

# Asbestos-Related Diseases - Claim for Compensation (Worker)

Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011

## WHO CAN MAKE A CLAIM

### 1. Person with an asbestos-related disease

You may be eligible for compensation if:

- you have been diagnosed with an asbestos-related disease; and
- you were exposed to asbestos fibres whilst employed in Tasmania; and
- you have not previously received any compensation, including through a common law settlement, for this asbestos-related disease.

Following the correct diagnosis of an asbestos-related disease, where you have less than two years life expectancy due to that disease, you have 12 months to apply for compensation from the date a relevant medical certificate is provided to you. There are no time frames to lodge an application where your life expectancy is more than two years.

If you were diagnosed with an asbestos-related disease prior to the commencement of the asbestos compensation scheme, and you have less than two years life expectancy, you have 12 months to apply for compensation from the day the scheme commenced.

Please complete this form (**Form 1**).

### 2. Certain family members of a person who has died from an asbestos-related disease

You may be eligible for compensation if:

- you are a member of the family of a person who has died from an asbestos-related disease; and
- that person would have been eligible for compensation if they were still alive.

You have 12 months to apply for compensation following the death of the person with the asbestos-related disease. If the person with the disease dies less than 12 months before the commencement of the compensation scheme, you have 12 months to apply for compensation from the day the scheme commenced.

If you are a member of the family that wishes to claim compensation please complete **Form 2: Asbestos-Related Diseases – Claim for Compensation – Member of the Family (GF023)** available at [www.asbestos.tas.gov.au](http://www.asbestos.tas.gov.au) or by calling the Workplace Standards Tasmania Helpline on 1300 366 322.

## WHERE TO SEND THE CLAIM FORM

You must send your completed claim form and accompanying documents:



BY post to:  
The Asbestos Compensation Commissioner  
PO Box 56  
ROSNY PARK TAS 7018

### Need more information?

Contact 1300 366 322 or go to [www.asbestos.tas.gov.au](http://www.asbestos.tas.gov.au)

## ABOUT THE INFORMATION IN THIS FORM

The information in this form is required under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*. Failure to provide the required information may result in delays in processing your claim or it being rejected.

The information in this form is used by the Asbestos Compensation Commissioner to help determine your claim and your potential compensation entitlements. It is important that you answer the questions fully.

**The information in this form will be treated confidentially.** Only staff of the Asbestos Compensation Commissioner; the Medical Panel, approved Impairment Assessors and other approved bodies with proper legal authority are allowed to access your information and are restricted in how they use the information. If you consider that your personal information has been handled incorrectly by the Asbestos Compensation Commissioner, a complaint may be raised with the Asbestos Compensation Commissioner. If you are not satisfied with the response of the Asbestos Compensation Commissioner, you can make a complaint to the Ombudsman under the *Personal Information Protection Act 2004*.

**The information you provide must be truthful.** You must answer the questions fully and truthfully. Information provided that is knowingly false or misleading may result in a fine of up to 100 penalty units being imposed.

### Right to information

Under the *Right to Information Act 2009* you have the right to access information about you held by the Asbestos Compensation Commissioner. Requests for information must be made in writing to the Commissioner.

### Disclosing and sharing information

The Asbestos Compensation Commissioner needs to collect your personal information for the purpose of determining and managing your compensation claim and to assist in the performance of its functions and exercise of its powers under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011* (the Act).

In the course of managing your claim, the Asbestos Compensation Commissioner may need to disclose your personal information to the following third parties:

- your employer at the time you were exposed to asbestos and any subsequent employer
- your superannuation fund manager or trustee
- any health professional
- hospital or other health institutions
- vocational and functional assessor
- employment agencies
- legal advisers
- persons engaged by the Asbestos Compensation Commissioner to conduct research related activities
- any relevant third party (or insurer) considered by the Asbestos Compensation Commissioner to have contributed to the disease
- any other person assisting the Asbestos Compensation Commissioner in the performance of its functions or exercise of its powers.

