



Australian Government

Seafarers Safety, Rehabilitation and Compensation Authority

CLAIM FOR COMPENSATION FOR A WORK-RELATED DEATH

Seafarers Rehabilitation and Compensation Act 1992

Information about claiming compensation

In this document, all references to 'the employer' mean the employer against whom this claim is made.

Please complete this form if you want to claim compensation for dependants of a deceased employee under the *Seafarers Rehabilitation and Compensation Act 1992* (Seafarers Act). This form is approved by the Seafarers Safety, Rehabilitation and Compensation Authority (Seacare Authority) in accordance with subsection 63(2) of the Seafarers Act.

The Seacare Authority produces guidance material to assist employees and employers understand their rights and obligations regarding workers' compensation. Copies of these information brochures and booklets are available from the employer, or from the Seacare Authority website at www.seacare.gov.au.

Note: If you intend to make a claim for compensation against more than one employer in relation to this death, you must provide a notice to each employer stating the name and address of the employer.

If you consider that another employer or employers materially contributed to the injury or illness which resulted in the death, you must provide the employer against whom this claim is being made with a notice stating the name and address of the other employer or employers.

Privacy information

Personal information on this form is collected under sections 63, 105 and 106 of the *Seafarers Rehabilitation and Compensation Act 1992* to help the employer determine your eligibility for workers' compensation and to allow the Seacare Authority to perform its functions under the Seafarers Act. If you do not provide the personal information requested in this form, it may not be possible to assess or manage your claim for compensation.

This form is used to collect information on behalf of the Seacare Authority, your employer and the insurance company. Your employer and the insurance company are subject to their own obligations under Privacy legislation. Please contact your employer or the insurance company if you require further information on how they will manage your personal information under their privacy policies.

Your privacy is important to us. The Seacare Authority will only collect, use, store or disclose your personal information in accordance with the *Privacy Act 1988*. The Seacare Authority collects information from the employer

about workers' compensation claims made under the Seafarers Act in order to maintain a database of Seacare scheme workers' compensation statistics. In addition, in some cases the Seacare Authority manages claims against the Seafarers Safety Net Fund. For these purposes, and for other purposes related to the Seacare Authority's functions under the Seafarers Act, the Seacare Authority may use or disclose your personal information to bodies and agencies including (but not limited to):

- the employer
- the employer's insurer
- an approved rehabilitation program provider
- government agencies including Centrelink, the Australian Taxation Office, the Department of Employment, Comcare and Safe Work Australia
- any external third party that the Seacare Authority contacts to carry out statutory functions
- courts and tribunals
- any other person where there is an obligation under law to do so.

We want to ensure that your personal information that is collected, used, stored or disclosed is accurate, up-to-date and complete. The Seacare Authority's Privacy Policy contains information on how you can request access to personal information held about you and how to seek correction of that information.

You may make a complaint if you consider that the Seacare Authority has interfered with 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.

The Seacare Authority 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, the Seacare Authority will comply with APP 8.

The Seacare Authority's Privacy Policy is available at www.seacare.gov.au/Privacy and is administered on the Seacare Authority's behalf by Comcare. 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 telephone 1300 366 979 or email privacy@comcare.gov.au.

What you need to do

Step 1—Fill in this form

Please use a **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 answer does 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 5.

Step 2—Collect the documents you need to provide to the employer

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 (for example a general practitioner or medical specialist) to show that the deceased employment 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.

If there are dependants who were not living with the deceased at the time of death you will need to provide proof of level of economic support by the deceased, such as child care payments or other financial support. This can be ascertained from bank account transactions or pay slips, receipts, etc.

Use the checklist at the end of this form to make sure you have provided all the required information.

Step 3—Lodge this form

When you have completed and signed this form and collected all the documents you need to support the claim, make a copy of all documents for your records.

Provide this form and the attachments to the employer against whom you are making the claim. The employer will send a copy of this form and relevant attachments to the Seacare Authority.

If the employer has gone out of business or no longer operates, you should lodge this form and the attachments with the Seafarers Safety Net Fund. The Fund representative is the Seacare Authority, GPO Box 9905, Canberra ACT 2601.

If the deceased was no longer employed at the time of death, you must provide this form to the employer the deceased worked for when they had the accident or contracted the illness.

Help—Do you need help with this form?

If you need assistance to complete this form, you should contact the deceased's employer, the employer's representative or the deceased's union delegate.



Australian Government

**Seafarers Safety, Rehabilitation
and Compensation Authority**

CLAIM FOR COMPENSATION FOR A WORK-RELATED DEATH

Seafarers Rehabilitation and Compensation Act 1992

(Employer use only)

Date received

About the deceased

1 What is the deceased's full name?

Mr Mrs Ms Other

Family name

Given name(s)

2 When was the deceased born?

Date of birth

3 Where did they live?

<input type="text"/>	
<input type="text"/>	
State	Postcode

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

In some cases, the employer may no longer exist or may have changed its name. If this is the case, please call Seacare on (02) 6275 0070 for assistance.

