

# FUNERAL BENEFITS

## DEFINED BENEFITS APPLICATION

FOR ACCIDENTS ON OR AFTER 1 FEBRUARY 2020



Use this form to apply for funeral benefits associated with a motor vehicle accident in the ACT when:

### 1. Relevant accident

The deceased died as a result of a motor accident in the ACT on or after 1 February 2020.

and

### 2. Appropriate applicant

You are the person who has paid or is liable to pay the funeral expenses of the deceased.



Need help?

Call [1300 209 642](tel:1300209642) for the free Defined Benefits Information Service.



## Information

- Complete this form and send it to an ACT MAI insurer that you think the deceased's vehicle had MAI insurance with (NRMA, GIO, AAMI or APIA). If you are unsure or the deceased was not in a vehicle, send to the MAI insurer of your choice.
- If you're filling out this form by hand, please use a blue or black pen. Mark boxes like this  with a ✓ or a X.
- Please include the required attachments, which will form part of this application and the declaration and authorisation will include them.
- Funeral expenses are not payable in cases of a foreign national who has died outside Australia.
- Funeral expenses are not payable where the expense has been paid under the workers compensation scheme.
- **This is the only form required to obtain funeral benefits.**



## What happens next?

- 3. The insurer will be in touch with you**  
The insurer will contact you to discuss your application and may request additional information or details about the accident.
- 4. The insurer will assess your application**  
The information you provide will help the insurer assess your application.
- 5. Funeral benefits determination will be made**  
You must sign the declaration and authority. The declaration confirms that your statement is true and correct. The authority provides the insurer access to relevant information to complete their assessment of the application. A signed declaration and authority page is needed for your application to progress.



## Checklist

Attach a copy of all invoices or receipts for funeral expenses paid.

Submit this form and attachments to the MAI insurer.

Keep a copy of this form and any attachments you have provided.

# 1. Applicant details

Applicant first name

Middle name(s)

Last name

Provide at least one phone number:

Mobile phone number (if applicable)

Home phone number (if applicable)

Work phone number (if applicable)

Email address

Home address (unit, street number, street name, suburb, state, postcode)

Contact preference

Mobile

Email

Home phone

Work phone

Relationship to the deceased (For example: partner, spouse, child, sibling, executor or administrator of the deceased's estate, or solicitor)



If you need an interpreter, please tell us your preferred language.

# 2. Funeral expenses



Please attach any invoices or receipts for funeral expenses alongside this form.

If you have not paid for the funeral, please provide details for the funeral director:

Funeral director name

Funeral director contact number

If you have already paid for the funeral, please provide your bank details:

Account name

BSB

Account number

# 3. Personal details of the deceased



The MAI insurer will need some information regarding the deceased and when they died.

Please attach a Notice of Cause of Death given by a health service provider, an interim copy of the death certificate or a letter from the Coroner's Court of the ACT. Your funeral director may have one of these documents.

*If none of these documents are available, you can tell the MAI insurer about any media reporting on the motor accident.*

First name

Middle name(s)

Last name

Date of birth (dd/mm/yyyy)

Date of death (dd/mm/yyyy)

Address of the deceased (unit, street number, street name, suburb, state, postcode)

## 4. About the accident

Police Attendance

Police Officer Name or Accident Report number (if known)

Yes

No

Has a *Personal Injuries* application form been submitted for the deceased?

Yes ► **If yes**, please provide the MAI Application Identifier, then skip to Section 5:

No ► **If no**, please complete this section:

Date of the accident (dd/mm/yyyy)

Approximate time of the accident

 am pm (tick one)

Where did the accident occur? (e.g. corner, intersection, street, number/name, suburb)

In the accident, the deceased was the:

Driver

Passenger

Motorcyclist

Other (give details):

Cyclist

Pedestrian

Pillion passenger

Please provide a brief description of the accident either below or in an attached document (e.g. an accident report or media article).

Is a document attached?

Yes ► **If yes**, then skip to **Details of all vehicles involved in the accident**.

No ► **If no**, please provide a brief description below:

### Details of all vehicles involved in the accident

Provide as much information as you can, including the deceased's own vehicle. But you don't need all the details (e.g. missing a registration number).

| Vehicle Description<br>(e.g. make, model, colour, registration number, state) | Driver's name | Driver's contact<br>(e.g. phone, email) | Number of passengers |
|---|---------------|---|----------------------|
|   |               |   |                      |
|   |               |   |                      |
|   |               |   |                      |
|   |               |   |                      |

For Funeral Benefits only you do not need to identify the vehicle at fault for the motor accident. For all other applications made information will be required of the vehicle considered to be at fault, or most at fault, so that your application is managed by the relevant MAI insurer. This may mean your application(s) is handled by a different insurer to the one that pays the funeral benefit.

## 5. About personal information

The insurer will need authority to collect personal and health information to help manage your application.



Why?

- For the purpose of enabling the insurer to process, assess and manage your application and to verify any evidence you may submit in support of your application.
- To ensure the application is compliant with ACT motor accident injuries legislation.
- For the purposes of legal proceedings under that legislation if required.

Insurers may need to disclose personal and health information on this form to each other and relevant organisations.



Why?

- To process, assess and manage your application.
- To support any complaint or enquiry made by you to any authority.

## 6. Collection of personal and health information to manage your application

- Personal and health information provided by you may be retained, used and disclosed by:
  - licensed insurers to manage your application and determine your entitlements, and
  - the Motor Accident Injuries Commission as regulator of the MAI scheme under the *Motor Accident Injuries Act 2019* (ACT).
- Any personal and health information you provide will be collected, retained, used and disclosed in accordance with (where relevant) the *Motor Accident Injuries Act 2019* (ACT), *Information Privacy Act 2014* (ACT), *Health Records (Privacy and Access) Act 1997* (ACT), and the *Commonwealth Privacy Act 1988*.
- Under the *Motor Accident Injuries Act 2019*, the MAI Commission may, despite anything to the contrary in the *Information Privacy Act 2014* or the *Health Records (Privacy and Access) Act 1997*, collect, use and disclose data relating to third party policies, claims, activities and performance of insurers and the provision of health, legal and other services relating to applicants.

## 7. Declaration and authorisation

Please read this declaration carefully before writing your name below and signing.

- All information you have provided in this application form must be true and correct in every respect.
- Under part 3.4 of the *Criminal Code 2002*, you can be fined, imprisoned, or both for either knowingly or recklessly providing false or misleading information in this form, or omitting anything without which the information is false or misleading.
- You authorise the insurer to contact and obtain information and documents relevant to the application from persons specified in this authorisation below and provide information and documents so obtained to persons specified in this authorisation below.

The consent and authorisation to release, use, disclose and exchange personal information on this form and information obtained in the course of processing and managing your application for defined benefits apply to and between:

- any police service
- the Coroner's Court of the ACT
- any property damage insurer
- any funeral director or mortuary service
- any personal injury insurer or workers compensation insurer
- the ACT Civil and Administrative Tribunal (ACAT)
- the ACT MAI Commission

This consent operates until you either revoke the authority by notice, in writing, to the stated insurer, or are no longer entitled to defined benefits in relation to the motor accident.

I, (print name)

declare that, to the best of my knowledge, the information given in this form is true and correct. I also give consent and authorisation for the collection, use, disclosure and exchange of personal and health information provided on this form and information obtained in the course of the processing and managing my application for defined benefits to and between persons set out in section 7 of this form.

Signature

Date (dd/mm/yyyy)

|   |   |
|---|---|
| / | / |
|---|---|