In the course of managing your claim, the Asbestos Compensation Commissioner and the above specified parties may have occasion to collect your personal information from, and disclose records containing your personal information to, one another.

## MAKING A CLAIM – PERSON WITH ASBESTOS-RELATED DISEASE

There are a number of steps to making a claim:

1. You must obtain a diagnosis from a medical specialist that you have an asbestos-related disease. The diagnosis must include your life expectancy.
2. Complete and lodge this application form with the necessary attachments.
3. Evidence checks are conducted by the Asbestos Compensation Commissioner.
4. If you have a non-imminently fatal asbestos-related disease (life expectancy of more than two years) you will be referred to an impairment assessor to determine your level of impairment.
5. If you are assessed as having 10% or more impairment of the whole person, this information is provided to the Medical Panel (if less than 10% you are put in a holding pattern with annual reviews of your level of impairment).
6. The Medical Panel determines a number of questions including:
  - Does the person have an asbestos-related disease?
  - Is the disease reasonably attributable to exposure to asbestos during the course of employment?
  - Does the person have an imminently or non-imminently fatal disease?
  - If the disease is non-imminently fatal, what is the person's level of impairment and incapacity for work if applicable?
  - Is the person likely to recover from the disease?
7. The Medical Panel refers its determination to the Asbestos Compensation Commissioner. The Asbestos Compensation Commissioner cannot overturn this determination.
8. The Asbestos Compensation Commissioner determines if the person was a "worker" as defined under the legislation and if their employment was connected with the State of Tasmania.
9. A determination is made within 28 working days of all evidence being provided to the Medical Panel.

**If you are a member of the family of a deceased person, please fill out Form 2: Asbestos-Related Diseases – Claim for Compensation – Member of the Family (GF023)** available at [www.asbestos.tas.gov.au](http://www.asbestos.tas.gov.au) or by calling the Workplace Standards Tasmania Helpline on 1300 366 322.

OFFICE USE ONLY

File Number:  /

Date Entered \_\_\_\_\_ Initials \_\_\_\_\_

**SECTION A: APPLICANT'S PERSONAL DETAILS**

Please ensure that ALL the questions are answered to assist us in processing your claim in a timely manner. If you have any questions about this form you may telephone us toll free on 1300 366 322 (in Tasmania) or (03) 6233 7657 (outside Tasmania).

**1. YOUR FULL NAME**

Title (Mr/Ms/Miss/Other)  Last name

Given name(s)

**2. BIRTH DETAILS**

Gender  Male  Female

Date of Birth  Country of Birth

**3. ADDRESSES**

**Home**

Street name

Suburb  State  Postcode

Country

**Postal Address** (If same as above write 'AS ABOVE')

Street name

Suburb  State  Postcode

Country

#### 4. CONTACT DETAILS

Home

Business

Mobile

Fax

Email

(please tick if you give your consent for us to contact you via email or fax)

#### 5. BANK ACCOUNT DETAILS

(Please fill out this section if you would prefer eligible payments made directly into your nominated bank account).

Name of financial institution

Branch location

BSB  Account number

Name(s) on the account

Signature (Applicant's signature ONLY)

Date

**SECTION B: EMPLOYMENT, EARNINGS AND OTHER COMPENSATION DETAILS**

1. Are you currently employed or have you worked in the 12 month period before making this application?

YES  NO

If yes, please complete the following questions.

a) Normal weekly earnings

Normal weekly earnings include any regular allowances, but not travel or accommodation allowances. Overtime is excluded other than in specified circumstances.

b) Normal weekly hours  (hrs)  (mins)

c) Average days usually worked per week

d) Occupation

Please provide copies of at least two recent payslips

2. Details of current employer (where relevant)?

(Please fill out this section if you would prefer eligible payments made directly into your nominated bank account).

Employer's name

Street name  Suburb

State  Postcode  Country

Telephone number

When did you commence working with your current employer?

