

# Midwife Professional Indemnity Run-Off Cover Scheme Application for payment (M0068)

## When to use this form

Use this form to apply for a Midwife Professional Indemnity Run-Off Cover Scheme (MPIROCS) Commonwealth contribution.

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 payment

An application for the MPIROCS Commonwealth contribution can only be made by an eligible insurer.

## 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)





  
  
  


MCA0M0068 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** In which country or Australian state, territory, or external territory did the incident occur?
- 12** Midwife Provider Number (if known)
- 13** 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.
- 14** 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.

## Eligibility criteria

- 15** 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 MPIROCS. Do not complete this form.  
Yes ☐
- 16** Was the midwife recognised as an eligible midwife to practice midwifery at the time the incident occurred?  
No ☐  The claim is not eligible under the MPIROCS. Do not complete this form.  
Yes ☐
- 17** Does the contract of insurance between the midwife and the insurer provide midwife professional indemnity run-off cover that indemnifies the midwife in relation to this claim?  
No ☐  The claim is not eligible under the MPIROCS. Do not complete this form.  
Yes ☐
- 18** Were the payments claimed in this payment application made, or are they liable to be made, in relation to a claim for which the midwife has midwife professional indemnity run-off cover, and in the ordinary course of the eligible insurer's business?  
No ☐  The claim is not eligible under the MPIROCS. Do not complete this form.  
Yes ☐
- 19** Has this claim been finalised?  

A claim may be finalised by a judgment, settlement, claim withdrawn (discontinued), deed of release or by some other method.

To finalise a claim, the parties may have entered into an agreement for damages, or the court may have ordered the payment of costs by a particular party.

  
No ☐  
Yes ☐
- 20** Is this the final payment application against this claim?  
No ☐  
Yes ☐ If the claim did not proceed to settlement, you must provide supporting documentation.
- 21** Has confirmation been obtained that no other person(s) is a party to this incident?  

If there are other persons against whom a claim has, or is reasonably likely to be made, then you may need to apply for an apportionment certificate in relation to the claim.

  
No ☐  
Yes ☐

**22** Indicate below which of the eligibility classes the midwife is eligible under.

**Tick one option only**

- ☐ **A)** A person who has retired permanently from private practice as an eligible midwife.
- ☐ **B)** A person who has not engaged in private practice as an eligible midwife at any time during the proceeding 3 years.
- ☐ **C)** A person who has temporarily or permanently ceased practice as an eligible midwife due to maternity.
- ☐ **D)** A person who has ceased practice as an eligible midwife because of permanent disability.
- ☐ **E)** A person who is the legal representative of a deceased person who had been an eligible midwife.

Name of legal representative

- ☐ **F)** A person who is included as an eligible person within the Rules.

**23** Date the midwife became eligible for run-off cover, under which they were still eligible at the time the claim was first notified to the insurer (DD MM YYYY)

**24** Has the insurer made, or is the insurer liable to make, a payment in relation to the claim under a contract of insurance which indemnifies the midwife in relation to this claim?

No ☐



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

Yes ☐

**25** Is this application made in relation to a payment or a liability to make a payment, which is an insurer-to-insurer payment?

No ☐ **Go to 26**

Yes ☐



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

**26** Does this application relate to an out of hospital incident?

No ☐ **Go to 30**

Yes ☐ **Go to 27**

**27** Did this incident occur on or after 1 July 2025?

No ☐



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

Yes ☐ **Go to 28**

**28** Does the claim relate to either?

**Tick one only**

Homebirth service ☐ **Go to 30**

Intrapartum care outside of a hospital ☐ **Go to 30**

Intrapartum care outside of a hospital as part of Birthing on Country ☐ **Go to 29**

**29** Does this application relate to a claim made against the eligible entity?

No ☐ **Go to 30**

Yes ☐



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

## Apportionment

**30** Has liability for this claim been divided between parties to the claim?

No ☐ **Go to 36**

Yes ☐ **Go to 31**

**31** Is the amount paid or liable to be paid in this application, consistent with the overall liability for this claim?

No ☐

Yes ☐

**32** Has a judgment or order of a court specifying the liability of the midwife been made in relation to the claim?

No ☐ **Go to 35**

Yes ☐ **Go to 33**

**33** Has the judgment or order been stayed or is subject to appeal?

No ☐ **Go to 34**

Yes ☐ **Go to 35**

**34** Refer to section 52(2) of the Act before answering the following question.

Was the defence of the claim conducted appropriately up to the date on which the judgment or order became a judgment or order that is not stayed and not subject to appeal?

