Claim lodgement process for
Loss of Income Protection – Group Insurance

We hope this flowchart will help you better understand how making a claim works and what we jointly need to do to have the claim assessed ASAP. Cerberos Brokers Pty Ltd (AFSL 260668) are the insurance broker for the CFMEU and they assist in the claims lodgement process. Cerberos act as agent of CFMEU. Cerberos is NOT the Insurer and is NOT liable for any loss or claim. Should you have any questions regarding any part of your claim form or the claims process, please call Cerberos on (07) 3088 2070 business hours or email claims@cerberos.com.au.

Complete all parts of the claim form and include:

- ❑ All doctors certificates
- ❑ Have your doctor complete the Doctors statement (Pages 6 & 7)
- ❑ Include copies of 2 most recent pay-slips
- ❑ Bank deposit details
- ❑ Completed Medicare Form
- ❑ Completed Tax File Declaration

Please note there will be delays in receiving your benefit if the above are not included in your claim.

✓ **Step 1.** Obtain a claim form ⇩	Claim forms can be obtained from: • your Union Lodge Representative; • your payroll office; • Cerberos Brokers
✓ **Step 2.** Sending your claim form Remember to keep a copy of all your claim documentation & send original claim forms to: Cerberos Brokers Pty Ltd PO Box 1305 SPRING HILL QLD 4004 ⇩	To *speed up* the process for lodgement you can: • scan your completed and signed Claim Form and email it to: claims@cerberos.com.au. • fax your claim form to Cerberos Brokers Pty Ltd (07) 3088 2079 ***Please keep a copy for your own records***
✓ **Step 3.** Your confirmation Cerberos Brokers will confirm receipt of your claim and lodge it with the insurer	Cerberos Brokers will: • ensure you have provided all the information needed by the underwriter; • confirm receipt of your claim; • provide you with the insurer's claim number; • give you a contact number to discuss the progress of your claim.

Insurance Claim Form – Personal Injury or Sickness

To ensure your claim is processed as quickly as possible, please ensure:

1. Completion of Sections A, D & F with as full and complete answers as possible. Use additional pages if required.
2. Sections B & C are completed if your claim relates to Injury, Sickness or Additional Benefits
3. Your two most recent payroll slips are included, and have your doctor complete the Doctors Statement
4. Any necessary documentation required to support your claim is attached to this form
5. Your Claim Form is signed.

Please send completed Claim Form and all documentation to:

Claims Department
Cerberos Brokers Pty Ltd
PO Box 1305
SPRING HILL QLD 4004

A — **This section to be completed for all claims**

Personal Information & Policy Details

Mr/Mrs/Miss/Ms	**Surname**		**First Name(s)**			
Date of Birth	_____/ _____/ _____	**Height**		**Weight**		
Residential Address			**State**		**P'Code**	
Postal Address	Write 'as above' if same as residential address					
Telephone	**Private**		**Business**		**Mobile**	
Email Address		Would you like to receive all your correspondence via email? No ❑ Yes ❑				
Occupation						
Employer		**Mine/Pitt/Division:**				
Describe the usual duties of your occupation						
Gross Weekly Income – please attach the two most recent play slips ***(Only required where income benefits are being claimed.)***						

Banking Details: BSB: _____ -_____ Bank _____ Account No. _____

Account Name_____

B — **This section only to be completed for Injury or Sickness claims**

Injury/Sickness Claims

Please describe the nature of the Injury or Sickness			
If Injury, describe how and where it occurred	**HOW -**		
	WHERE -		
What date did the Injury occur or Sickness first manifest?			
Date medical treatment first sought?			
Are you now, or have you been unable to work?	No ❑ Yes ❑	**Date ceased work**	
Have you returned to work on either a full-time or part-time basis?	Full-time ❑	Part-time ❑	
Date resumed working	Full-time:	Part-time:	
If part-time, hours/days working per week			
Current duties			

