

Compensation Information Form (CIF)

We are asking you to complete this form to obtain all the information we need about your compensation arrangements.

As the National Disability Insurance Scheme (NDIS) complements, but does not replace, compensation arrangements for personal injury we need this information to work out the impact this may have on supports provided through your NDIS plan.

We can help you gather this information if you provide the NDIA with consent to collect and share information about your compensation claim with relevant third parties, including legal representatives.

What is compensation?

Compensation is when you receive a payment for an injury.

You may have received, or be entitled to receive, compensation if you experienced:

- a work injury;
- a motor vehicle injury;
- an injury arising from medical treatment (medical negligence);
- an injury caused by an event like a fall in a public place (e.g. a park or shopping centre); or
- a sporting injury.

You may have received compensation in the form of:

- a lump sum payment;
- periodic payments (e.g. weekly, fortnightly, monthly);
- reimbursed expenses (e.g. where an invoice or receipt is submitted and paid); or payments made directly to any service provider (e.g. for rehabilitation or care) by an insurer, statutory scheme or any other body for services provided to you.

When we refer to “compensation,” we are talking about all the above types of payments.

What evidence do you need to provide?

We have provided you with an Evidence Checklist to help you know what information and documents to provide to the NDIA. This evidence helps us work out if your compensation will impact the NDIS funded supports in your plan.

To help us to make the right decision please provide as much evidence listed in the checklist as you can. We can collect this information on your behalf if you give us your consent and provide name and contact details of people who have access to this information.

If this form is completed and signed by your plan nominee, guardian or financial power of attorney they will need to provide us with a copy of the guardianship order or financial power of attorney with the completed form.

Please return the completed form to:

- **Email:** compensation@ndis.gov.au
- **Mail:** Compensation Recoveries Team, National Disability Insurance Agency,
GPO Box 700
Canberra ACT 2601
- **In-person:** Take it to your local NDIA office

Part A: Participant details

Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	

If another person has assisted you, or is completing this form on your behalf, please answer the following:

Level of assistance provided	<input type="checkbox"/> I completed the form on the participant's behalf <input type="checkbox"/> I provided some assistance to the participant to complete the form
Name of person who helped fill in this form	
Relationship to the participant	

Part B: Your compensation

Please answer the following questions about your compensation.

Important: Please provide as much information as you can about your compensation payments. For example, if you cannot remember an exact date then please provide an estimate of when the compensation was paid.

1	What happened to you that resulted in an injury?	Please tick all boxes that may apply: <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Work-related injury (workers compensation) <input type="checkbox"/> Sporting injury <input type="checkbox"/> Medical negligence <input type="checkbox"/> Public liability (e.g. a fall in a public place) <input type="checkbox"/> Other (please specify) _____
2	When did your injury occur?	
3	In which state or territory did your injury occur?	<input type="checkbox"/> ACT (Australian Capital Territory) <input type="checkbox"/> NSW (New South Wales) <input type="checkbox"/> NT (Northern Territory) <input type="checkbox"/> QLD (Queensland) <input type="checkbox"/> SA (South Australia) <input type="checkbox"/> TAS (Tasmania) <input type="checkbox"/> VIC (Victoria) <input type="checkbox"/> WA (Western Australia)

4	How did your injury happen?	
5	At what stage is your compensation claim?	<input type="checkbox"/> Claim never made <input type="checkbox"/> Claim in progress <input type="checkbox"/> Claim finalised
6	Have you made a claim for a lump sum payment for your injury?	<input type="checkbox"/> Yes If Yes, continue to Question 7 . <input type="checkbox"/> No If No, but you continue to receive periodic supports/services, go to Question 17 .
7	What injury did you receive compensation for?	
8	Please provide details of your legal representative or any other third party with knowledge of your compensation: (If multiple, please list)	Name: _____ Address: _____ _____ Phone number: _____ Email: _____ Name: _____ Address: _____ _____ Phone number: _____ Email: _____
9	If your claim has been finalised, on what date did it finalise?	