Please note that the Asbestos Compensation Commissioner may contact your employer, or previous employer, to verify details of your employment.

3. Did you cease employment due to your current asbestos-related disease?

YES  NO

If yes, are you partially or totally incapacitated for work due to your asbestos-related disease?

YES  NO

If yes, please provide details of how you are restricted, and when you commenced restricted duties.

If you ceased employment for a reason other than your asbestos-related disease please provide details.

On what date did you last work?  Do you intend to work again?  YES  NO

4. Do you have a disease or injury other than an asbestos-related disease?

YES  NO

If yes, please specify

Does this affect your ability to work or your daily living activities?

YES  NO

If yes, please provide details

5. Do you receive any type of pension, benefit or allowance (including any overseas payments)?\*

YES give details below  NO

What is the type of pension, benefit or allowance?

What is the fortnightly rate?

\*Please note that compensation payments under the asbestos compensation scheme may affect existing pensions and benefits or have implications for taxation. Please seek advice from Centrelink ((03) 9201 9119) and the Australian Taxation Office [www.ato.gov.au](http://www.ato.gov.au)

Please attach copies of any relevant documents

6. Have you claimed, received or are you receiving compensation or damages, or do you intend to claim compensation or damages from any other source (e.g. another State, the Commonwealth, overseas, common law through the courts, etc) for an asbestos-related disease, other than by this application?

YES give details below  NO

Please attach copies of any relevant documents

## SECTION C: SPOUSE DETAILS AND FAMILY DETAILS

### I. Do you have a spouse/spouses?

YES  NO

If yes, please complete the table below

Title	Last name	First name	Second name(s)	Maiden name (where applicable)	Gender (M/F)	Date of birth	Address	Phone number(s)	Married or significant relationship*	Length of relationship

\* if significant relationship please attach proof of registration or an attachment with full details of the nature of the relationship including:

- the duration of the relationship
- the nature and extent of common residence
- whether or not a sexual relationship exists
- the degree of financial dependence or interdependence, and any arrangements for financial support, between the parties
- the ownership, use and acquisition of property
- the degree of mutual commitment to a shared life
- the care and support of children
- the performance of household duties
- the reputation and public aspects of the relationship.

Please attach evidence of your spousal relationship ie marriage certificate, proof of relationship as above.



2. Do you have a child/children under the age of 22 (include adopted children)?

YES  NO

Where yes, please complete the table below

Title	Last name	First name	Second name(s)	Gender (M/F)	Date of birth	Address	Phone number(s)	Guardian name and contact details	Parents of the child (as per the birth certificate)

3. Stepchildren

Do you have stepchildren under the age of 22?  YES  NO

Where yes, please provide their names and dates of birth

In the event that you die prior to compensation being paid to you do you wish to nominate a stepchild or stepchildren under the age of 22 to receive compensation?

YES give details below  NO

Please attach birth certificates or extracts for the above children, including step children.

## SECTION D: OCCUPATIONAL HISTORY

### I. Employment history

Applications must include details of your full work history.

In addition, please provide as many details as you can regarding your asbestos exposure and your employment during the period you were exposed.

Please attach copies of any relevant documents such as:

- pay slips, group certificates or other relevant documents;
- evidence of trade union membership, or evidence of the holding of a licence, qualification or other authority to engage in a trade or occupation during the exposure period;
- a statutory declaration or affidavit sworn by you or another person such as a former work colleague regarding your employment during the exposure period;
- witness statements.

Employment (include details of occupation and workplace)	Employer (please include employer name, employer address and ABN and ACN if known)	If exposed, name of the asbestos product exposed to (if known/relevant)	Exposure period (dates or time period in which the person was exposed to asbestos through their employment if applicable)	Where relevant, how were they exposed to asbestos/what activities were they undertaking at the time? For example, using power tools on asbestos product, working with asbestos lagging, manufacturing asbestos product



Employment (include details of occupation and workplace)	Employer (please include employer name, employer address and ABN and ACN if known)	If exposed, name of the asbestos product exposed to (if known/relevant)	Exposure period (dates or time period in which the person was exposed to asbestos through their employment if applicable)	Where relevant, how were they exposed to asbestos/what activities were they undertaking at the time? For example, using power tools on asbestos product, working with asbestos lagging, manufacturing asbestos product

If you require more space please attach additional pages to your application.