5 Payroll number or PIN (if known)

6 Name of home port

7 Occupation at the time of the injury or illness (rank/rating)

8 Name of the ship the deceased was employed on when the injury or illness happened

About you

9 Your full name

Mr Mrs Ms Other

Family name

Given name(s)

10 What is your relationship to the deceased?

11 Your date of birth

12 Your contact telephone number

Home ()

Work ()

Mobile

Email

13 Your permanent home address

(please give street address and not a PO Box)

<input type="text"/>	
<input type="text"/>	
State	Postcode

14 Your postal address

(if the same as home address write 'as above')

<input type="text"/>	
<input type="text"/>	
State	Postcode

About the cause of death

15 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 if you require assistance completing this form

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

For example: a support person or solicitor.

No Yes ► Please give details

Their name

Their daytime telephone number

Postal address

<input type="text"/>	
<input type="text"/>	
State	Postcode

Email

Relationship

17 What compensation entitlements are you seeking?
Tick as many as appropriate.

For more information about the entitlements available for dependants, please call the Seacare Management Section on (02) 6275 0070.

- 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

18 When did the deceased die?

Date of death

Time of death

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

Please attach a copy of death certificate.

20 Was the death due to an illness or disease contributed to by work, or to an injury resulting from a work related incident?

- Illness or disease contributed to by work
- Injury resulting from a work related incident

21 Did 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

Address

<input type="text"/>
<input type="text"/>

State Postcode

<input type="text"/>	<input type="text"/>
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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.

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

- No ► Go to Dependant(s) information on page 3
- Yes ► Go to Question 23

About the journey

23 Where was the deceased travelling?

From

To

Via

24 Did the deceased travel a route other than the direct route?

No Yes ► Please attach a map of the route taken

25 Was the journey interrupted?

No Yes ► Please attach a separate sheet stating the reason for, and the duration of, the interruptions

26 Did the police attend?

No Yes ► Please attach a copy of the Police Statement or provide the Police Event number or Police reference number

Dependant(s) information

27 Are you the sole dependant?

Yes ► If you are the sole dependant, and have already provided your name, address and contact details on page 1, go to Question 34.

No ► If there is more than one dependant, photocopy pages 3 and 4 for each dependant and attach to this form.

28 Dependant's full name

Mr Mrs Ms Miss Other

Family name

Given name(s)

29 Dependant's permanent home address

(please give street address and not a PO Box)

<input type="text"/>	
<input type="text"/>	
State	Postcode

30 Dependant's postal address

(leave blank if same as above)

<input type="text"/>	
<input type="text"/>	
State	Postcode

31 Dependant's telephone number

Home

Work

Mobile

32 Dependant's date of birth

33 Relationship to the deceased

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

Notes:

1. Wholly dependant means where a person does not earn and relies upon the earnings of another for support
2. Answer 'yes' and 'wholly' if the dependant was living with the deceased at the time of death. This includes living with the deceased immediately before he or she was admitted to hospital where he or she died.
3. 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 Authorisation and declaration

Yes ► Was the dependant wholly or partly dependent?

Wholly

Partly

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

35 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 include enrolment details from current educational institution.

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

No Yes ► Please give details

Their name

Relationship to dependant

Home telephone number

Work telephone number

Mobile number

Authorisation, declaration and acknowledgement

Please read and sign this authorisation, declaration and acknowledgement.

Please note that all references to 'the employer' mean the employer against whom this claim is made.

I authorise and consent to:

The employer collecting personal information about the deceased from or disclosing personal information about the deceased to:

- any medical practitioner, hospital, laboratory, rehabilitation provider, or other health practitioner providing details of any consultation, treatment or report in connection with this injury or illness to the employer or any relevant former employer, upon production of this authority or photocopy thereof.
- any other relevant third party (or insurer) considered by the employer to have contributed to the injury.

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:

- I elect to claim benefits under the Seafarers Act and not under an industrial award or agreement
- 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 the employer as a result of a false or misleading statement or claim may be recovered by the employer.

I acknowledge that:

- the employer's workers' compensation insurer may exercise the authorities and rights of the employer in relation to this claim, whether those authorities or rights are conferred on the employer by this claim form or by the Seafarers Act
- it is an offence to provide false information in relation to a claim for compensation under the Seafarers Act.

Name

Your signature

Date

Checklist

Please use this Checklist as a guide to ensure that you have completed this form and attached all necessary attachments before it is given to the employer.

Check that you have answered all the questions you are required to answer and have signed the Authorisation, declaration and acknowledgement.

Cause of death

Have you attached a copy of the death certificate?

Additional details

If the injury or illness happened while travelling to or from the deceased's workplace, a training facility or other authorised location and:

- a route was travelled other than the direct route (Question 24), have you attached a **map of the route taken**?
- the journey was interrupted (Question 25), have you attached a **separate sheet stating the reason for, and the duration of, the interruptions**?
- the police attended (Question 26), have you attached a **copy of the Police Statement** or provided the Police Event number or Police Reference number?

If the deceased consulted more than one doctor or medical practitioner in relation to their injury or illness, have you attached details of the other medical practitioner(s)?

If the deceased had more than one dependant, have you attached details and proof of the relationship of each dependant of the deceased?

If any dependants were partly dependant on the deceased for economic support at the time of their death, have you attached details of the support given?