B **(Section B Continued) This section only to be completed for Injury or Sickness claims**

Injury/Sickness Claims Cont' d

Details of your usual doctor / general practitioner

Name of Doctor	
Name of Clinic / Practice	
Address	
Contact Numbers	Telephone: Fax: Email:
Years Attending Clinic	Years

Details of treatment sought for this injury/sickness

Name of attending doctor			
Address			
Telephone number		**Date treatment first sought**	_____/ _____/ _____
Have you ever suffered from a similar injury/sickness in the past?		No ❑ Yes ❑ (Please provide details)	
Details			

Details of any hospital treatment/admission for this Injury/Sickness

Name of hospital			
Address			
Date of admittance		**Date of discharge**	_____/ _____/ _____

Details of any other Doctors or medical professionals consulting for this Injury/Sickness

Name (s)			
Address			
Date of admittance		**Date of discharge**	_____/ _____/ _____

Details of any alcohol or drugs consumed during the 24 hours prior to the injury

Alcohol (type and quantity)	
Other drugs (type and quantity)	

Details of any medical or surgical treatment or advice received in the last 5 years

Please provide: • Nature of condition • Date(s) condition occurred/manifested • Treatment undertaken • Names and address of treating doctor(s)	

Details of any long term of chronic disability you've suffered

Please provide: • Nature of condition • Treatment undertaken • Name and address of treating doctor(s)	

Insurance Claim Form – Personal Injury or Sickness

C	Complete this Section only if you are claiming for any of the benefits below

Additional Benefits

Please tick the benefits your are claiming:

❑ Income Protection ❑ Death or Capital Benefit ❑ Funeral Benefit

Not all policies provide all of the benefits shown

Benefit Level (please specify) _____

D	This section to be completed for all claims	

Other Insurance Details

Are you a member of a private health fund?	No ❑ Yes ❑ (Please provide details)
Do you have Ambulance Cover?	No ❑ Yes ❑
Are you claiming Insurance or any Compensation from any other Entity, Insurance or otherwise?	No ❑ Yes ❑ (Please provide details)

Name of Insurer/Entity	
Telephone Number	
Details of Claim made or Benefit expected	
Income Benefit Claimed	
Other Benefits Claimed	

E	Privacy Statement

Privacy Statement

I _____, date of Birth____/_____/_____ hereby authorise any hospital, physician or other person who has attended me, or my union representative to furnish Lloyds of London or their representatives with:

1. All copy hospital and medical reports/ notes;
2. All copy employment records and income tax returns; and
3. All information pertaining to medical history (any sickness or disease or injury, consultation, prescription or treatment), employment history and income tax returns.

I agree that a photocopy of this authorisation shall be considered as effective and valid as the original and specifically authorise its use as such.

I declare and warrant the foregoing particulars are true and correct in every detail and acknowledge that Lloyds of London relies upon the truthfulness of the particulars supplied by me in respect to the claim.

Privacy Consent

I consent to Lloyds of London or their representatives:

a) Collecting and using my personal information for the purpose of administering my claim including investigations, assessing and paying any claim made by me or on my behalf. I acknowledge the collection of this information may be necessary to process my claim.

b) Disclosing my personal information to related entities of Lloyds of London, their staff members located outside Australia, the insured, other insurers and reinsurers, insurance references bureaus, law enforcement agencies, lawyers, assessors, repairs, advisers and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Australian Financial Complaints Authority for the purpose of administering my claim or providing a report.

SIGNED: ..... DATED: .....

F	This section to be completed for all claims

Declaration & Authorisation

I declare that:

- the information contained in this form and any documents attached, is correct and complete;
- I have not withheld any information that could affect this claim;
- I am the Insured Person or a nominated beneficiary of the Insured Person covered by the Policy;
- I understand and agree to the above Privacy Statement

I authorise:

- Lloyds of London (or its appointed agents) to collect, use and disclose my personal information that amounts to sensitive information under the Act, as is relevant to this claim.
- Any police officer, airline official or other person who has attended me to supply copies of any and all information relevant to any claim to Lloyds of London or its appointed representatives. A photocopy or facsimile of this authority shall be as effective as the original.
- Lloyds of London (or its appointed representatives) to give to, or obtain from, other insurers or insurance reference bureau any information relevant to this claim.