## 2. Asbestos exposure outside of employment

Please use the table below to record any incidents of asbestos exposure outside of work. For example, while undertaking renovations on a house. Failure to include this information may affect your claim.

Situation where you were exposed (eg renovating)	Name of the asbestos product you were exposed to (if known)	Exposure period (dates or time period in which you were exposed to asbestos)	How were you exposed to asbestos/what activities were you undertaking at the time? For example, using power tools on asbestos product

If you require more space please attach additional pages to your application.

**SECTION E: ASSISTANCE WITH THIS FORM**

This section is to be completed when the applicant is unable to read and complete this form without assistance.

- 1. The details in this application form were completed by me on behalf of the Applicant and the contents of the application and form were read by me to the Applicant and the Applicant indicated his/her consent and the truth of the answers contained herein.

Signature

Print Name

Relationship to Applicant  Date

(e.g. competent person over the age of 18 years authorised by a Power of Attorney or appointed as Guardian)

- 2. I assisted in the completion of this application form by reading the application form and questions to the Applicant in the  language and translated his/her/their responses to each question from the  language to the English language. The Applicant indicated his/her/their consent and the truth of the answers contained herein.

Signature of Interpreter/Translator

Date

Print Name

Signature of Applicant

Date

Print Name

## SECTION F: STATUTORY DECLARATION

Please read this statutory declaration carefully before signing.

- The Asbestos Compensation Commissioner is authorised to obtain information and documents relevant to the claim for compensation for an asbestos-related disease.
- You must sign the statutory declaration before a justice of the peace or a commissioner for declarations (a list of occupations that can act as a commissioner for declarations is available at: [http://www.justice.tas.gov.au/legislationreview/commissioners\\_for\\_declarations](http://www.justice.tas.gov.au/legislationreview/commissioners_for_declarations) and includes medical practitioners, dentists, legal practitioners, nurses, pharmacists, optometrists, police officers).
- Your claim may be delayed if the statutory declaration is not properly completed and witnessed.
- All information you have given in this claim form must be true and correct in every respect.
- Under section 178 of the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*, you can be penalised for knowingly furnishing false or misleading particulars in this form.
- The collection, use and disclosure of personal information by the Asbestos Compensation Commissioner are governed by the *Personal Information Protection Act 2004*.

### Declaration

I,

*(name, address and occupation of applicant)*

Do solemnly and sincerely declare that to the best of my knowledge, the information given to the Asbestos Compensation Commissioner in this claim form is true and correct in every respect. I authorise the Asbestos Compensation Commissioner to (i) contact and obtain information and documents relevant to the claim form persons specified in the authorisation; (ii) provide information and documents so obtained to persons specified in the authorisation. I have ensured that all other people listed in Section A have been made aware of everything in the claim form and this declaration.

Persons specified in the authorisation are:

- Any doctor, ambulance service, hospital or other service provider
- Centrelink
- Medicare Australia
- Asbestos Compensation Tribunal
- Australian Taxation Office
- Any employer or former employer.

I understand that information obtained under this declaration from doctors, an ambulance service or as part of clinical notes from hospitals may include general medical information relevant to my claim.



I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 2001*.

*(Signature of applicant)*

Declared at  on   
*(place)* *(date)*

before me,

*(Signature)*

*(Name and occupation of commissioner for declarations or justice of the peace)*

**SECTION G: INITIAL MEDICAL CERTIFICATE FOR ASBESTOS-RELATED DISEASES COMPENSATION**

**(To be completed by relevant Medical Specialist only)**

*Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*

The Asbestos Compensation Commissioner is the compensation provider for Tasmanian workers that have contracted an asbestos-related disease through their employment in Tasmania.

