

Compensation Questionnaire

This form is intended to supply Medibank Private with details relevant to your illness or injury. By completing the questionnaire you will be supplying Medibank Private with accurate information needed to assess your claims. The completion of this questionnaire is a requirement under the Medibank Private Fund Rules available at any Medibank Private Retail Centre or online at medibank.com.au.

COMPENSATION FOR INJURIES SUSTAINED WHILE WORKING

Personal Details

Medibank Private Membership Number:			
Family name:		Given Name/s:	
Date of Birth:	/	/	
Address:			
State:		Postcode:	
Phone (Business):		(Home/Mobile):	
Email:			

Section A – Details of Injury or Illness

Date of Injury or Diagnosis:	/	/	Location:
Advise what part of your body was injured or affected:			
Describe the injuries/conditions sustained:			

Section B – Workers Compensation		Please Circle
Did the injury or illness occur at work?		Yes / No
Have you lodged a claim for public liability under common law for compensation/damages?		Yes / No
If “Yes”, are you entitled to workers compensation?		Yes / No
If “Yes” do you pay a workers compensation levy?		Yes / No
Have you been awarded compensation, damages or a settlement that includes a component for payment of hospital/medical expenses?		Yes / No
Please supply the name of the Insurance company managing your claim:		
Your Workers Compensation Claim Number/Reference:		
Your Occupation:		
If you are not entitled to claim workers compensation, please provide the reason:		
Has your claim been (circle one of the following two): (a) declined OR (b) accepted If you have been declined, please attach a copy of the letter denying liability from the appropriate insurer.		

Section C – Solicitor, Lawyer or Insurer Details (If applicable)			
Firm/Company:			
Contact Person:			
Email address:			
Street Address:			
State:		Postcode:	
Telephone/Fax:		Reference (If applicable):	
* Any further information you are able to supply would be appreciated. Please add your own additional paper if needed.			

Acknowledgement of obligations

I will undertake:

- a) to take all reasonable steps to pursue any claim for compensation that I may have; and
- b) to ensure that all expenses are included in the claim, which are related to the condition, ailment or injury; and
- c) to disclose to Medibank Private on request all matters pertaining to the progress of the claim and details of any payments received or settlement in respect of the claim; and
- d) once I have received any payment resulting from the claim for compensation, that I repay Medibank Private the provisional payment made by Medibank Private that is repayable under Medibank Private's Fund Rules; and
- e) to supply a completed duplicate of this form to my Solicitor, or to do so if I engage a Solicitor.

SIGN HERE

SIGNATURE OF MEMBER/CLAIMANT: _____ DATE: / /

Declaration for Provisional Payment

I declare that the information given is true and correct.

I HEREBY:

- a) Authorise Medibank Private to release my personal information (including medical records and claims history) to my Solicitor and/or Insurer and to collect information that is relevant to my compensation claim; and
- b) Authorise and direct my Solicitor, Insurer and any hospital or health service provider to give Medibank Private any information as may be relevant to this claim.

I HEREBY IRREVOCABLY AUTHORISE AND DIRECT my Solicitor to:

- a) Pay Medibank Private the amount of the provisional payment upon any receipt of payment for compensation. The Medibank Private Statement of Benefits shall be sufficient evidence for my Solicitor for payment of the outstanding amount to Medibank Private; and
- b) Give to Medibank Private, from time to time, all information concerning my claim for compensation or damages as may be requested; and
- c) Where there is any disagreement between Medibank Private and myself, hold in trust an amount not less than the amount in dispute, before accounting to me for any funds, until authorised by Medibank Private to release those funds.

SIGN HERE

SIGNATURE OF MEMBER/CLAIMANT: _____ DATE: / /

Submit your claim

Please print and fill out this form, and submit it to the **Medibank Compensation Department**.

Email

Scan and attach the completed form and send it to:

compensation@medibank.com.au

Post

Mail the completed form to us:

**Compensation Department
Medibank Private
GPO Box 9999
Melbourne VIC 3001**

In person

Visit a Medibank retail store and lodge your form in person.

Find stores at

www.medibank.com.au/locations.

For more information, please contact the Compensation Department on **1300 880 276**.

Membership of Medibank Private, including entitlement to and payment of benefits, is subject to our Fund Rules. The Fund Rules are subject to change from time to time. Personal information is handled in accordance with our Privacy Policy. A copy of our Fund Rules and Privacy Policy is available on our website medibank.com.au.