

Compensation Personal Sickness and Accident Claim (SS485)

This is a notice under section 196 of the *Social Security (Administration) Act 1999* that requires you to provide information and/or documents detailed below.

Claimant's details

1 Centrelink Reference Number

2 Name of claimant

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Previous name(s) (for example, name at birth, maiden name)

4 Date of birth (DD MM YYYY)

5 Address of claimant

 Postcode

Compensation Payer to complete the remaining questions

6 Date of injury (DD MM YYYY)

7 Policy or claim number

8 Is the policy provided by the claimant's superannuation fund?

No Go to next question

Yes Go to 14

9 Is this a Salary Continuance Policy?

No Go to 11

Yes Go to next question

10 What is the name on the premium?

Claimant Go to next question

Employer Give details below

Employer's name

Employer's phone number

11 Is this a personal policy purchased by the claimant?

No Go to 14

Yes Go to next question

12 Does the policy contain an 'off-set clause' against Services Australia (that is a reduction in payments made under the policy because of social security payments received by the claimant)?

No Go to 14

Yes Go to next question

13 Has or will this 'off-set clause' be invoked?

No Go to next question

Yes



Provide a copy of the policy.

Go to next question



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