



When to use this form

If you currently receive incapacity payments, you will need to complete this form once a year. Keeping your details up to date means that we can keep paying you correctly.

You need to return the form within 28 days. Call us if you need more time.

How to fill in this form

If you already have a MyService account, you may be able to complete your review online.

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.

What you need for this task

Before you get started, you will need:

- the names and contact details of your medical practitioners
- details of your recent work, superannuation and other benefits.

You may also be required to provide supporting documents. This could include pension or lump sum payment documents, payslips or work contracts.

How to contact us

Please call 1800 VETERAN (1800 838 372) during business hours and ask to speak with the Incapacity team.

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

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

How we protect your privacy

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

We may collect your personal information to deliver government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Visit www.dva.gov.au/privacy to find out more about how we manage personal information.



PART A Your details

1. Surname

2. Given name(s)

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

4. DVA file number

5. Have any of your contact details changed? No If No, go to **PART B** Yes

6. Home address Postcode

7. Postal address (if different to Home address) Postcode

8. Preferred phone number []

9. Email

10. Preferred contact method SMS Phone Email

PART B Treating medical practitioner(s) details

You don't need an appointment to complete this form.

11. Give details of your treating medical practitioner(s) (if applicable)
If you have more than 2, you can list them on a separate sheet of paper and attach it to this form.

Type of practitioner GP Other Please specify

Practitioner name

Contact phone number [] Suburb / Town

Have you seen this practitioner in the last 12 months? No Yes

Type of practitioner GP Other Please specify

Practitioner name

Contact phone number [] Suburb / Town

Have you seen this practitioner in the last 12 months? No Yes

PART C Your recent circumstances

12. Are you currently working or have you worked in the last 12 months?

No

Yes ►

You must declare all work you are doing, including any unpaid or voluntary work, or self-employment.



Please attach documents that give us details about your work, such as payslips. We will contact you if we need more information.

13. Have you been cared for in a hospital, nursing home or similar place for a continuous period of 12 months?

No

Yes ►

If you haven't already told us about this, we'll contact you for more information.

14. Have you been in prison or confined for any period in the last 12 months?

No

Yes ►

If you haven't already told us about this, we'll contact you for more information.

PART D Your superannuation and other benefits

Provide any information you have available.

15. Have you received a benefit (pension or lump sum) under the DFRDB, MSBS or ADF Super in the last 12 months?

No Yes

16. Has your pension been reclassified since your last review?

No Yes

17. Have you received a benefit (pension or lump sum) in the last 12 months?

No

Yes ► Fund name

Member number

18. Have you or your legal representative commenced, or finalised a common law (Third Party) or State Workers Compensation damages action in the last 12 months?

No

Yes ►

If you haven't already told us about this, we'll contact you for more information.

PART E 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.

Signature



Date