10	How was the compensation claim finalised?	<input type="checkbox"/> Court judgement <input type="checkbox"/> Settlement agreement <input type="checkbox"/> Other (please specify) _____	
11	What was the total lump sum payment? (e.g. settlement or judgement amount)		
12	What was the lump sum payment for? (Please provide any documents which show this)	<input type="checkbox"/> Pain and suffering <input type="checkbox"/> Loss of income <input type="checkbox"/> Past medical expenses <input type="checkbox"/> Future medical expenses <input type="checkbox"/> Past care and/or support <input type="checkbox"/> Future care and/or support <input type="checkbox"/> No breakdown of costs <input type="checkbox"/> Other	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
13	Of the lump sum payment, how much has been spent on: (Please attach evidence as detailed in the Evidence Checklist attached if available)	<input type="checkbox"/> Personal care and/or support <input type="checkbox"/> Aids and/or equipment <input type="checkbox"/> Physical or other therapies <input type="checkbox"/> Vehicle modifications <input type="checkbox"/> Home modifications <input type="checkbox"/> Other supports:	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
14	Was the lump sum payment reduced because you were partially at fault?	<input type="checkbox"/> Yes If Yes, how much? (percentage or dollar amount) <input type="checkbox"/> No _____	
15	Were you subject to a preclusion period from any statutory body as a result of your compensation claim?	<input type="checkbox"/> Centrelink <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Work-related accident (workers' compensation) <input type="checkbox"/> Other <input type="checkbox"/> No Name of statutory body: _____	
16	Has Centrelink or Medicare received any repayments from your compensation payment?	<input type="checkbox"/> Yes If Yes, how much did each receive? <input type="checkbox"/> No Centrelink \$ _____ Medicare \$ _____	

17	Excluding lump sum payments, have you, at any time, received supports or services for your injury from a statutory scheme such as WorkCover or a motor vehicle scheme?	<input type="checkbox"/> Yes If Yes, what is the name of the scheme? Name: <input type="checkbox"/> No
18	Do you continue to receive supports and services for your injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to Question 20.
19	What is the name and contact details of the provider of your entitlements or supports? (e.g. Comcare, DVA, Workers Compensation, TAC). If more than one please list all.	Name: _____ Organisation: _____ Phone number: _____ Email: _____ Name: _____ Organisation: _____ Phone number: _____ Email: _____
20	On what date did these services or supports commence?	
21	If your services or supports have stopped, please provide the date they stopped and details of why they stopped.	

Part C: Your privacy and consent to collect and share your information

The NDIA collects your personal information and uses it to consider any compensation you have received, or may receive, and how it may impact on any supports the NDIS provides. As a participant, the NDIA will also collect and use your information to help develop and implement your NDIS Plan and do other things related to the NDIS.

Collecting this information assists the NDIA determine if you have already or are receiving compensation for a type of support the NDIS may consider funding.

In addition to collecting certain information from you, the NDIA may contact your lawyer, an insurer, trustee or other party who may hold information about your compensation. This information will help the NDIA properly assess the funding the NDIS may provide for supports.

Under the *National Disability Insurance Scheme Act 2013* (Cth) and the *Privacy Act 1988* (Cth), any personal information you provide the NDIA is protected. You can also ask to see what personal information (if any) we hold about you, at any time, and you can ask to have the information corrected if it is wrong.

If the NDIA cannot obtain all requested information, concerning your compensation claim, your NDIS plan may be delayed, or if you already have a plan in place, your plan may be reviewed and your funding (or part of your funding) may be impacted.

The NDIA will not use any of your personal information for any other purposes, or disclose your personal information to any other organisations or individuals, unless authorised by law or where you provide your consent for us to do so.

<p>Do you consent to the NDIA collecting your information from third parties, for the purposes of assessing the funding the NDIS may provide for supports?</p>	<p><input type="checkbox"/> Yes, I consent.</p>	<p><input type="checkbox"/> No, I do not consent.</p>
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Part D: Statement of the participant, plan nominee or child representative

When I sign this compensation information form:

- I certify that the information I have provided is true and correct.

