

# Compensation Personal sickness and accident claim (SS485)

## When to use this form

Use this form to provide information about a customer's compensation policy.

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.

## Filling in this form

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  **Go to 1** skip to the question number shown.

## Claimant's details

**1** Customer Reference Number (if known)

   

**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 13**

**9** Is this a Salary Continuance Policy?

No  **Go to 11**

Yes  **Go to next question**

**10** Who pays the premium on this policy?

Claimant  **Go to next question**

Employer  Give details below

Employer's name

Employer's phone number (including area code)

**11** Does the policy contain an 'off-set clause' (a reduction in payments made under the policy because of social security payments received by the claimant)?

No  **Go to 13**

Yes  **Go to next question**

**12** 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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