



Notice of Receipt of Compensation Under Other Legislation

If a worker, or a member of the family of a deceased worker, has made an application for compensation under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011* and subsequently receives compensation under another compensation scheme, they must complete this notification within **20 business days** of receiving the other compensation. Failure to do so may result in a penalty being imposed.

WORKER OR MEMBER OF THE FAMILY

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

Given name(s)

Date of birth

Postal address

Postcode

Telephone numbers Home Work

Mobile

WORKER'S NAME AND DATE OF BIRTH (IF NOTIFICATION MADE BY MEMBER OF THE FAMILY)

Asbestos Compensation Commissioner claim number

Amount of compensation received

Name of scheme under which compensation was received

Jurisdiction in which compensation was received

Type of asbestos-related disease to which the compensation relates

Date of receipt of the compensation

Name of person who received compensation (if different from worker)



I,

(name, address and occupation of worker/member of the family)

do solemnly and sincerely declare that the contents of this declaration are true. 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 worker/member of the family)

Declared at on

(place)

(date)

before me,

(Signature)

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

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 and includes medical practitioners, dentists, legal practitioners, nurses, pharmacists, optometrists, police officers).

SUBMIT COMPLETED FORM



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

OFFICE USE ONLY

Actioned _____ Initials _____ Date _____