

When to use this form

Use this form to request a review of how we apply your compensation payment.



Online account

You can upload this form, with any supporting documents, online.

For more information about how to access an online account or how to lodge documents online, go to servicessaustralia.gov.au/centrelinkuploaddocs



For more information

Go to servicessaustralia.gov.au/centrelinkcompensationrecovery



Information in your language

We can translate documents you need for your claim or payments for free.

To speak to us in your language, call **131 202**.

Call charges may apply.



Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to servicessaustralia.gov.au and search 'other support and advice'.

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Compensation Recovery Statement of Financial Circumstances (SS484)

Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

About you

1 Your Customer Reference Number (if known)

--	--	--	--	--	--	--	--

2 Your name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

--	--	--	--	--	--	--	--

4 Previous name(s) you have been known by

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No **Go to next question**

Yes **Give details below**

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

If you need more space, provide a separate sheet with details.

5 Your permanent address

Postcode

6 Your contact phone number (including area code)

--	--	--	--	--	--	--	--	--	--	--	--

7 Do you have a partner?

No **Go to 12**

Yes **Go to next question**

8 Your partner's Customer Reference Number (if known)

--	--	--	--	--

9 Your partner's name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

10 Your partner's date of birth (DD MM YYYY)

--	--	--	--	--	--	--	--



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11 Has your partner been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No Go to next question

Yes Give details below

1 Other name

Type of name (for example, name at birth)

2 Other name

Type of name (for example, name before marriage)

If you need more space, provide a separate sheet with details.

12 Which decision do you want reviewed?

Lump sum preclusion period

Lump sum preclusion period and debt

Weekly workers compensation

Weekly workers compensation and debt

13 Explain why you are requesting a review of the decision.

Area with horizontal dashed lines for writing an explanation.

If you need more space, provide a separate sheet with details.

Continued

Your home

1 Address of property

Postcode

Value of property

\$ _____

Date purchased (DD MM YYYY) Your share Partner's share

____	____	____	____ %	____ %
------	------	------	--------	--------

Other real estate and rental property

1 Address of property

Postcode

Amount of income received (if applicable) and how often

\$ _____ per

Value of property Currency if not AUD

\$ _____

Date purchased (DD MM YYYY) Your share Partner's share

____	____	____	____ %	____ %
------	------	------	--------	--------

2 Address of property

Postcode

Amount of income received (if applicable) and how often

\$ _____ per

Value of property Currency if not AUD

\$ _____

Date purchased (DD MM YYYY) Your share Partner's share

____	____	____	____ %	____ %
------	------	------	--------	--------

If you need more space, provide a separate sheet with details.

Continued

Items of property (for example, cars, boats, caravans)

1 Item of property

Value of item Currency if not AUD

\$ _____

Date purchased (DD MM YYYY) Your share Partner's share

____	____	____	____ %	____ %
------	------	------	--------	--------

2 Item of property

Value of item Currency if not AUD

\$ _____

Date purchased (DD MM YYYY) Your share Partner's share

____	____	____	____ %	____ %
------	------	------	--------	--------

3 Item of property

Value of item Currency if not AUD

\$ _____

Date purchased (DD MM YYYY) Your share Partner's share

____	____	____	____ %	____ %
------	------	------	--------	--------

If you need more space, provide a separate sheet with details.

18 Give details of all accounts held by you (and/or your partner) in banks, building societies or credit unions.

Include:

- savings accounts
- cheque accounts
- term deposits
- joint accounts
- accounts you hold in trust or under any other name, or
- money held in church or charitable development funds.

Accounts and term deposits outside Australia should be included, with the current balance in the type of currency in which it is invested. We will convert this into Australian dollars.

Do not include:

- shares
- managed investments, or
- an account used exclusively for funding from the National Disability Insurance Scheme.

Continue to next column ►

Continued



Provide evidence from your financial institution that shows your current account balance, account number and account holder name(s). Copies can be provided.

ATM slips are not acceptable.

1 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

\$

Your share %

Partner's share %

2 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

\$

Your share %

Partner's share %

3 Name of bank, building society or credit union

Account number (this may not be your card number)

Current balance of account

Currency if not AUD

\$

Your share %

Partner's share %

If you need more space, provide a separate sheet with details.