Please complete all relevant sections of the form. 'As previous' or 'Unchanged' is not considered sufficient information. Where the worker has completed an authority for the release of medical information, please send all relevant test results, scans and reports to the Asbestos Compensation Commissioner, by electronic means where possible (acc@justice.tas.gov.au). This will assist with processing the worker's claim in a timely manner.

**Worker's Details**

Title (Mr/Ms/Miss/Other)  Last name

Given name(s)

Date of birth

Postal address

Postcode

Telephone numbers Home  Work

Mobile



**Medical Certification**

I examined the patient on

**Current clinical symptoms**

Diagnosis of the asbestos-related disease is:

Based on the patient history, in my opinion the disease is:

reasonably attributable to workplace exposure (state reasons)

or other cause (state reasons)

If known, is the disease a new disease/condition.

YES  NO Provide details

Past history of similar diseases/conditions or comments relevant to disease/condition

I am of the opinion that the patient is:

not reasonably likely to die within 2 years from the date on which this certificate is given (non-imminently fatal asbestos-related disease)

reasonably likely to die within 2 years from the date on which this certificate is given, but the asbestos-related disease is not likely to be a significant factor contributing to the worker's death (non-imminently fatal asbestos-related disease)

reasonably likely to die within 2 years from the date this certificate is given and the asbestos-related disease is reasonably likely to be a significant factor contributing to the workers' death (imminently fatal asbestos-related disease).

Provide full details of any other medical condition/s that may contribute to the person's death (if applicable)

**Incapacity / Fitness For Work (complete where relevant)**

The patient is currently:

- fit to continue duties
- fit to return to duties from
- fit for modified duties, with limitations specified below, from  to   
(max. 12 months on this certificate)
- already retired from employment

**Restrictions**

  

- totally unfit for work from  to  (max. 12 months on this certificate) due to:

(Please specify reasons for incapacity)

  
  
  

- The patient has wholly/substantially recovered from the effects of the asbestos-related disease
- The patient's incapacity is no longer due wholly/substantially to the asbestos-related disease.

(Please specify grounds for opinion)

  
  
  

Provide test results, xrays, scans, and/or examinations conducted upon which the diagnosis and/or findings of causation are based. These must be recent images (i.e. within 6 months).

  
  
  
  
  

In addition, for non-malignant cases, provide full lung function testing including spirometry **and** gas transfer results.



### Current Medical Treatment Summary (Treating medical specialist or doctor to complete)

What type of medical treatment or pharmaceutical treatment is currently required for this disease?

TREATMENT TYPE	BENEFITS OF TREATMENT	DATE OF REVIEW	NUMBER OF SESSIONS

Provide details of any other medical services, nursing services, hospital services, rehabilitation services, ambulance services, constant attendance services, physiotherapy services or psychological services required for the treatment of the disease, include expected duration of treatment where applicable.


Has the patient been referred to another health/medical professional? If yes, provide details.


Has the patient consulted other health/medical professionals? If yes, provide details.






### Medical Practitioner Details

Name and address of registered medical practitioner (please print)

Name

Postal address

Postcode

Phone  Fax

Qualifications

Specialty

Occupation

Provider number

Signature

Date

## SECTION H: AUTHORITY AND CONSENT FOR THE COLLECTION AND RELEASE OF MEDICAL INFORMATION PERTAINING TO THIS CLAIM

The Asbestos Compensation Commissioner needs to collect your personal information for the purpose of determining and managing your compensation claim. In the course of managing your claim, the Asbestos Compensation Commissioner, the Medical Panel, accredited impairment assessors, Medicare Australia, Centrelink, the Asbestos Compensation Tribunal and other medical professionals such as doctors, ambulance service, hospital or other service providers may have occasion to disclose records containing your personal information to one another.