No ☐ **Go to 35**

Yes ☐ **Go to 36**

**35** The information provided in this table will be taken as an application for an Apportionment Certificate.

Services Australia's claim identifier (if known)	Services Australia's Qualifying Claim Certificate (if known)	Full name of member/policy holder or other party	Per cent of liability (may be estimated)	If a separate application is to be lodged, which scheme will it be made under?
			%	<input type="checkbox"/> MPIROCS <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
			%	<input type="checkbox"/> MPIROCS <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
			%	<input type="checkbox"/> MPIROCS <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
			%	<input type="checkbox"/> MPIROCS <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
			%	<input type="checkbox"/> MPIROCS <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
<b>TOTAL:</b>			<b>100%</b>	

**36** Are there any cost sharing arrangements?

Cost sharing arrangements apply if there is an agreement between parties to share the cost or disbursements incurred in connection with a claim or part thereof.

Any cost sharing amounts relating to a midwife or other parties, not the subject of this application, are to be deducted from the amount sought in this application.

No ☐ **Go to 37**

Yes ☐ Complete the table below

Services Australia's claim identifier (if known)	Services Australia's Qualifying Claim Certificate (if known)	Full name of member/policy holder or other party	\$ amount of liability (may be estimated)
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

## Costs

The amounts being claimed in the application form are only to be those relating to this application. Do not include any amounts previously claimed as part of the Gross Application Costs. All calculations should be net of GST (for example, GST should not be included).

**37** Judgment/Settlement amount:

\$  **A**

**38** Amount of plaintiff's legal costs/disbursements payable under the judgment/settlement:

\$  **B**

**39** Amount of applicant's defence costs/disbursements:

\$  **C**

**40** Gross application cost (**A + B + C**):

\$  **D**

**41** Less any amount allocated to other parties who are not the subject of this application:

- \$  **E**

**42** Less any amount attributed to other parties under a cost sharing arrangement:

- \$  **F**

**43** Less any amount not payable under Level 1, Level 2 or MPIROCS:

- \$  **G**

**44** Total cost for this application (**D – E – F – G**):

- \$  **H**

## Calculations

45 Cumulative claim cost (H):

\$

46 Total amount claimable:

\$

47 Amount previously paid:

\$

48 Amount payable for this application:

\$

## Checklist

- 49 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

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.	<input type="checkbox"/>
A copy of any documentation evidencing notification of the claim or incident that might have given rise to this claim to the applicant.	<input type="checkbox"/>
A copy of the applicable claims verification form or similar document.	<input type="checkbox"/>
A copy of the applicable claims transaction report or similar document verifying costs/payments.	<input type="checkbox"/>
For in-house legal costs – a brief description, date(s) the work was undertaken, the time taken if billed on a time basis and the cost, and/or any other documentation.	<input type="checkbox"/>
For amounts that have been paid or that are liable to be paid - a copy of the itemised invoice(s) and details of whether there are any cost-sharing arrangements.	<input type="checkbox"/>
If proceedings have commenced – a copy of all pleadings filed in court.	<input type="checkbox"/>
For settlement costs – the settlement documentation.	<input type="checkbox"/>
Where there has been a judgment – a copy of all documentation pertinent to the judgment or sealed orders.	<input type="checkbox"/>
Where the claim is finalised other than by way of a settlement or judgment – copies of the relevant documentation (for example, the Deed of Release or withdrawal documents).	<input type="checkbox"/>
Supporting evidence of all apportionment applicable to this claim, including breakdown of cost/damages where appropriate.	<input type="checkbox"/>
A copy of all certification in respect of the midwife's run-off cover eligibility class, as applicable.	<input type="checkbox"/>
A copy of the run-off cover contract and applicable schedule.	<input type="checkbox"/>

A copy of the midwife's professional indemnity policy/contract and applicable schedule, including documentation evidencing the midwife's eligibility.	<input type="checkbox"/>
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.	<input type="checkbox"/>
If applicable, supporting documents to show that the claim relates to an eligible midwife providing: <ul style="list-style-type: none"><li>a homebirth service outside of a hospital (that meet agreed criteria), or</li><li>intrapartum care outside of a hospital.</li></ul>	<input type="checkbox"/>

## Privacy notice

- 50 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

51 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.