Your Signature		**Date**	
Name (please print)			

G	Union Authorisation & Confirmation

Declaration & Authorisation

I declare that to the best of my knowledge:

- the information supplied in this form and any documents attached, is correct and complete;
- information that could affect this claim has not been withheld;
- I know the insured Person.

_____ _____

Lodge Executive Officer Signature **Name of Union Lodge**

_____ _____

Print Full Name **Mobile Number**

I hereby authorise to have the above Union delegate kept informed as to the status of my claim.

I understand that neither the underwriter (nor its appointed representative) or Cerberos (and its representatives) will be held responsible for disclosing any information whatsoever relating to my claim.

_____ _____

Claimant Signature **Date**

Attending Medical Practitioner's Statement

- Any fees in relation to the completion of this form are the responsibility of the claimant.

Patient's Full Name			
Date of Birth			
Height	cms	**Weight**	kgs

What is disabling the patient? (Please provide full description of condition including nature and location of any injury)	
Is the condition which is disabling the patient an injury or illness? (please tick)	Injury ❑ Illness ❑
Please provide a copy of any X-Ray or other report(s)	

Does the patient have any other condition which may be contributing to the disablement, or prolong recovery?		No ❑ Yes ❑ (Please provide details below)
Details		
Is the condition either caused or exacerbated by the patient participating in any sporting activity?		No ❑ Yes ❑ (Please provide details below)
Details		

Date injury occurred or symptoms first manifested:		
Date you were first consulted for this condition:		
Has the patient ever suffered from the same or a similar condition:		No ❑ Yes ❑ (Please provide details below)
Details		
How long have you been the patient's doctor/medical practitioner?		
Name of patient's usual doctor/practice (if not you)		
Has the patient undergone surgery, or is surgery anticipated?		No ❑ Yes ❑ (Please provide details below)
Details		
Date surgery performed or anticipated: _____/_____/_____	**Name of Hospital:**	

Attending Medical Practitioner's Statement cont'd

Has the patient undergone any other tests/services/procedures (including pathology tests)?			No ❑ Yes ❑ (Please provide details below)
Details			
Was the patient referred to you?			No ❑ Yes ❑ (Please provide details below of referring doctor)
Details			
Is the patient still disabled?	No ❑	**When did the patient return to work?** _____/_____/_____	
	Yes ❑	**When do you anticipate the patient being able to return to work?**	
		Full-time: _____/_____/_____	
		Part-time": _____/_____/_____	
If unable to perform all of the usual duties of their occupation, please advise what duties the patient could perform and for how many hours per week?			
Has the patient requested medical evidence for the current condition to be issued to any other entity; insurance or otherwise?			No ❑ Yes ❑ (Please provide details below)
Details			
Any other comments relating to the patient's current condition or any other relevant factors affecting the condition of the patient's ability to return to work?			

Signature of Medical Practitioner			
Name (please print)			
Qualifications			
Address			
Telephone Number		**Fax Number**	
Email Address			

Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

This is not a TFN application form.
To apply for a TFN, go to **ato.gov.au/tfn**

Terms we use

When we say:

- **payer**, we mean the business or individual making payments under the pay as you go (PAYG) withholding system
- **payee**, we mean the individual being paid.

Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

You don't need to complete this form if you:

- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit ato.gov.au/trustsandtfnwithholding
- are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund
- want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093)
- want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093).

For more information about your entitlement, visit **ato.gov.au/taxoffsets**

NAT 3092-06.2019

Australian Government
Australian Taxation Office

Section A: To be completed by the payee

Question 1
What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

We and your payer are authorised by the *Taxation Administration Act* 1953 to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you.

