

# FUNERAL BENEFITS

## DEFINED BENEFITS APPLICATION

FOR ACCIDENTS ON OR AFTER 1 FEBRUARY 2020



Use this form to apply for funeral benefits associated with a motor vehicle 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 person who has paid or is liable to pay the funeral expenses of the deceased.

## 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](#).
- Funeral expenses are not payable in cases of a foreign national who has died outside Australia.
- **Note that this is the only form required to obtain funeral benefits.**

## 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 compensation.

**5. Funeral benefits determination will be made**  
You must sign the declaration and authority. The declaration confirms that your statement is true and correct. The authority provides the insurer access to relevant information to complete their assessment of the application. If your application does not include a signed declaration and authority page, it may be rejected or delayed.

## Checklist

Attach a copy of all invoices or receipts for funeral expenses paid.

Submit this form and attachments to the relevant insurer.

Keep a copy of this form and any attachments you have provided.

# 1. Applicant details

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

Relationship to the deceased (For example: partner, spouse, child, sibling, executor or administrator of the deceased's estate, or solicitor)



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

# 2. Funeral expenses



Please attach any invoices or receipts for funeral expenses alongside this form.

If the funeral costs have not yet been paid, please provide details for the funeral director below.

Funeral director name

Funeral director contact number

If you have already paid for the funeral, please provide your bank details:

Account name

BSB

Account number

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

No ► If no, skip to Section 3.

Yes ► If yes, please give the details below:

Workers compensation insurer

Has liability been accepted?

Claim number

State

No

Yes

# 3. Personal details of the deceased



Please attach any documents you may have that show the deceased died as a result of injuries sustained as a result of a motor accident. This could include a certified copy of the death certificate, a Notice of Cause of Death given by a health service provider, or a letter from the Coroner's Court of the ACT.

Has a *Dependant Benefits* application 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:

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



If you have already provided the *Dependant Benefits* MAI Application Identifier in the previous section, you do not need to complete this section. Please skip to Section 5.

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)

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. 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.

## 6. 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)*, 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.

## 7. 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.

**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 defined 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 7 of this form.**

Signature

Date (dd/mm/yyyy)

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