DEPENDANT BENEFITS

DEFINED BENEFITS APPLICATION

FOR ACCIDENTS ON OR AFTER 1 FEBRUARY 2020

ACT Government | Motor Accident Injuries Commission

Use this form to apply for defined death benefits for dependants associated with a motor accident in the ACT when:

1. Relevant accident

The deceased died as a result of a motor accident in the ACT on or after 1 February 2020.

and

2. Appropriate applicant

You are the personal representative of the deceased person, or a dependant, or parent or guardian of a dependant of the deceased person.

Information

- Complete this form and send it to the relevant insurer with the required attachments.
- If you're filling out this form by hand, please use a blue or black pen. Mark boxes like this ☐ with a ✓ or a X.
- Any attachments will form part of this application and the declaration and authorisation will include them.
- If you need advice about this form please contact Access Canberra on 13 22 81 or via their online query form.
- Submit your application within 13 weeks of the date of death. A late application may be accepted up to 1 year from the date of death with full and satisfactory explanation.
- If you're acting as a guardian of a dependant of the deceased, please complete the section identifying who you are, your relationship to the applicant, and the reason you're acting on their behalf.

What happens next?

3. The insurer will be in touch with you

The insurer will contact you to discuss your application and request any further information or details you have about your application and the accident.

4. The insurer will assess your application

The information you provide will help the insurer assess your application. The information requested on this form is required by laws covering motor accident injuries.

5. An ACAT Distribution Order will be made

You must sign the declaration and authority. The declaration confirms that your statement is true and correct. The insurer will give your application to the ACT Civil and Administrative Tribunal (ACAT) for an order for payment of death benefits to dependants.

Checklist

What you will need to submit your application

- ☐ **You have gathered all required information for the dependants of the deceased, whether or not they are covered by this application.**
- ☐ **You have collected all the necessary documents demonstrating dependency to submit with this form.**
- ☐ **A certified copy of the deceased's death certificate.**
- ☐ **Submit this form to the relevant insurer.**
- ☐ **Keep a copy of this form and any attachments you have provided.**

1. Applicant details

Are you the personal representative of the person deceased or a dependant of the person deceased?

☐ Personal representative ☐ Dependant ☐ Guardian of dependant *(please complete section 2 below)*

What is your relationship to the deceased?

Applicant first name | **Middle name(s)** | **Last name**

Provide at least one phone number:

Mobile phone number (if applicable) | **Home phone number** (if applicable) | **Work phone number** (if applicable)

Email address

Home address (unit, street number, street name, suburb, state, postcode)

Contact preference

☐ Mobile ☐ Email ☐ Home phone ☐ Work phone

If you need an interpreter, please tell us your preferred language.

2. Guardian contact details

Are you a guardian of the dependant identified in the section above?

☐ No ▶ **If no,** skip to the next section.

☐ Yes ▶ **If yes,** please provide your contact information and details below:

Full name | **Relationship to the applicant**

Mobile phone number (if applicable) | **Home phone number** (if applicable) | **Work phone number** (if applicable)

Contact addresses (unit, street number, street name, suburb, state, postcode)

3. Personal details of the deceased

Please remember to attach a certified copy of the death certificate with your application. An interim death certificate will not be sufficient. There may be some delay in obtaining a death certificate for a death referred to the Coroner. You will not need to provide a death certificate if this has already been given to the insurer with another application.

First name | **Middle name(s)** | **Last name**

Date of birth (dd/mm/yyyy) | **Date of death** (dd/mm/yyyy)

Address of the deceased (unit, street number, street name, suburb, state, postcode)

4. About the accident

Police Accident Report attached

☐ Yes ☐ No

Police Accident Report number (if known)

The Coroner's Court of the ACT holds all police reports for motor accidents that involve a fatality. The Court can be contacted on (02) 6207 1754.

Has a *Personal Injuries* application form been submitted for the deceased?

☐ Yes ▶ **If yes,** please provide the MAI Application Identifier, then skip to Section 5:

☐ No ▶ **If no,** please complete this section:

Date of the accident (dd/mm/yyyy) / /

Approximate time of the accident ☐ am ☐ pm *(tick one)*

Where did the accident occur? (e.g. corner, intersection, street, number/name, suburb, state)

In the accident, the deceased was the:

☐ Driver ☐ Passenger ☐ Motorcyclist ☐ Other (give details)

☐ Cyclist ☐ Pedestrian ☐ Pillion passenger

Please provide a brief description of the accident

Details of all vehicles involved in the accident

Provide as much information as you can, including the deceased's own vehicle. Place a tick to indicate the vehicle you believe to be most at fault (if known).

Registration Number	**State**	**Most at fault**	**Driver's name**	**Driver's contact** (e.g. phone, email)	**Number of passengers**
I'm unsure who's most at fault					

5. Additional information

Were there any expenses or financial losses suffered by the deceased resulting from the accident in the time between the accident and the date of death? (e.g. lost wages)

☐ No ▶ **If no,** skip to the next section.

