



Claim for Disability Pension and/or Application for Increase in Disability Pension

A claim and/or an application may be made by:

- a veteran (including a merchant mariner); or
- another person on behalf of a veteran (including a mariner).

Important information

The information sought on this form is required to assess your eligibility for a benefit under the *Veterans' Entitlements Act 1986*. The Act requires that a claim be made on this form which has been approved by the Repatriation Commission. Members of the Australian Defence Force who had service on or after 1 July 2004 may be eligible for benefit under the *Military Rehabilitation and Compensation Act 2004*. In such cases form D2051 "Claim for Liability and/or Reassessment of Compensation" should be completed.

Assistance from ex-service organisations

You are strongly encouraged to seek the assistance of an ex-service organisation of your choice in lodging this claim. An ex-service organisation should be able to provide you with advice on how the factors identified in the Statements of Principles may apply in this case. Contact telephone numbers for these organisations can be found in local telephone directories or by contacting the Department of Veterans' Affairs (DVA) office in your State.

Assistance from DVA

DVA staff can also help you to complete this form.

NOTE: It would be to your advantage to have each condition you are claiming properly diagnosed prior to completing this form. This will help to prevent delays in the time taken to process your claim.

The basis for decisions

The decision on whether your disabilities are service-related is based on up-to-date medical and scientific evidence. This information is detailed in the Repatriation Medical Authority's Statements of Principles.

If your claim is for a condition not included in the Statements of Principles, it will be determined based on the best scientific and medical evidence available.

MCRS

The administration of the Military Compensation and Rehabilitation Service (MCRS) was transferred from the Department of Defence to the Department of Veterans' Affairs from 3 December 1999.

This means that MCRS staff might use information that you provide in relation to a claim under the *Veterans' Entitlements Act 1986* (VEA) if the information is relevant to a MCRS claim. All access to the DVA files will be strictly controlled on a "need to know" basis.

It is possible that your MCRS records may be accessed by DVA staff who "need to know" information in order to decide a claim under the VEA. This will only occur if the MCRS records contain information that is relevant to your claim.

There has always been an exchange of information between the Department of Defence and DVA for the purposes of offsetting benefits in dual entitlement cases. DVA has also been able to obtain access to information on the MCRS files required to determine a claim under the VEA. Such disclosures of personal information were permitted by the Privacy Act as they were authorised by law.

Proving your identity to DVA

When lodging a **new** claim for Income Support and Compensation payments under the *Veterans' Entitlements Act 1986*, the *Safety, Rehabilitation and Compensation Act 1988* or the *Military Rehabilitation and Compensation Act 2004*, before your claim can be finalised you may be required to show DVA documents that prove your identity. You must show original documents or copies that are certified as true copies of the originals. You will be contacted if it is necessary to provide these documents.

Further information about proving your identity to DVA is in the Fact Sheet, DVA06 "Proving your identity to DVA".

Applicants in payment prior to 4 January 2005 have already satisfied DVA's proof of identity requirements and do not need to again.

The *Veterans' Entitlements Act 1986* provides that the Secretary may obtain information for the purposes of the legislation. In order to determine this claim, the Department may need to obtain information about the veteran from another agency, body or person, that could include (but not be restricted to):

- the Department of Defence, in order to obtain information about your service history;
- doctors, hospitals and other health care professionals who have provided the veteran with treatment;
- your current and/or previous employer, to obtain information about your employment history.

If your claim is successful, information contained in this form may be provided to:

- Centrelink and the Australian Taxation Office for the purposes of matching information, including clearance for pension payments;
- the various State or Local Government authorities, or other organisations, to verify your eligibility for rebates or concessions relating to rates, electricity, transport, motor vehicles and ambulance; and
- doctors and other health providers to provide treatment.

Giving false or misleading information is a serious offence.

If any of the details you give in this form change, you must tell the Department within 21 days.