I understand that:

- Giving false or misleading information is a serious offence.
- This information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.
- I am giving my consent for the NDIA to use and share my information set out in Part C.
- I can withdraw my consent for the NDIA to use and share my information at any time by letting the NDIA know.
- I can read the NDIA's Privacy Policy at www.ndis.gov.au/privacy

Participant details required

Full participant name	
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Participant signature

Signature	
Date (DD/MM/YYYY)	

If you are an appointed plan nominee or child representative

Plan nominee or child representative full name	
Signature of appointed plan nominee or child representative	
Date (DD/MM/YYYY)	

Please continue to Part E if you are a representative other than an appointed plan nominee or child representative. Participants are not required to complete Part E.

Part E: Other representative/s to complete

This part is to be filled out by a guardian or financial power of attorney. A copy of the guardianship order or financial power of attorney must be provided with the completed form.

1	What is the reason for completing this consent form on the participant's behalf?	<input type="checkbox"/> Power of attorney <input type="checkbox"/> Court, tribunal, guardianship, or administration order
2	Who is completing the form on behalf of the participant?	<input type="checkbox"/> A person <input type="checkbox"/> An organisation (go to 4)
3	Details of person	Name: _____ Date of birth (DD/MM/YYYY): _____ Address: _____ _____ Phone number: _____ Email: _____
4	Organisation details	Organisation name: _____ ABN: _____ Contact person: _____ Contact number: _____ Email: _____ Street address: _____ _____ Postal address (if different to street address) _____ _____

Required documents

The NDIA require a copy of one of the following documents to demonstrate your authority to act on the participant's behalf. Please indicate below which form you have provided:

- ☐ Court order
 ☐ Tribunal order
 ☐ Guardianship order
☐ Administration order
 ☐ Power of attorney

Signature:

Where there is a court, tribunal, guardianship, administration order or power of attorney in place we require the following declaration from the authorised person.

I declare that I have read the Compensation Information Form and on behalf of the participant I provide consent for the NDIA to use and share the participant's information set out in Part C of this form.

- I certify that the information I have provided is true and correct.

I understand that:

- Giving false or misleading information is a serious offence.
- This information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.
- I can withdraw my consent for the NDIA to use and share my information at any time by letting the NDIA know.
- I can read the NDIA's Privacy Policy at www.ndis.gov.au/privacy

Full name of authorised person	
Signature of authorised person	
Date (DD/MM/YYYY)	

Part F: Evidence Checklist

This checklist contains the types of evidence or documents the National Disability Insurance Agency (NDIA) use when working out the amount funded for reasonable and necessary supports for your National Disability Insurance Scheme (NDIS) plan.

Please tick the boxes and attach copies of the documents you are able to supply and send:

- **Email:** compensation@ndis.gov.au
- **Mail:** Compensation Recoveries Team, National Disability Insurance Agency,
GPO Box 700,
Canberra ACT 2601
- **In-person:** Take it to your your local NDIA office

Please provide copies of the following documents

- ☐ Court judgement or tribunal decision
- ☐ Statement of claim
- ☐ Particulars of special damages / Statement of particulars / Heads of damage
- ☐ Terms of settlement / Heads of agreement / Release
- ☐ Centrelink charge notice
- ☐ Centrelink or any other statutory preclusion notice
- ☐ Medicare compensation recovery notice
- ☐ Letters from your solicitor noting the final settlement amount and any breakdown (e.g. pain and suffering, future care, economic loss)
- ☐ Letter from the statutory scheme (e.g. WorkSafe) or insurer noting the final settlement amount and any breakdown (e.g. pain and suffering, future care, economic loss)
- ☐ Details of any disability supports provided to you by a statutory scheme or insurer
- ☐ Invoices or receipts for disability supports purchased from the date of the compensable event to the date of joining the NDIS
- ☐ Accounting or bank records showing disability support expenses from the date of the compensable event to the date of joining the NDIS

Questions

If you have any questions about this form, the Checklist or the types of documents required, please contact compensation@ndis.gov.au or phone the NDIS National Contact Center on **1800 800 110**.