☐ Yes ▶ **If yes,** please outline these expenses or financial losses in the space below (if information is available):

Has an application for death benefits been submitted under the workers compensation scheme?

☐ No ▶ **If no,** skip to Section 6.

☐ Yes ▶ **If yes,** please give the details below:

Workers compensation insurer

Has liability been accepted? ☐ No ☐ Yes

Claim number

State

6. Details of dependants

Please provide the details of all of the deceased person's dependants in the table below. Please include all details for dependants covered by this application, and as many details as possible for dependants not covered by this application.

Dependants include:

a) A dependent child - a child of the person (including a child born after the person's death), whether or not living with the person as a member of the person's family; or a grandchild or step child of the person, living with the person as a member of the person's family. At the time of the person's death, a dependent child must be one or more of the following:

- under 18 years old
- a full-time student and under 25 years old
- a person with a disability and wholly or partly financially dependent on the person

b) A domestic partner of the person

c) A dependent former domestic partner of the person - a former domestic partner of the person who is wholly or partly financially dependent on the person.

Please list all dependants to be covered by this application *(attach a separate sheet titled 'Covered dependants' if more space is required)*

Full name	Date of birth	Relationship	Home address

Please list any dependants you are aware of for whom an application is not being made

Full name	Date of birth	Relationship	Address or other contact details

7. Evidence of dependency

Please attach evidence of dependency for each dependant covered by this application. The insurer may ask for more information or documentation if required. Evidence of dependency could include:

- certified copy of marriage certificate
- certified copy of a child's birth certificate
- copies of bank account statements
- tax returns
- household bills in joint names
- property titles or lease agreements
- letter from school, college, or university confirming enrolment
- a letter from a disability service provider or treating health practitioner
- statutory declaration

8. About personal information

The insurer will need authority to collect personal and health information to help manage your application.

Why?

- For the purpose of enabling the insurer to process, assess and manage your application and to verify any evidence you may submit in support of your application.
- To ensure the application is compliant with ACT motor accident injuries legislation.
- For the purposes of legal proceedings under that legislation if required.

Insurers may need to disclose personal and health information on this form to each other and relevant organisations.

Why?

- To process, assess and manage your application.
- To support any complaint or enquiry made by you to any authority.

9. Collection of personal and health information to manage your application

- Personal and health information provided by you may be retained, used and disclosed by:
  - licensed insurers to manage your application and determine your entitlements, and
  - the Motor Accident Insurance Commission as regulator of the MAI scheme under the *Motor Accident Injuries Act 2019* (ACT).
- Any personal and health information you provide will be collected, retained, used and disclosed in accordance with (where relevant) the *Motor Accident Injuries Act 2019* (ACT), *Information Privacy Act 2014* (ACT), *Health Records (Privacy and Access) Act 1997* (ACT), *Freedom of Information Act 2016* (ACT) and the Commonwealth *Privacy Act 1988*.
- Under the *Motor Accident Injuries Act 2019*, the MAI Commission may, despite anything to the contrary in the *Information Privacy Act 2014* or the *Health Records (Privacy and Access) Act 1997*, collect, use and disclose data relating to third party policies, claims, activities and performance of insurers and the provision of health, legal and other services relating to applicants.

10. Declaration and authorisation

Please read this declaration carefully before writing your name below and signing.

- All information you have provided in this application form must be true and correct in every respect.
- Under part 3.4 of the *Criminal Code 2002*, you can be fined, imprisoned, or both for either knowingly or recklessly providing false or misleading information in this form, or omitting anything without which the information is false or misleading.
- You authorise the insurer to contact and obtain information and documents relevant to the application from persons specified in this authorisation below and provide information and documents so obtained to persons specified in this authorisation below.
- You consent and authorise the release of any information in relation to my claim to the MAI Commission for the purpose of data analysis to assist in the regulation and improvement of the MAI scheme. This includes consent to be contacted by the MAI Commission or an authorised third party to provide feedback of your experience of the MAI scheme.

The consent and authorisation to release, use, disclose and exchange personal information on this form and information obtained in the course of processing and managing your application for dependant benefits apply to and between:

- any police service
- the Coroner's Court of the ACT
- any property damage insurer
- any funeral director or mortuary service
- any personal injury insurer or workers compensation insurer
- the ACT Civil and Administrative Tribunal (ACAT)
- the ACT MAI Commission

This consent operates until you either revoke the authority by notice, in writing, to the stated insurer, or are no longer entitled to defined benefits in relation to the motor accident.

I, (print name) _____

declare that, to the best of my knowledge, the information given in this form is true and correct. I also give consent and authorisation for the collection, use, disclosure and exchange of personal and health information provided on this form and information obtained in the course of the processing and managing my application for defined benefits to and between persons set out in section 10 of this form.

Signature

_____

Date (dd/mm/yyyy)

/ /

Authorised by: **ACT Government | Motor Accident Injuries Commission** Catalogue No. MAIDDB04 10/19