

centrelink **medicare** **child support**

When to use this form



Use this form to notify Services Australia when a person has died. We will use this information to update our records.

Important information

If you are enquiring about:

- uncollected pensions or benefits
- money owing to the department, or
- if Services Australia has a claim on the estate you will need to write to us or complete and return an **Executor/Administrator Request for information (SS524)** form.

If you do not have this form, go to servicesaustralia.gov.au/forms

For more information

Go to servicesaustralia.gov.au/bereavement or call us on **132 300** Monday to Friday, 8 am to 5 pm, Australian Eastern Standard Time (AEST).



Help in your language

To speak to us in your language, call **131 202**.

Call charges may apply.



Telephone Typewriter

If you have a hearing or speech impairment, you can call the TTY service on **1800 810 586**.

A TTY phone is required to use this service.



Advice of death – adult (SA116(a))

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and sign it.

If you have a printed 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.

Deceased person's details

1 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Their family name

Their first given name

Their second given name

2 Their date of birth (DD MM YYYY)

3 Their Medicare card number (if known)

Ref no.

4 Their Centrelink Reference Number (if known)

5 Their Child Support Reference Number (if known)

6 Their home address

Postcode

7 Date of death (DD MM YYYY)

8 Their relationship status

Single ☐ Married ☐ Registered ☐ Partnered ☐
Widowed ☐ Separated ☐ Divorced ☐ Not sure ☐

Partner's name (if applicable)

9 **Read** this before answering the following question.

This question is voluntary. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Were they of Aboriginal or Torres Strait Islander Australian descent?

If they were both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No ☐

Yes – Aboriginal Australian ☐

Yes – Torres Strait Islander Australian ☐

10 **Read** this before answering the following question.

This question is voluntary. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Were they of Australian South Sea Islander descent?

No ☐

Yes ☐

11 Did the deceased person:

- receive child support for a child in their care, or
- pay child support?

No ☐ **Go to 13**

Not sure ☐ **Go to 13**

Yes ☐ **Go to next question**

12 Where are the child(ren) currently residing?

Postcode

CLK0SA116(a) 2212

Hospital details

13 Are hospital details known?

Not applicable ☐ Go to 18

No ☐ Go to 18

Yes ☐ Go to next question

14 Hospital name

15 Hospital address

 Postcode

16 Contact phone number (including area code)

17 Contact name

Funeral director's details

18 Are funeral director details known?

No ☐ Go to 23

Yes ☐ Go to next question

19 Business name

20 Business address

 Postcode

21 Contact phone number (including area code)

22 Contact name

Executor/Administrator details

23 Is the executor or administrator of the estate details known?

No ☐ Go to 28

Yes ☐ Go to next question

24 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Family name

First given name

25 Organisation name (if applicable)

26 Postal address

 Postcode

27 Contact phone number (including area code)

Next of kin details

28 Are next of kin details known?

No ☐ Go to 33

Yes ☐ Go to next question

29 Relationship to deceased person

30 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Your family name

Your first given name

31 Address

 Postcode

32 Contact phone number (including area code)

Your/Notifier details

33 Relationship to deceased person

34 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other

Your family name

Your first given name

35 Organisation name (if applicable)

36 Postal address

Postcode

37 Contact phone number (including area code)

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Privacy notice

38 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Declaration

39 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Your full name

Your signature



Date (DD MM YYYY)

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Returning this form

Check that all required questions are answered and that the form is signed and dated. You can return this form:

- by fax to **+61 1300 786 102**
- by post to
Services Australia
PO Box 7800
CANBERRA BC ACT 2610
AUSTRALIA
- in person at one of our service centres.