

Compensation Advice of Lump Sum Payments



You should **NOT** complete this form if this payment is solely for arrears of periodic payments for a specified and/or ongoing period. You must complete the **Compensation Advice of Periodic Payments (SS445)** form.

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** Centrelink 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 of claimant

 Postcode
- 6** Contact phone number

Plaintiff solicitor's details

- 7** Name of firm
- Postal address

 Postcode
- Solicitor's name
- Solicitor's claim number
- Phone number
 ()
- Fax number
 ()

Compensation payer's details

- 8** Name
- Postal address

 Postcode
- Claim officer's name
- Compensation Payer's claim number
- Phone number
 ()
- Fax number
 ()



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Compensation claim details

9 Date of injury/illness

or

Date of diagnosis (for example, injury/illness over a period of time)

10 Type of claim (indicate if more than one type of claim involved)

Worker's compensation

Motor Vehicle


Public Liability

Other Give details below

11 Type of Lump Sum Compensation Payment

Consent agreement/settlement

Verdict/Tribunal/Court Judgement

 Provide the fully signed settlement documentation.

12 Are there any **other compensation payers** involved in the compensation settlement (for example, Combination Workers and Motor Vehicle)?

No Go to next question

Yes Give details below

Name

Claim Number

13 Is there more than one compensation claim being settled?

No Go to next question


Yes Give details below

Date of injury

Claim Number

Section of Act

Gross lump sum amount

 Provide the fully signed settlement documentation.

If there is more than one compensation claim being settled, provide a separate sheet with details.

14 Has the claimant received any other lump sum payments for these claims (for example, impairment payment or advance payments)?

No Go to next question

Yes Give details below


Date of injury

Date of settlement

Claim Number

Section of Act

Gross lump sum amount

 Provide the fully signed settlement documentation.

If there is more than one lump sum payment, provide a separate sheet with details.

15 Does the current settlement contain a component for economic loss (for example, loss of wages)?

No

Yes

16 Has the claimant received periodic payments in respect of this claim?

No Go to next question

Yes Go to 18

17 When did the loss of earnings commence?

18 What is the date to which periodic payments were paid up to and inclusive?

for
date of injury



Provide a copy of the payment schedule.

19 Are the periodic payments continuing until the settlement is released?

No

Yes

20 What is the total gross lump sum settlement amount

What is the amount paid for 'costs'

Tick ONE only

This is: inclusive

exclusive

of the gross lump sum amount.

21 Will there be a payback of periodic payments from the gross lump sum amount?

No **Go to next question**

Yes **Give details below**

Tick ONE only

This is: inclusive

exclusive

of the gross lump sum amount.

What is the amount to be repaid

Who will this be paid to

Claim number



Provide a copy of the payment schedule.

Privacy notice

22 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 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/privacy

23 Declaration

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.

For or on behalf of

Compensation Payer

Plaintiff Solicitor

Signature

Printed name

Date

Completing this form

- Check that you have answered all questions.
- Provide all requested documentation.
- Check that you have signed and dated this form.

Returning your form

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

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