

# Asbestos-Related Diseases - Claim for Compensation (Member of the family)

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

## WHO CAN MAKE A CLAIM

**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 died 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.

A member of the family of the deceased person is defined under the legislation as:

- a spouse of the person, or
- a person who has not attained the age of 22 years and who is:
  - (i) a natural child of the person; or
  - (ii) a child who has been adopted by the person; or
  - (iii) a stepchild nominated by the person.

If you are a member of the family of the deceased person please complete this form (Form 2).

If you are a person with an asbestos-related disease that wishes to claim compensation please complete

**Form 1: Asbestos-Related Diseases – Claim for Compensation – Worker (GF022)** available at [www.asbestos.tas.gov.au](http://www.asbestos.tas.gov.au) or by calling the Workplace Standards 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 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 personal information to the following third parties:

- the worker's employer at the time the worker was exposed to asbestos and any subsequent employer
- their 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 – MEMBER OF THE FAMILY OF DECEASED PERSON

There are a number of steps to making a claim:

1. You must obtain and attach a death certificate. You must provide medical evidence that establishes that the deceased worker had an imminently fatal asbestos-related disease or died as a result of an asbestos-related disease.
2. Complete and lodge this application form including the necessary attachments.
3. Evidence checks are conducted by the Asbestos Compensation Commissioner.
4. The Medical Panel determines a number of questions including:
  - Did the person have an asbestos-related disease?
  - Was the disease reasonably attributable to exposure during the course of employment?
  - Was the disease a significant contributing factor in the person's death?
  - Did the person have an imminently fatal asbestos-related disease?
5. The Medical Panel refers its determination to the Asbestos Compensation Commissioner.
6. 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.
7. A determination is made within 28 working days of all evidence being provided to the Medical Panel.

All entitled members of the family must lodge **ONE** application together.

**If you are the person with the asbestos-related disease, please fill out**

**Form 1: Asbestos-Related Diseases – Claim for Compensation – Worker (GF022)** available at [www.asbestos.tas.gov.au](http://www.asbestos.tas.gov.au) or by calling the Workplace Standards Tasmania Helpline on 1 300 366 322.

OFFICE USE ONLY

File Number:

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

## SECTION A: DETAILS OF THE DECEASED PERSON

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. NAME

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

Given name(s)

### 2. BIRTH DETAILS

Gender ☐ Male ☐ Female

Date of Birth  Country of Birth

### 3. DATE OF DEATH

Cause of death as stated on death certificate

Please attach a copy of the death certificate.

### 4. SPOUSE DETAILS OF THE DECEASED

Did the deceased have a spouse/spouses immediately before death?

☐ YES ☐ NO

If yes, please complete the table on page 5.

#### 4. SPOUSE DETAILS OF THE DECEASED (continued)

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.

## 5. CHILDREN

(including adopted children. Also include stepchildren if the deceased had nominated stepchildren to receive payment on Form I prior to their death)

Did the deceased have a child/children, who were under 22 years of age at the time of death?

☐ YES ☐ NO

If 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)

Please attach birth certificates or extracts for the above children, including step children where they were previously nominated.

## 6. BANK ACCOUNT DETAILS

(Please ensure that every eligible family member provides their bank account details below so that any payments made are paid directly into the nominated bank account. If more spaces are required please use Form 4: Request to change bank account and/or personal details (GF025) available at [www.asbestos.tas.gov.au](http://www.asbestos.tas.gov.au)).

(i) Name of financial institution	<input type="text"/>		
Branch location	<input type="text"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>
Name(s) on the account	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
Signature (Applicant's signature ONLY)	Date		

  

(ii) Name of financial institution	<input type="text"/>		
Branch location	<input type="text"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>
Name(s) on the account	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
Signature (Applicant's signature ONLY)	Date		

  

(iii) Name of financial institution	<input type="text"/>		
Branch location	<input type="text"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>
Name(s) on the account	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
Signature (Applicant's signature ONLY)	Date		

  

(iv) Name of financial institution	<input type="text"/>		
Branch location	<input type="text"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>
Name(s) on the account	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
Signature (Applicant's signature ONLY)	Date		

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

### I. Employment history

Applications must include details of the deceased person's full work history.

In addition, please provide as many details as you can in the table below regarding the deceased person's asbestos exposure and their employment during the period they 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 the deceased worker's 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



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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 that applied to the deceased person. For example, while undertaking renovations on a house. Failure to include this information may affect your claim.

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

3. Has any member of the family (in relation to the deceased person) or had the deceased person claimed or received compensation or damages, or do you intend to claim compensation or damages from any other source (e.g. another State, the Commonwealth, overseas, through the courts etc) for an asbestos-related disease suffered by the deceased person other than by this application?

☐ YES, give details below ☐ NO


\*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

## SECTION C: ASSISTANCE WITH THIS FORM

This section is to be completed when the applicant(s) is unable to complete this form without assistance.

1. The details in this application form were completed by me on behalf of the Applicant(s) and the contents of the application and form were read by me to the Applicant(s) and the Applicant(s) indicated his/her/their 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(s) in the  language and translated his/her/their responses to each question from the  language to the English language. The Applicant(s) 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

Signature of Applicant

Date

Print Name

Signature of Applicant

Date

Print Name

## SECTION D: 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 *Personal Information Protection Act 2004*.

### Declaration

I,

*(name, address and occupation of member of the family)*

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 member of the family)*

Declared at

*(place)*

on

*(date)*

before me,

*(Signature)*

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

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

The Asbestos Compensation Commissioner needs to collect your and the deceased worker's 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 and the deceased worker's 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 examined/treated:

(Name of deceased worker)

for   
(Disease / Diseases)

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 the deceased worker's medical information, between one another.

I understand that the medical information is required for the purposes of determining and managing my compensation claim 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 the deceased worker's 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, and to perform other functions required under the *Asbestos-Related Diseases (Occupational Exposure) Compensation Act 2011*.

## SECTION F: 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 G: 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 of 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 Department of Immigration and Citizenship  
An Australian naturalisation certificate issued by 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:

- Attached a copy of the deceased person's death certificate (**Section A**).
- Attached a copy of signed relationship certificate (if relevant) or marriage certificate (**Section A**).
- Attached a copy of adoption papers (if relevant) and/or birth certificates (**Section A**).
- Attached copies of any relevant documents in relation to other compensation (**Section B**).
- Attached copies of the deceased person's relevant employment details during the time in which they were exposed to asbestos (**Section B**).
- Where you received assistance with this form, completed the form at **Section C**.
- Signed the statutory declaration in the presence of a justice of the peace or commissioner of declarations (**Section D**).
- Completed and signed the authority and consent for the collection and release of medical information (**Section E**).
- Complete and sign Section F if applicable (**Section F**).
- Attached proof of identity (**Section G**).
- Attached the Funeral Benefits claim form and related accounts, receipts or invoices where you are wishing to seek reimbursement of funeral expenses. The Funeral Benefits claim form can be found at [www.asbestos.tas.gov.au](http://www.asbestos.tas.gov.au).
- **Make a copy of the completed claim form for your own record.**