If you still can't find your TFN, you can:

- phone us on **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

If you phone or visit us, we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative, would know.

You don't have a TFN

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit **ato.gov.au/tfn**

You may be able to claim an exemption from quoting your TFN.

Print X in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you haven't given your TFN to your payer, they will withhold the top rate of tax from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the:
  - Department of Human Services – however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
  - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
  - Military Rehabilitation and Compensation Commission.

Providing your TFN to your super fund

Your payer must give your TFN to the super fund they pay your contributions to. If your super fund doesn't have your TFN, you can provide it to them separately. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- you can trace different super accounts in your name.

For more information about providing your TFN to your super fund, visit **ato.gov.au/supereligibility**

Question 2–6

Complete with your personal information.

Question 7
On what basis are you paid?

Check with your payer if you're not sure.

Question 8
Are you an Australian resident for tax purposes or a working holiday maker?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and don't set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

If you are in Australia on a working holiday visa (subclass 417) or a work and holiday visa (subclass 462) you must place an X in the working holiday maker box. Special rates of tax apply for working holiday makers.

For more information about working holiday makers, visit **ato.gov.au/whm**

If you're not an Australian resident for tax purposes or a working holiday maker, place an X in the foreign resident box, unless you are in receipt of an Australian Government pension or allowance.

Temporary residents can claim super when leaving Australia, if all requirements are met. For more information, visit **ato.gov.au/departaustralia**

Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

To check your Australian residency status for tax purposes or for more information, visit **ato.gov.au/residency**

Question 9
Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **yes** if you are a foreign resident in receipt of an Australian Government pension or allowance.

Answer **no** if none of the above applies or you are a working holiday maker.

If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.

For more information about the current tax-free threshold, which payer you should claim it from, or how to vary your withholding rate, visit **ato.gov.au/taxfreethreshold**

Question 10
Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer **yes** if you have a HELP, VSL, FS, SSL or TSL debt.

Answer **no** if you do not have a HELP, VSL, FS, SSL or TSL debt, or you have repaid your debt in full.

You have a HELP debt if either:

- the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP, VET Student loans prior to 1 July 2019 or SA-HELP.
- you have a debt from the previous Higher Education Contribution Scheme (HECS).

You have a SSL debt if you have an ABSTUDY SSL debt.

You have a separate VSL debt that is not part of your HELP debt if you incurred it from 1 July 2019.

For information about repaying your HELP, VSL, FS, SSL or TSL debt, visit **ato.gov.au/getloaninfo**

Have you repaid your HELP, VSL, FS, SSL or TSL debt?

When you have repaid your HELP, VSL, FS, SSL or TSL debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

Section B: To be completed by the payer

Important information for payers – see the reverse side of the form.

Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit **ato.gov.au/lodgetfndeclaration**

More information

Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at **ato.gov.au**
- For information about applying for a TFN on the web, visit our website at **ato.gov.au/tfn**
- For information about your super, visit our website at **ato.gov.au/checkyoursuper**

Useful products

In addition to this TFN declaration, you may also need to complete and give your payer the following forms which you can download from our website at **ato.gov.au**:

- *Medicare levy variation declaration* (NAT 0929), if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments.
- *Standard choice form* (NAT 13080) to choose a super fund for your employer to pay super contributions to. You can find information about your current super accounts and transfer any unnecessary super accounts through myGov after you have linked to the ATO. Temporary residents should visit **ato.gov.au/departaustralia** for more information about super.

Other forms and publications are also available from our website at **ato.gov.au/onlineordering** or by phoning **1300 720 092**.

Phone

- Payee – for more information, phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information, phone **13 28 66** between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users – phone **13 36 77** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 7799**)
- Speak and Listen (speech-to-speech relay) users – phone **1300 555 727** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 8000**)
- Internet relay users – connect to the NRS on **relayservice.gov.au** and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone **1800 555 660** or email **helpdesk@relayservice.com.au**

Privacy of information

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy, go to **ato.gov.au/privacy**

Our commitment to you

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at **ato.gov.au** or contact us.

