



COVID-19 Vaccine Claims Scheme – Third Party Payment Statement (M0066)

When to use this form

Use this form to declare if you have, have not, or will receive third party payments for claim losses you are applying for under the COVID-19 Vaccine Claims Scheme (the Scheme).

We need this information to assess your claim. If you do not complete and return this form, your claim will be assessed solely on the information that has been provided.

Important information

The Scheme gives people a way to seek compensation instead of going through legal proceedings.

You need to meet the following requirements to be eligible for a one-off payment under the Scheme.

You must have:

- received a Therapeutic Goods Administration (TGA) approved COVID-19 vaccine
- met the definition of harm, like one of the clinical conditions listed in the policy
- been admitted to hospital as an inpatient or claimed a waiver if seen in an outpatient care setting
- losses or expenses of \$1,000 or more, not including pain and suffering, due to the COVID-19 vaccination.

A copy of the COVID-19 Vaccine Claims Scheme Policy 2021 is available on the Department of Health and Aged Care website, go to health.gov.au

For more information

Go to servicesaustralia.gov.au/covid19vaccineclaims or call **1800 653 809** Monday to Friday, 8:30 am to 5 pm, Australian Eastern Standard Time.

Help in your language

We can translate documents you need for your claim for free.

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

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.

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, or you can print it.

For help on how to fill in our forms, go to servicesaustralia.gov.au/formhelp

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.

Claimant's details

1 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other
Family name

First given name

Second given name

2 Date of birth (DD MM YYYY)

3 Postal address

Postcode

4 COVID-19 Vaccine Claims Scheme reference number (if known)

A R N

5 Have you received or are entitled to receive any third party payments in relation to your claim for any of the claim categories below?

- Past Out of Pocket Expenses
- Future Out of Pocket Expenses
- Past Lost Income
- Future Lost Income
- Paid Attendant Care
- Gratuitous Attendant Care
- Loss of Capacity to provide Domestic Services
- Pain and Suffering

No ☐ Go to 7

Yes ☐ Go to 6



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6 I make the following declaration:

Past Out of Pocket Expenses – clause 18(2)(c)

☐ I have not received any payments from a Third Party Payer, or am not aware of any entitlements to payments from a Third Party Payer, in relation to my claim for past Out of Pocket Expenses.

or

☐ I have received the sum of \$ from
which represents payments made for past Out of Pocket Expenses.

I declare that the sum of \$
has been deducted from the amount I have claimed for past Out of Pocket expenses.

or

☐ I am aware that I am entitled to receive payments from
which represents compensation for past Out of Pocket Expenses.

I declare that the sum of \$
has been deducted from the amount I have claimed for past Out of Pocket expenses.

or

☐ I am not claiming for this claim component.

Future Out of Pocket Expenses – clause 18(4)(c)

☐ I have not received any payments from a Third Party Payer, or am not aware of any entitlements to payments from a Third Party Payer, in relation to my claim for future Out of Pocket Expenses.

or

☐ I have received the sum of \$ from
which represents payments made for future Out of Pocket Expenses.

I declare that the sum of \$
has been deducted from the amount I have claimed for payments made for future Out of Pocket Expenses.

or

☐ I am aware that I am entitled to receive payments from
which represents compensation for payments made for future Out of Pocket Expenses.

I declare that the sum of \$
has been deducted from the amount I have claimed for future Out of Pocket Expenses.

or

☐ I am not claiming for this claim component.

Past Lost Earnings – clause 19(2)(f)

☐ I have not received any payments from a Third Party Payer, or am not aware of any entitlements to payments from a Third Party Payer, in relation to my claim for past Lost Earnings.

or

☐ I have received the sum of \$ from
which represents payments made for past Lost Earnings.

I declare that the sum of \$
has been deducted from the amount I have claimed for past Lost Earnings.

or

☐ I am aware that I am entitled to receive payments from
which represents compensation for past Lost Earnings.

I declare that the sum of \$
has been deducted from the amount I have claimed for past Lost Earnings.

or

☐ I am not claiming for this claim component.

Future Lost Earnings – clause 19(4)(d)

☐ I have not received any payments from a Third Party Payer, or am not aware of any entitlements to payments from a Third Party Payer, in relation to my claim for future Lost Earnings.

or

☐ I have received the sum of \$ from
which represents payments made for future Lost Earnings.

I declare that the sum of \$
has been deducted from the amount I have claimed for future Lost Earnings.

or

☐ I am aware that I am entitled to receive payments from
which represents compensation for future Lost Earnings.

I declare that the sum of \$
has been deducted from the amount I have claimed for future Lost Earnings.

or

☐ I am not claiming for this claim component.

Pain and Suffering – clause 20(2)(c)

☐ I have not received any payments from a Third Party Payer, or am not aware of any entitlements to payments from a Third Party Payer, in relation to my claim for Pain and Suffering.

or

☐ I have received the sum of \$ from

which represents payments made for Pain and Suffering.

I declare that the sum of \$

has been deducted from the amount I have claimed for Pain and Suffering.

or

☐ I am aware that I am entitled to receive payments from

which represents compensation for Pain and Suffering.

I declare that the sum of \$

has been deducted from the amount I have claimed for Pain and Suffering.

or

☐ I am not claiming for this claim component.

Care Services – clauses 21(2)(b) and 21(6)(d)

☐ I have not received any payments from a Third Party Payer, or am not aware of any entitlements to payments from a Third Party Payer, in relation to my claim for Gratuitous Attendant Care Services.

or

☐ I have received the sum of \$ from

which represents payments made for past and/or future Gratuitous Attendant Care Services.

I declare that the sum of \$

has been deducted from the amount I have claimed for Gratuitous Attendant Care Services.

or

☐ I am aware that I am entitled to receive payments from

which represents compensation for Gratuitous Attendant Care Services.

I declare that the sum of \$

has been deducted from the amount I have claimed for Gratuitous Attendant Care Services.

or

☐ I am not claiming for this claim component.

Paid Care Services – clauses 21(4)(b)

☐ I have not received any payments from a Third Party Payer, or am not aware of any entitlements to payments from a Third Party Payer, in relation to my claim for Paid Attendant Care Services.

or

☐ I have received the sum of \$ from

which represents payments made for past and/or future Paid Attendant Care Services.

I declare that the sum of \$

has been deducted from the amount I have claimed for Paid Attendant Care Services.

or

☐ I am aware that I am entitled to receive payments from

which represents compensation for Paid Attendant Care Services.

I declare that the sum of \$

has been deducted from the amount I have claimed for Paid Attendant Care Services.

or

☐ I am not claiming for this claim component.

Claimant's declaration

7 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.

Claimant's signature



Claimant's name

Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Returning this form

Return this form and any supporting documents by:

- email to**
COVID19.vaccine.claims.scheme@servicesaustralia.gov.au
There may be risks with sending personal information through unsecured networks or email channels.
- post to**
Services Australia
COVID-19 Vaccine Claims Scheme
PO Box 1001
TUGGERANONG ACT 2901