimant's statements.

I acknowledge that I have been nominated by the claimant to represent them in matters related to this claim and I will treat the information shared in a secure and confidential manner in order to maintain the claimant's privacy.

I consent to the use of my contract and personal information, provided in this form, for communication and authentication purposes by DVA in relation to this claim.

**NOMINATED REPRESENTATIVE 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).

### 44. Details of the person who is legally authorised to act on behalf of the claimant

Full name

Address

POSTCODE

Telephone

Home

Work

Mobile

**SIGNATURE OF LEGAL REPRESENTATIVE**



Date