How to contact DVA

For information, please call the Department of Veterans' Affairs (from anywhere in Australia) on:

133 254

Callers from regional Australia can call:

1800 555 254

To contact your local Veterans' Affairs Network (VAN) Office, please call:

1300 55 1918

If you wish to call DVA in another State, please call:

1300 13 1945

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW 2001	GPO Box 3994 Sydney NSW 1141
Victoria	300 Latrobe Street Melbourne VIC 3000	GPO Box 87A Melbourne VIC 3001
Queensland	Bank of Queensland Centre 259 Queen Street Brisbane QLD 4000	GPO Box 651 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA 5000	GPO Box 1652 Adelaide SA 5001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box F352 Perth WA 6001
Tasmania	21 Kirksway Place Cnr Gladstone Street Hobart TAS 7004	GPO Box 481 Hobart TAS 7001
Northern Territory	Suite 8 Cascom Centre 15 Scaturchio Street Casuarina NT 0810	GPO Box 42496 Casuarina NT 0811
Australian Capital Territory	Cnr Moore & Rudd Streets Canberra ACT 2600	GPO Box 802 Canberra ACT 2601

Proving your identity to DVA

When you lodge a claim with DVA, you must show documents from the Category A and B lists below which prove your identity.

You must show original documents or true and certified copies of these documents. (See 'Who can certify copies of documents' on page 4.)

If you mail your claim and originals of your proof of identity documents, your documents will be returned by registered post.

From the lists of Category A and B documents on this page, you must provide **3 different documents** with 1 document from Category A and two documents from Category B. If none of the documents you produce to satisfy Category A or B provide evidence of your current residential address, then you must also produce a document from Category C:



If any of the documents are in a previous name, you must provide an additional document which shows how your name was changed (e.g. a marriage certificate).

Category A documents

Documents from Category A provide proof of birth or arrival in Australia

- Full Australian birth certificate
- Record of Immigration Status
- Foreign passport and current Australian Visa
- Travel document and current Australian Visa
- Certificate of Evidence of residential status
- Citizenship Certificate

Category B documents

Documents from Category B provide evidence of your identity existing in the community

- Australian driver's licence (current and original)
- Australian passport (current)
- Firearms licence (current and original)
- Current overseas passport with valid entry stamp or visa
- Medicare card
- Change of name certificate (for marriage or legal name change - showing link with previous name(s))
- Credit or bank account card
- DVA card
- Security Guard/Crowd Control licence
- Australian marriage certificate issued by a government department
- Tertiary identification card

Category C documents

Documents from Category C provide evidence of residential address or residence in a Nursing Home or Residential Care Facility

- Utilities notice
- Rent details
- Document from Nursing Home or Residential Care Facility that provides evidence of residence

If you don't have the right documents

Other documents may be acceptable. Contact your nearest DVA or VAN office.

Who can certify copies of documents?

When you lodge a claim with DVA, you must provide documents as proof of identity. In response to some questions on the forms, you will also have to provide documents (such as financial documents).

If you provide **original** documents, your documents will be sighted and verified by a DVA officer and returned to you by registered post.

If you provide copies of your documents, they must be **certified copies** (certified as true by a Justice of the Peace or other person as listed below). The person certifying the copies must see the original documents.

Persons who can certify copies include:

- Justice of the Peace
- Commissioner for Declarations
- permanent employee of:
 - the Commonwealth or of a Commonwealth authority, or
 - a State or Territory or of a State or Territory authority, or
 - a local government authority
- permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- bank officer with 5 or more continuous years of service
- building society officer with 5 or more years of continuous service
- credit union officer with 5 or more years of continuous service
- finance company officer with 5 or more years of continuous service
- Member of the Association of Taxation and Management Accountants
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of religion registered under Division 1 Part IV of the *Marriage Act 1961*
- police officer
- chiropractor
- dentist
- legal practitioner
- medical practitioner
- nurse
- pharmacist
- physiotherapist
- veterinary surgeon
- teacher employed on a full time basis at a school or tertiary education institution.