This publication was current at **June 2019**.

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Australian Taxation Office
Canberra
June 2019

DE-6078

Australian Government
Australian Taxation Office

ato.gov.au

Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print **X** in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN. ☐

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax. ☐

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance. ☐

2 What is your name? Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory ▼ Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your primary e-mail address?

6 What is your date of birth? Day / Month / Year

7 On what basis are you paid? (select only one)

Full-time employment ☐ Part-time employment ☐ Labour hire ☐ Superannuation or annuity income stream ☐ Casual employment ☐

8 Are you: (select only one)

An Australian resident for tax purposes ☐ A foreign resident for tax purposes ☐ **OR** A working holiday maker ☐

9 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes ☐ **No** ☐ Answer **no** here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes ☐ Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. **No** ☐

DECLARATION by payee: *I declare that the information I have given is true and correct.*

Signature — You MUST SIGN here

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? 11 084 410 293

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? **Yes** ☐ **No** ☐

3 What is your legal name or registered business name (or your individual name if not in business)?

Claims Management Australasia Pty Ltd

4 What is your business address?

Unit 40

276-278 New Line Rd

Suburb/town/locality: Dural

State/territory: NSW ▼ Postcode: 2158

5 What is your primary e-mail address?

susiebclaimsmanagers.com.au

6 Who is your contact person?

Suzanne Barker

Business phone number 1300133903

7 If you no longer make payments to this payee, print X in this box. ☐

DECLARATION by payer: *I declare that the information I have given is true and correct.*

Signature of payer

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT
See next page for:
- payer obligations
- lodging online.

Print form | Save form | Reset form

Sensitive (when completed)

30920619

Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Home Affairs website at **homeaffairs.gov.au**

Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see **ato.gov.au/whmreg**

For the tax table "working holiday maker" visit our website at **ato.gov.au/taxtables**

Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. **You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables.** After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

For a full list of tax tables, visit our website at **ato.gov.au/taxtables**

Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). **You need to retain a copy of the form for your records.** For information about storage and disposal, see below.

You may lodge the information:

- **online** – lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- **by paper** – complete section B and send the original to us within 14 days.

For more information about lodging your TFN declaration report online, visit our website at **ato.gov.au/lodgetfndeclaration**

Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.

Australian Government
Department of Human Services

medicare

Request for Medicare claims information

Information about your request

The purpose of this form is to request Medicare claims information for individuals and families.

Any changes to this form must be initialled by the relevant signatory.

You can view, download and print your Medicare claims information for at least the last 3 years by accessing your Medicare Online account through myGov.

This form should only be used to request Medicare claims information which is older than 3 years.

If you are requesting Medicare claims information for a person (other than children under 14 years of age) who cannot consent to the release of their own information (e.g. they have a power of attorney or they are deceased), in addition to completing this form, please provide evidence of your authority to act on their behalf.

Information that may be provided in response to your request will include date of service, item claimed, item description, benefit amount, payment method, relevant dates and provider names and locations.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or ✗
- Where you see a box like this ☐ ▶ ***Go to 5*** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

If you have indicated that the information requested in this form should be provided to a third party, please return this completed form to that third party.

The third party is responsible for sending this completed form to the email address below.

Email the completed form to:
medicare.disclosure@humanservices.gov.au

or

visit one of our service centres.

For more information

For more information, go to **humanservices.gov.au** or for assistance completing this form call **132 011** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges may apply.

Details of person making request

1 Medicare card number

☐☐☐☐ – ☐☐☐☐☐ – ☐ Ref no. ☐

2 Name

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

3 Date of birth / /

4 Permanent address

Postcode

5 Postal address (if different to above)

Postcode

6 Daytime phone number

( )

Mobile phone number

Email

@

As we will send your personal information to the email address that you provide, you should be satisfied that the address is appropriate for the receipt of personal information.

