

# Midwife Professional Indemnity Scheme Application for a Qualifying Claim Certificate (M0067)

## When to use this form

Use this form to apply for a Qualifying Claim Certificate under the Midwife Professional Indemnity Scheme.

If the application relates to an incident that **is not** an out-of-hospital incident, the incident must have occurred **on or after 1 July 2010**.

If the application relates to an incident that **is** an out-of-hospital incident, the incident must have occurred **on or after 1 July 2025**.

## Definitions

The following terms are defined in section 5 of the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010* (Cth) (the Act):

- Eligible entity
- Eligible insurer
- Eligible midwife

## Who can apply for a Qualifying Claim Certificate

An application for the issue of a Level 1 Qualifying Claim Certificate may be made by an eligible insurer.

An application for the issue of a Level 2 Qualifying Claim Certificate may be made by:

- an eligible insurer; or
- the person against whom the claim is or was made, or a person acting on that person's behalf.

## Authority to act on your behalf

If an application for a Level 2 Qualifying Claim Certificate is made by someone **other than** the person against whom the claim is or was made **or** their eligible insurer, a **Midwife Professional Indemnity Scheme – Authorising a person to act on your behalf (M0042)** form must be completed and returned.

If you do not have this form, go to [servicesaustralia.gov.au/forms](https://servicesaustralia.gov.au/forms)

## For more information

Go to [servicesaustralia.gov.au/medicalindemnity](https://servicesaustralia.gov.au/medicalindemnity) or email [mpis.program.support@servicesaustralia.gov.au](mailto:mpis.program.support@servicesaustralia.gov.au)

There may be risks with sending personal information through unsecured networks or email channels.

## 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](https://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.

## Applicant details

### 1 Applicant's contact details

Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other ☐

Family name

First given name

Address

Postcode									

Daytime phone number (including area code)

Alternative phone number (including area code)

Email

### 2 Applicant's registered business name (if applicable)


### 3 Australian Business Number (if applicable)




MCA0M0067 2507

## Claim details

- 4 Midwife Unique Identifier (MUI) number (if known)

- 5 Midwife or policy holder identification number (unique insurer client number)

This is the number transmitted to Services Australia.

- 6 Full name of the midwife who is the subject of the claim

Family name

Given name(s)

- 7 If the midwife is deceased and the claim is made against their legal representative, full name of legal representative.

Full name

- 8 Insurer claim number (allocated by the insurer)

- 9 Date the insurer was first notified of either the claim or the incident that gave rise to the claim (DD MM YYYY)

- 10 Date of the incident or the start date of a series of related incidents (DD MM YYYY)

- 11 Midwife Provider Number (if known)

- 12 Midwife's speciality code (if known)

This is a 3-digit code that indicates the midwife's discipline and level of access to Medicare benefits.

- 13 Full name(s) of the person who made the claim against the midwife

Family name

First given name

If there is more than one person, provide a separate sheet with details.

## Common requirements – Level 1 and Level 2 Qualifying Claim Certificates

- 14 Does the claim relate to an incident that occurred in the course of, or in connection with, the midwife's practice as an eligible midwife?

No ☐



The claim is not eligible under the MPIS.  
Do not complete this form.

Yes ☐

- 15 Is there a contract of insurance entered into by an eligible insurer that provides midwife professional indemnity cover in relation to the claim?

No ☐



The claim is not eligible under the MPIS.  
Do not complete this form.

Yes ☐

- 16 Does the claim relate to an incident which occurred in Australia or an external territory?

No ☐



The claim is not eligible under the MPIS.  
Do not complete this form.

Yes ☐

- 17 Does the claim relate to an out-of-hospital incident?

An **out-of-hospital incident** means an incident that occurs or occurred in the course of an eligible midwife providing intrapartum care outside of a hospital.

No ☐

Yes ☐

- 18 Does the claim relate to an incident that occurred in the course of, or in connection with, treating a public patient of a hospital?

No ☐

Yes ☐



The claim is not eligible under the MPIS.  
Do not complete this form.

- 19 Does this claim relate to an incident for which:

- the Commonwealth, a state or a territory; or
- a local governing body; or
- an authority established under a law of the Commonwealth, a state or a territory;

indemnifies eligible midwives from liability relating to compensation?

No ☐

Yes ☐



The claim is not eligible under the MPIS.  
Do not complete this form.

- 20 Is this claim an aggregation of two or more claims against the midwife or entity?

No ☐

Yes ☐



The claim is not eligible under the MPIS.  
Do not complete this form.

## Additional requirements – Level 2 Qualifying Claim Certificates

**21** Does the contract provide midwife professional indemnity cover in relation to the claim, or would, but for the limit of the insurer's liability under the contract?

No ☐

Yes ☐

**22** Does the limit of the insurer's liability under the contract equal or exceed the Level 2 claim threshold (\$2 million)?

No ☐



The claim is not eligible under the MPIS.  
Do not complete this form.

Yes ☐

**23** Did the insurer enter into the contract of insurance, in relation to this claim in the ordinary course of the insurer's business?

No ☐

Yes ☐

### Checklist

**24** You **must** complete the checklist and provide supporting documents for every application. We may not be able to complete our assessment without these documents.  
We may need to seek further information through a formal request under section 62 of the Act.

Tick all that apply

If applicable, the **Midwife Professional Indemnity Scheme – Authorising a person to act on your behalf (M0042)** form has been completed, signed and dated. ☐

A copy of the letter setting out the claim or demand, the Statement of Claim or other initiating documents, including any covering letter(s) or evidence of service. ☐

A copy of any documentation evidencing notification of the claim or incident that might have given rise to this claim to the applicant. ☐

A copy of the applicable claims verification form or similar document. ☐

If proceedings have commenced – a copy of all pleadings filed in court. ☐

A copy of the midwife's professional indemnity policy/contract and applicable schedule, including documentation evidencing the midwife's eligibility. ☐

A copy of the midwife's certification with the National Registration and Accreditation Scheme (NRAS) or relevant board or authorising body registering the midwife in their state or territory. ☐

If applicable, supporting documents to show that the claim relates to an eligible midwife providing: ☐

- a homebirth service outside of a hospital (that meet agreed criteria), or
- intrapartum care outside of a hospital.

## Privacy notice

**25** The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. 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/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

**26** I declare that:

- the information I have provided in this form is complete and correct
- I have attached all relevant supporting documents
- the attached supporting documents are true copies of the original documents.

**I understand that:**

- giving false or misleading information is a serious offence.

Your full name

Your signature

Date (DD MM YYYY)

## Returning this form

Check that all required questions are answered and that the form is signed and dated.

Return this form and any supporting documents by:

- **post to**  
Services Australia  
Medical and Midwife Indemnity Schemes  
PO Box 1001  
TUGGERANONG ACT 2901
- email to [mpis.program.support@servicesaustralia.gov.au](mailto:mpis.program.support@servicesaustralia.gov.au)  
There may be risks with sending personal information through unsecured networks or email channels.