If you ask someone to certify copies of your documents, you must make sure that:

- the person certifying is on the above list
- they use the the wording “CERTIFIED TRUE COPY”
- they sign and date the copy
- they print their name and profession or qualification

PART A

Representative's details

To be completed only if you wish to nominate a representative to act for you in matters relating to this application

1 Do you wish to nominate a representative or organisation to act for you in matters related to this claim?

No ► Go to **Question 3**

Yes ► Full name of nominated representative

Organisation (if applicable)

Address

Telephone

Home

Work

Facsimile

E-mail address

2 Is the representative trained under the Training and Information Program (TIP)?

No

Yes ► To what level?

PART B

Veteran's details

3 DVA file number (if known)

4 Title (Mr, Mrs, Dr etc.)

5 Surname

6 Given name(s)

7 Residential address

8 Postal address (if same as residential, write 'As Above')

9 Telephone numbers

Home

Work

10 Date of birth

11 Marital status

Married

Single

Widowed

Divorced

De-facto

12 Next-of-kin's name

13 Relationship to veteran

14 Next-of-kin's address
 POSTCODE

15 Next-of-kin's telephone numbers

Home	Work
<input type="text"/>	<input type="text"/>

PART C What type of application are you making?

Tick the box or boxes that apply.

A. Claim for Disability Pension for disabilities that have not yet been accepted as service related **Complete ALL questions**
 (unless advised differently by question notes)

AND/OR

B. Application for Increase in Disability Pension for previously accepted disabilities **Complete ALL questions from Question 25 onwards**
 (if your already accepted disabilities have worsened) (unless advised differently by question notes)

16 Have you claimed a disability or service pension from this Department before?

No Go to **Question 18**

Yes In which State was the claim lodged? Year lodged (if known)

17 Have you had further service since your last claim?

No Go to **Question 20**

Yes Go to **Question 18**

PART D Your service details

18 Please provide known details of your service in Australian forces and forces of other countries

If insufficient space, please attach a separate sheet giving the required details

NOTE: The Department of Veterans' Affairs will approach the Department of Defence for full details of your service. The information you provide will ensure the inquiries are directed to the appropriate area within Defence.

Service number	Unit or branch of service (include part-time reservist)	Enlistment and discharge dates (show actual dates, if known)	Nature of duties
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Merchant Mariners only

Name of ship	Rank or grade	Name of owner or manager	Port of registration	Non-Australian ports visited	Voyage dates
					From / /
					To / /
					From / /
					To / /

If insufficient space, please attach a separate sheet

19 Did you serve under any other name? No Yes ► What was the name?

PART E **Details of the NEW disabilities you are now claiming as war or defence caused**

If you are not claiming for acceptance of new disabilities go straight to **Question 25**.

To be filled in by the VETERAN

To be filled in by a MEDICAL PRACTITIONER

20 List the disabilities you are now claiming and describe the signs and symptoms.
 Please provide the diagnosis of the disability, if you know what it is. If you don't know what the diagnosis is, please describe as fully as you can the signs and symptoms that make you notice the disability (for example, pain in lower back, shortness of breath, loss of range of movement in arm).
Do not include any injury or disease already accepted as war or defence caused.
 You are requested to ask your doctor to fill in the Medical Practitioner column next to this section before lodging your claim.

For each disability the veteran is claiming, provide a diagnosis indicating whether the diagnosis is final or provisional. A final diagnosis is preferred.
 Please supply a brief summary of the basis for each diagnosis. Please attach any reports you have that confirms the diagnosis/es.
 The Department will pay you for this service according to *The Schedule of Fees*.
Note: An account must be lodged before payment can be made.

Disability	1	
Signs and symptoms		

Medical diagnosis
Diagnosis
Basis for diagnosis

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

When did the veteran first consult you for this condition?