19 Do you (and/or your partner) own any shares, options, rights, convertible notes or other securities **listed** on an Australian Stock Exchange (for example, ASX, NSX, APX or Chi-X) or a stock exchange outside Australia?

Include shares traded in exempt stock markets.

Do not include managed investments.

No Go to next question

Yes Give details below



Provide the latest statement for each share holding for each company.

1 Name of company

Number of shares or other securities

ASX code (if known)

Country if not Australia

Your share

Partner's share

%

%

Margin loan balance

\$

2 Name of company

Number of shares or other securities

ASX code (if known)

Country if not Australia

Your share

Partner's share

%

%

Margin loan balance

\$

3 Name of company

Number of shares or other securities

ASX code (if known)

Country if not Australia

Your share

Partner's share

%

%

Margin loan balance

\$


If you need more space, provide a separate sheet with details.

20 Are you (and/or your partner) **currently** paid or expecting to be paid any income from work other than self-employment?

Gross income from employment **includes** amounts voluntarily salary sacrificed into superannuation and the value of employer provided fringe benefits.

No Go to next question

Yes Give details below

 Provide payslips or a letter from each employer.

1 Employer's name

Address

 Postcode

Phone number (including area code)

Gross amount paid per fortnight (before tax and other deductions)

 \$

Who works for this employer?

You Your partner

2 Employer's name

Address

 Postcode

Phone number (including area code)

Gross amount paid per fortnight (before tax and other deductions)

 \$

Who works for this employer?

You Your partner

If you need more space, provide a separate sheet with details.


21 Are you (and/or your partner) involved in any type of business?

Include:

- farming
- self-employed
- sole trader
- partnership
- sub-contractor.

No Go to next question

Yes Give details below

 Provide a copy of your:

- Profit and Loss Statement for the last 3 months, and/or
- last instalment activity statement you submitted to the Australian Taxation Office, and
- copies of the Purchase Document.

If the business failed, provide documentation and details of the de-registration of the business.

1 Name of business

Type of business

2 Name of business

Type of business

3 Name of business

Type of business

If you need more space, provide a separate sheet with details.

22 Do you (and/or your partner) receive payments from an authority or agency outside Australia?

Include:

- pensions from other countries
- benefits
- allowances
- superannuation
- compensation, and
- war related payments.

You must include details of pensions, allowances and other payments even if they are not taxable in the country of payment.

No Go to next question

Yes Give details below



Provide a document from the issuing authority or agency which gives details, including the amount in the foreign currency (for example, latest pension certificate) for each payment.

1 Type of payment

Country which pays it?

Authority or agency which pays it?

Date commenced (if known)
(DD MM YYYY)

Paid to:

You Your partner

2 Type of payment

Country which pays it?

Authority or agency which pays it?

Date commenced (if known)
(DD MM YYYY)

Paid to:

You Your partner

3 Type of payment

Country which pays it?

Authority or agency which pays it?

Date commenced (if known)
(DD MM YYYY)

Paid to:

You Your partner

If you need more space, provide a separate sheet with details.

Checklist

23 Which of the following documents are you (and/or your partner) providing with this form?

Where you are asked to provide documents, provide original documents. In some circumstances, copies may be accepted as detailed in the below checklist.

If you are not sure, check the question to see if you should provide the documents.

Documentary evidence to support your claim
(If you answered Yes at **question 14** or if required at **question 15**)

Documentary evidence giving details of the support given
(If you answered Yes at **question 16**)

Copies of receipts
(required at **question 17**)

Copies of evidence from financial institutions that shows your current account balances, account numbers and account holder names(s), for each account
(required at **question 18**)

Latest statement for each share holding for each company
(If you answered Yes at **question 19**)

Payslips or a letter giving details of employment from each employer
(If you answered Yes at **question 20**)

Copy of your Profit and Loss Statement for the last 3 months and/or last instalment activity statement you submitted to the Australian Taxation Office, copies of the Purchase Document and if the business failed, provide documentation and de-registration of business
(If you answered Yes at **question 21**)

Document from the issuing authority or agency which gives details, including the amount in the foreign currency (for example, latest pension certificate) for each payment
(If you answered Yes at **question 22**)

Privacy notice

24 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

25 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your full name

I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your signature (**only** required if returning by post or in person)



Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Compensation Recovery Team
PO Box 7803
CANBERRA BC ACT 2610
- by fax on 1300 788 118
- in person at one of our service centres.