### YOUR AUTHORITY FOR THE COLLECTION, USE AND DISCLOSURE OF MEDICAL INFORMATION

I,

(Your full name)

of

(Your full private address)

Date of Birth:

hereby authorise and consent to any doctor, health professional, hospital or other health institution or rehabilitation provider who has examined/treated me for:

(Disease)

to discuss with and provide to the Asbestos Compensation Commissioner or other parties mentioned above any reports, clinical notes or other relevant information relating to this, or other related conditions.

I authorise and consent to the above mentioned parties disclosing, releasing, or discussing records containing my personal medical information, between one another.

I understand that the medical information is required for the purposes of determining and managing my compensation claim, to assist with my treatment and to assist the Asbestos Compensation Commissioner and other parties mentioned above in any actions authorised under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*.

I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to collect, use, disclose, discuss or provide the medical information requested.

Signature

Date

### REFUSAL TO GIVE AUTHORITY

If you refuse or fail, without reasonable excuse, to allow the Asbestos Compensation Commissioner and the above parties to collect, use and disclose your personal medical information, the Asbestos Compensation Commissioner may reject your claim as the information is necessary in order to manage and determine your claim for compensation, to assist with treatment and to perform other functions required under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*.



**SECTION I: AUTHORITY FOR ASBESTOS COMPENSATION COMMISSIONER**

I,   
(Name of applicant)

give permission for the Asbestos Compensation Commissioner to speak to

(Name and relationship to applicant)

(Name and relationship to applicant)

Signature of applicant

Date

## SECTION J: PROOF OF IDENTITY

All applications for compensation must be accompanied by certified and witnessed copies of documents confirming your identity from the following list in the following combination:

Two documents, one from **Category A** and one from **Category B**; or

Two documents from **Category B**; or

Three documents, one from **Category B** and two from **Category C**.

**A B** or **B B** or **B C C**

Copies must be certified by a justice of the peace or commissioner for declarations

### Category A Documents

Full Australian birth certificate  
Current Australian driver's licence  
Current Australian passport  
Current Foreign passport

### Category B Documents

Australian Medicare card  
Centrelink card  
Department of Veterans' Affairs card  
Credit card or account card  
Change of name certificate (for marriage or legal name change – showing link with previous names)  
A deed poll registration  
Australian citizenship document issued by the Department of Immigration and Citizenship  
Australian immigration papers issued by the Department of Immigration and Citizenship  
An Australian naturalisation certificate issued by the Department of Immigration and Citizenship  
Australian marriage certificate  
A current fire arms license  
Tertiary identification card

### Category C Documents

Utilities bills eg. Telephone, electricity or gas bill  
Bank statements showing residential address  
Property rates notice  
Home insurance papers  
Rental documents such as a lease or lodgement of bond  
Document from Nursing Home or Residential Care Facility that provides evidence of residence

## CHECKLIST

Before sending this claim form to the Asbestos Compensation Commissioner please ensure that you have completed the following steps:

- Attach at least two copies of recent payslips (where relevant) (**Section B**).
- Attach copies of any relevant documents in relation to pensions, benefits, allowances (**Section B**).
- Attach copies of any relevant documents in relation to other compensation (**Section B**).
- Provide copy of proof of significant or de-facto relationship, or a marriage certificate (**Section C**).
- Provide copies of birth certificates or extracts in relation to your children (**Section C**).
- Attach copies of relevant employment details during the time in which you were exposed to asbestos (**Section D**).
- Where you received assistance with this form, complete the form at **Section E**.
- Signed the statutory declaration in the presence of a justice of the peace or commissioner for declarations (**Section F**).
- Ensured that you and your doctor have completed the medical certificate. This completed certificate needs to be sent in with the completed claim form (**Section G**).
- Wherever possible, attach all relevant test results, x-rays etc (**Section G**).
- Complete and sign the authority and consent for the collection, use, disclosure and release of medical information (**Section H**).
- Complete and sign Section I if applicable (**Section I**).
- Attached proof of identity (**Section J**).
- **Make a copy of the completed claim form for your own record.**