

Dependant Application for Compensation

This application is for any person who was dependent for support on a worker who has passed away and who did not receive compensation from icare Dust Diseases Care. If the deceased worker did receive compensation from icare Dust Diseases Care, please contact us to discuss your eligibility for compensation and any further information we may need from you.

Completing this application

If you are unable to complete this form, another person may complete it on your behalf. However, only you or your Power of Attorney can declare the information to be true and correct and sign it.

If you (or the person you are completing this application for) need an interpreter please contact us on one of the telephone numbers below.

Our team are available to answer any questions you have about this form or the compensation benefits eligible dependents are entitled to. We can also assist you complete this form if needed.

Please be aware that our staff can only deal directly with you, your appointed Power of Attorney or any authorised person that you have listed in your application form for all matters relating to your claim for compensation.

Where do I send this form?

Post: Dust Diseases Care, GPO Box 5323, Sydney NSW 2001

Email: DDAenquiries@icare.nsw.gov.au

Fax: 02 9279 1520

You can post, email or fax your application to us at any time, including outside of business hours and public holidays. It is important that you make your application or contact us about making an application as soon as you can to facilitate early and timely access to care and support.

Need more information?

Information and fact sheets are available from our website icare.nsw.gov.au

If you'd like to speak to us directly, we can be contacted during business hours (weekdays 9am to 5pm) on 02 8223 6600 or 1800 550 027 (free call).

Who are we?

icare Dust Diseases Care provides compensation and support to people who have a dust disease as a result

of exposure to dust while working in NSW. Where a worker dies as a result of a compensable dust disease icare Dust Diseases Care also provides compensation and support to the worker's eligible dependants.

Who can complete this form

Only a dependant of a deceased worker making an application for compensation, or their Authorised Representative on their behalf, can complete and sign this form. An *Authorised Representative* can be:

- a person responsible within the meaning of section and 33A (4) of the *Guardianship Act 1987*, being a guardian, a spouse or partner, a carer or a close friend or relative (as defined in the *Guardianship Act 1987*); or
- An attorney for the worker under an enduring power of attorney; or
- A person who is otherwise empowered under law to exercise any functions as an agent of or in the best interest of the worker.

Privacy Declaration

you acknowledge:

- that you have read and understood the **Dust Diseases Care Privacy Principles Information Sheet**
- that you understand that icare Dust Diseases Care can collect, store, use and disclose personal and health information about you to assess your application, pay you compensation and perform associated legal and administrative functions in accordance with the *Workers Compensation (Dust Diseases) Act 1942* and the *Workplace Injury Management and Workers Compensation Act 1998*.

you consent:

- to icare Dust Diseases Care collecting, storing, using and disclosing personal and health information about you, including voice recordings of telephone conversations in which you are a participant or which may be made during the management of your claim; and specifically
- to icare Dust Diseases Care collecting information from and disclosing to any of the persons or agencies listed at paragraph 4 of the **Dust Diseases Care Privacy Principles Information Sheet** or as you otherwise agree;

Office use only

DDC File number

Date Received

1. Deceased worker's details

First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Place of birth	Date of death	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Disease

What dust disease(s) was the deceased worker diagnosed with?

Mesothelioma
 Asbestosis
 Silicosis
 Lung cancer
 ARPD
 Other (If other please list/ describe below)

Please note that pleural plaques are not considered a dust disease.

3. Your details

First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Place of birth	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address (street & number)			
<input type="text"/>			
Suburb/Town	State	Post code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home telephone	Mobile	Other contact telephone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Preferred method of contact		
<input type="text"/>	<input type="text"/>		

Access Requirements - Do you have any access requirements in making this application? If so, please describe below: eg. language interpreter, hearing impairment, disability or health issues, cultural, religious

4. Dependants of the deceased worker at time of death

Please list all person(s), including yourself, who were a dependant of the deceased worker at the time of their death, include their relationship and their date of birth (e.g. includes married and de facto partners and children)

Name of dependant	Relationship	Their date of birth

5. Your authorised person(s)

Please list all person(s) you authorise to provide and receive information from us on your behalf. If you nominate your lawyer as an authorised person, please also include at least one other person.

Name of authorised person	Relationship to you	Telephone

6. Deceased worker’s employers and dust exposure

Please list all employments the deceased worker had, including all employments where you think they had exposure to hazardous dusts. If there are more employments please attach a list.

Year start	Year end	Employer	State/ Country	Occupation and task(s) performed (when exposed)

7. Deceased worker’s treating doctors (relevant to your dust disease)

Treating doctors	Name of doctor	Address/ Location	Telephone
GP			
Respiratory Physician			
Oncologist			
Other specialist			
Other specialist			

8. Declaration

I agree that any information I provide to enable the effective administration of my compensation claim is true and correct, knowing that it is an offence under Clause 4 of the Workers’ Compensation (Dust Diseases) Regulation 2013 and/or Part 5A of the Crimes Act 1900 to make a statement or provide information in support of any application for compensation to a public authority that I know to be false or misleading.

Signature

Date

What happens next?

Your application will be registered and one of our team members will contact you to discuss your application. We will then determine what, if any, further medical information or supporting documents are required to process your claim. We will also prepare an Industrial History Report. Your icare contact is here to help and will guide you through these requirements.

What is an Industrial History Officer Report?

An Industrial History Report outlines all of the deceased worker's employment and dust exposure history. One of our specialist Industrial History Officers may get in contact to discuss this with you and to gather more information. This is generally done by telephone or if you prefer, our Industrial History Officer can visit you to discuss this in person.

The Industrial History Officer will then conduct research to establish and/or corroborate dust exposure in the deceased worker's employments. They will also endeavour to verify some of the worker's employments. If you have any documents that verify your past employments please provide copies as these can assist in processing your application more quickly.

What medical information is required?

An independent panel of three Respiratory Specialists (the Medical Assessment Panel) will be appointed to confirm whether the worker had a compensable dust disease and, if so, whether the dust disease was reasonably attributable to exposure to dust in employment in NSW.

The Medical Assessment Panel will require a variety of medical information in order to make this determination. This may include copies of doctor's letters, reports and radiological images such as CT scans and x-rays.

What if I don't have any medical information or employment documents?

If you do not have any employment verification documents or medical information about your condition, icare will try to obtain these for you on your behalf. To allow us to do this, we will need you to complete and sign enclosed Next of Kin Authority to Release Medical Records form.

What other supporting documents do I need to provide?

In order to process your application we will require copies of supporting documentation regarding your identity, income and dependency. Some examples include, but are not limited to, copy of your driver license, pension card, medicare card and/or income statements.

Do I have to provide these documents with my application?

No, you do not have to provide any of the above required documents at the time of submitting this application form. However, you may choose to provide copies of them at this time if it is convenient for you to do so. Once your application has been submitted, we will contact you to discuss what is required and to arrange the collection of the required documents in a manner and at a time that is convenient to you.

How will my claim be determined?

icare will provide the Medical Assessment Panel with your supplied medical information, supporting documents and an Industrial History Report. This information will be used to confirm whether the deceased worker had a compensable dust disease and, if so, whether death was reasonably attributable to the exposure to dust in employment in NSW. Your assigned icare team member will be in contact with you during the application process and they will contact you as soon as your claim has been determined.