

When to use this form

Use this form to notify us when a decision has been made to make weekly compensation payments.



This information may affect the claimant's entitlements. Only to be completed **when** liability has been formally accepted and payment entitlements have been authorised.

Filling in this form

You can fill and sign 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.

Claimant's details

- 1** Customer Reference Number (if known)
 - - -
- 2** Name
Mr Mrs Miss Ms Other
Family name
First given name
Second given name
- 3** Previous name(s) (for example, name at birth, maiden name)
- 4** Date of birth
- 5** Address

 Postcode
- 6** Contact phone number

Compensation payer's details

- 7** Name
Postal address

 Postcode
- Claim officer's name
- Claim number
- Phone number
- Fax number

Compensation claim details

- 8** What is the date of injury/illness?
This is the date the injury occurred or when the illness was officially diagnosed.
- 9** Type of claim
Worker's compensation ► *Go to next question*
Motor vehicle ► **Go to 11**
Other ► Give details below
- **Go to 11**



CLK0SS445 2111

10 Worker's compensation claims

Employer's name

Employer's phone number

11 Are there **other compensation payers** with this claim, for example, public liability or motor vehicle?

No Go to next question

Yes Give details below

Compensation payer's name

Contact phone number

Claim number

12 Is this for an arrears and/or ongoing weekly payments?

Arrears only

Arrears and ongoing weekly payments

13 Have the payments been released?

No Go to next question

Yes Date released

14 Dates and details of **gross** weekly payments to be paid

1 From / / To / /

Paid by you \$ per

Paid by employer \$ per

2 From / / To / /

Paid by you \$ per

Paid by employer \$ per

3 From / / To / /


Paid by you \$ per

Paid by employer \$ per

4 From / / To / /

Paid by you \$ per

Paid by employer \$ per

 If you need to provide more details of rate changes, attach a copy of the payment schedule.

15 Will weekly payments continue?

No Reason payments stopped

Date paid to

Yes Payments are continuing at

\$ per

16 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

17 Declaration

I declare that:

- the information I have provided in this form is complete and correct.
- if a preliminary notice under s1182 of the *Social Security Act 1991* was received, we will notify the agency of all payments made or that will be made.

I understand that:

- giving false or misleading information is a serious offence.

Signature



Printed name

Date

Returning this form

- Check that you have answered all the questions.
- Provide all requested documentation.
- Check you have signed and dated this form.
- If payment details change, a new **Compensation advice of periodic payments (SS445)** form will need to be completed.

Fax your completed form and supporting documents to **1300 788 118**.

To help us process this form **do not** provide a fax cover sheet.