PART H**Details of your medical treatment**

26 Provide details of doctors and hospitals who have provided treatment or consultation for the disabilities which have been accepted as service related or those you are now claiming.

Disability treated	Date of treatment	Name of doctor/hospital etc.	Type of treatment or consultation provided (e.g. GP, specialist)
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

If insufficient space, please attach a separate sheet.

YOUR LOCAL MEDICAL PRACTITIONER'S DETAILS

27 Provide details of your local medical practitioner (not the specialist) who will provide ongoing treatment.

Local medical practitioner's name

Address

POSTCODE

Telephone

 ()
PART I**Details of your employment history (other than your service)**

Please complete this section even if you are retired.

28 Are you currently employed?

No ▶ Date ceased work

 / /

Reason for ceasing work (e.g. age, illness, redundancy)

Yes ▶ Name of current employer

How many hours per week do you work?

PART J**Other payments**

If you lodge a claim for any other pension, benefit or allowance while this claim is being processed, you **MUST** advise the Department of Veterans' Affairs.

31 Do you receive, or have you applied for, any payment (e.g. the age pension from Centrelink), other than superannuation?

No

Yes ► Give details below

(Family Allowances are not required but other Centrelink payments must be included).

Type of benefit or pension	Name and address of source	Date of claim	Reference No. (if known)
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

If insufficient space, please attach a separate sheet.

PART K**Compensation**

32 Have damages/compensation been claimed or received from any other source for any of the disabilities you are now claiming (e.g. Comcare, Department of Defence, third party accident insurance)?

No

Yes ► Give details below

Nature of injury or disease	Name and address of source	Date of claim	Reference No. (if known)
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

If insufficient space, please attach a separate sheet.

PART L

Pension payment details

33 Do you currently receive a pension from the Department of Veterans' Affairs?

No ▶ Go to **Question 34**

Yes ▶ Go to **Question 35**

IMPORTANT - If a pension is granted, it will be paid fortnightly into an account at an Australian bank, credit union or building society.

34 Provide details of the Australian account you want your pension to be paid into

Name of bank, credit union or building society

Branch

Address

POSTCODE

Account in the name of

Account number

BSB number

Account type (e.g. savings)

Please complete Part M and Part N over page.

Complete (a) OR (b) - A representative is not required to sign this form unless they are legally authorised to act for a claimant who is incapable of signing due to their physical or mental incapacity.

35 (a) No representative appointed

- I declare that the details I have given in this form are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this claim.
- I consent to the release of medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisation, in relation to this claim or its review.

* Claimant's full name
(please PRINT)

* Claimant's signature

35 (b) Representative appointed

- I declare that the details I have given in this form are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this claim.
- I authorise the nominated representative or organisation to act for me in respect of this claim and any reviews in respect of this or subsequent decisions. This authorisation will continue until I:
 - revoke this authorisation; or
 - nominate another representative or organisation to act for me.
- I consent to the release of medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisation, in relation to this claim or its review.

* Claimant's full name
(please PRINT)

* Claimant's signature

* If the veteran is unable to sign, due to physical or mental incapacity, the Declaration must be signed by the person signing the Authority to act on behalf of the claimant at **Question 36** over the page.

36 Details of the person who is legally authorised to act on behalf of the claimant who is unable to sign this claim and/or application.

NOTE: The person will usually be appointed by an enduring power of attorney to manage the affairs of the claimant or a family member or friend acting on their behalf, or will hold a medical certificate attesting to the incapacity.

Full name

Address
 POSTCODE

Telephone Home () Work ()

I declare that I am authorised to act on behalf of the claimant in matters relating to this claim and that the claimant is unable to sign due to physical or mental incapacity.

IMPORTANT - Please attach a copy of the instrument conferring this authority e.g. enduring power of attorney or a medical certificate attesting to the person's incapacity to sign. This information will be evaluated by the delegate for the purposes of approval.

Type of authority (e.g. power of attorney)

Signature of authorised person (you must also sign the Declaration at **Question 35**)