Claims information request

7 Indicate the date range(s) for the claims information required.

Medicare claims history for the period

From / / to / /

(insert full date range e.g. 01/05/2014 to 31/05/2015)

8 Are you requesting personal or family claims information?

Personal only ☑ ▶ ***Go to 14***

Family only ☐

Personal and family ☐

Family members aged 14 years and over

9 Are you requesting information about other family members aged 14 years or over?

No ☑ ***Go to 10***

Yes ☐

Complete question 9 if information is required for other family members aged 14 years and over.

Information requested for family members aged 14 years and over, must be accompanied by their signature.

If the other family members are not listed on your Medicare card they will need to submit a separate request.

Family member 1

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

Date of birth

/ /

Would you like us to send your personal information to a third party?

No ☐

Yes ☐ I authorise the Australian Government Department of Human Services to provide my personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

Postcode

Family member 1 signature

Date

/ /

Family member 2

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Family name

First given name

Second given name

Date of birth

/ /

Would you like us to send your personal information to a third party?

No ☐

Yes ☐ I authorise the Australian Government Department of Human Services to provide my personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

Postcode

Family member 2 signature

Date

/ /

If the information relates to more than 2 additional family members aged 14 years and over, attach a separate sheet with details.

Requests for children under 14 years of age

A person with parental responsibility can generally get Medicare or PBS information about a child where the child is under 14 years of age and listed on the same Medicare card as the requesting person.

10 Are you requesting information for a child under 14 years of age?

No ☑ ***Go to 14***

Yes ☐

11 Are you the child's parent or guardian?

No ☐ You may not request this claims information

Yes ☐ If legal guardian, attach supporting documents

Child 1

Family name

First given name

Second given name

Other names child known by (if applicable)

Date of birth / /

Is the child a subject of Family Court orders?

No ☐

Yes ☐ Provide a copy of the current court order.

Is the child listed on more than one Medicare card?

No ☐

Yes ☐ Provide details

Child's other Medicare card number

Ref no.

Child's other address (if applicable)

Postcode

Child 2

Family name

First given name

Second given name

Other names child known by (if applicable)

Date of birth / /

Is the child a subject of Family Court orders?

No ☐

Yes ☐ Provide a copy of the current court order.

Is the child listed on more than one Medicare card?

No ☐

Yes ☐ Provide details

Child's other Medicare card number

Ref no.

Child's other address (if applicable)

Postcode

Child 3

Family name

First given name

Second given name

Other names child known by (if applicable)

Date of birth / /

Is the child a subject of Family Court orders?

No ☐

Yes ☐ Provide a copy of the current court order.

Is the child listed on more than one Medicare card?

No ☐

Yes ☐ Provide details

Child's other Medicare card number

Ref no.

Child's other address (if applicable)

Postcode

If the information relates to more than 3 children under 14 years of age, attach a separate sheet with details.

12 Would you like us to send your child's/children's personal information to a third party?

No ☑ ***Go to 14***

Yes ☐

13 I authorise the Australian Government Department of Human Services to provide my child's/children's personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Postal address

Postcode

Authorisation

14 Would you like us to send your personal information to a third party?

No ☐ ***Go to 16***

Yes ☑

15 I authorise the Australian Government Department of Human Services to provide my personal information requested in this form, to the following organisation or person:

Contact name

Organisation name

Claims Management Australasia Pty Ltd

Postal address

P O Box 6009

Dural Delivery Centre

NSW Postcode 2158

Privacy notice

16 Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for: the purposes of research, or investigation, or where you have agreed, or where it is required or authorised by law.

If you have requested claims history which is older than 5 years, your personal information will be disclosed to the Department of Health so that your request can be processed.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy, at **humanservices.gov.au/privacy** or by requesting a copy from the department.

Declaration

17 I declare that:

- I have parental responsibility for each child under 14 years of age for whom I have requested claims information.
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Applicant's signature

Date

/ /