



Section A
CLAIM DETAILS

Expatriate Details

Expatriate Name:

Date of birth:

Expatriate status:

Employer:

Location of posting / Date of posting:

Telephone:

Please include international code if applicable

Email:

- | | |
|---|--|
| | |
| | |
| <input type="checkbox"/> Employee | |
| <input type="checkbox"/> Spouse/Partner | |
| <input type="checkbox"/> Dependant | |

**Claim
Communication**

Is communication on this claim to be:
Please tick one.

Date Employer first became aware of
Illness / Injury / Treatment :

☐ Via Expat

☐ Via Employer



**Comcare
Declaration**

Is this expense a result from an incident which may be or has been covered by Comcare (i.e. Workers' Compensation)?

☐ Yes

☐ No

If yes:

Comcare claim number:

Date Comcare notified:

Has the claim been rejected by Comcare?

☐ Yes

☐ No

Reason for rejection:

**Illness, Injury &
Treatment Details**

Treatment / assistance provided for:

Medical
Dental
Prescribed Medicine
Evacuation
Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Date of Accident / Date of commencement of Illness/Injury:

Place of Accident / Place where Illness/Injury commenced:

City:
Country:

Nature of Injury / Illness:

Is the illness / injury due to a pre-existing condition? If yes, please note the condition/s.

☐ Yes

☐ No

Condition/s:



Section B
EVIDENCE OF CLAIM

A copy of the account / proof of payment must be provided for every item listed below.

1.	Date of Account:		
	Service Provider:		
	Amount Claimed:		
	Currency:		
	Proof of conversion to AUD attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(*If not provided, Comcover will use www.oanda.com to calculate the conversion at the date the account is paid).			
2.	Date of Account:		
	Service Provider:		
	Amount Claimed:		
	Currency:		
	Proof of conversion to AUD attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Date of Account:		
	Service Provider:		
	Amount Claimed:		
	Currency:		
	Proof of conversion to AUD attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If additional items are being claimed, please use a separate sheet detailing the information in the same format as above, or use a second claim form.

Please attach your pre-deployment medical and dental assessment.

Please provide any other information that may assist in the processing of your claim. For example, where your condition resulted from an accident, please also attach any accident, police or hospital report.

Please provide details of any further relevant information



Section C
PRIOR CLAIMS

Previous Comcover
Claim

Is this an expense for an event for which a claim has been previously lodged with Comcover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, the date the claim was lodged with Comcover:		
Claim No.:		

Section D
CLAIM PAYMENT

Claim Payment

Payment is to be made to:	
Employer	<input type="checkbox"/>
Expatriate's Bank Account*	<input type="checkbox"/>

If not previously sent, bank account details should be faxed or emailed to Comcover. Please refer to Bank Account Facsimile Template.

If submitted via the **employer**, Fund Member Contact to sign:

Name of Fund Member Contact

Signature of Fund Member Contact

Date

Privacy Statement

Your personal information (including information collected about your spouse/partner or dependant/s) is protected by law (including the Privacy Act 1988) and collected, used and disclosed by the Department of Finance (Comcover) to assess your application for compensation and administer Comcover's claims, risk and insurance services. In some cases, for example where ongoing treatment is required, Comcover may need to communicate with our medical advisers or your home entity. This may involve the disclosure of your personal information to an overseas entity where the Privacy Act 1988 will not apply. The Department of Finance (Comcover) will also share your information with its contracted third party service providers for the purposes of managing a claim.

De-identified information (which is no longer personal information) may also be used for a range of secondary purposes that support and improve the health and medical benefits cover Commonwealth expatriates. Further information about the privacy practices of the Department of Finance, including how to access or correct your personal information or



make a complaint, is contained in the privacy policy available at <http://www.finance.gov.au/sites/default/files/privacy-policy.pdf>.

By signing this document, I consent to Comcover collecting, using, holding and disclosing my personal information as described above.

Signature of Expatriate:

Date:
