

Compensation application

When to use this form



Use this form to claim compensation from Services Australia for financial loss or personal injury suffered as a result of our negligence or defective administration.

You need to read these notes before you fill in the form. They tell you about:

- settlements in cases where the Commonwealth is legally liable, and the Compensation for Detriment caused by Defective Administration (CDDA) Scheme
- what sort of losses or injuries you can claim compensation for
- the process for deciding your claim
- your right to seek assistance from the Commonwealth Ombudsman.

Legal liability

The decision whether to pay compensation must be based on whether there is a meaningful prospect of liability being established. Settlement of the claim must be in accordance with legal principle and practice. For a claim of negligence causing loss or damage to succeed, all of the following must be established:

- a duty of care to a reasonable standard was required
- a failure to conform to that standard occurred (that is, a breach of that duty)
- the person suffered reasonably foreseeable economic loss because of the breach of the duty of care
- there is a reasonable connection between the breach of the duty and the economic loss suffered.

caused by Defective Administration (CDDA)

Compensation for Detriment If it is decided that there is no meaningful prospect of the Commonwealth being found to be legally liable, the CDDA Scheme may be applicable. The CDDA Scheme provides for compensation to be paid where a person has suffered reasonably foreseeable financial loss, personal injury or property damage where one or more of the following 4 criteria have been met:

- a specific and unreasonable lapse in complying with existing administrative procedures that would normally have applied to the claimant's circumstances
- an unreasonable failure to institute appropriate administrative procedures to cover a claimant's circumstances
- giving advice to (or for) a claimant that was, in all circumstances, incorrect or ambiguous
- an unreasonable failure to give to (or for) a claimant, the proper advice that was within the official's power and knowledge to give (or was reasonably capable of being obtained by the official to give).

We apply the quidelines for the CDDA Scheme, published by the Department of Finance in the relevant Resource Management Guide 409. For more information, go to finance.gov.au and search for 'CDDA'.

Types of loss

You can claim for loss or injury including:

- economic loss arising from personal injury (such as medical expenses)
- economic detriment that is not related to a personal injury (pure economic loss)
- detriment relating to damage to property.

Under the CDDA Scheme compensation is not payable for grief or anxiety, hurt, humiliation, embarrassment, disappointment, stress or frustration that is unrelated to a personal injury, no matter how intense the emotion may be.

You can only claim losses which were caused by our negligence or defective administration, and the losses you have suffered must be reasonably foreseeable and not too remote. If there were reasonable actions you could have taken to avoid or limit your loss, we will take this into account when considering an offer of compensation.

Before lodging your claim for compensation, talk to us about whether there is any other way to remedy the problem.

Options such as review or appeal should be explored before a claim is considered under the CDDA Scheme.

Keep these Notes (Pages 1 to 2) for your information.

Compensation Application

Claim process

We will send you an acknowledgement letter within 5 business days of receiving your claim and provide you with the name and direct contact details of the case manager handling your claim. If you do not receive a letter from us acknowledging receipt of your claim within 14 days, call us on **1800 995 496**.

We aim to resolve claims within 90 days, however, this will not always be possible. The authorised officer will make a decision about your claim and you will be notified in writing of the outcome.

Correspondence about your compensation claim will not be sent via your myGov account.

If you disagree

If you are dissatisfied with the decision or the way we have handled your matter, you can contact the case manager directly to discuss and/or seek assistance from the Commonwealth Ombudsman. The Ombudsman can look at whether the decision was fair and reasonable in the circumstances. You can call the Ombudsman's office on **1300 362 072** for the cost of a local call anywhere in Australia.

For more information

Go to servicesaustralia.gov.au or visit the Department of Finance website finance.gov.au

Call us on 1800 995 496.



Information in your language

We can translate documents you need for your application 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 **servicesaustralia.gov.au** and search other support and advice'.

Returning this form

Check that all required questions are answered and that the form is signed and dated.

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 Customer Compensation Legal Services Division PO Box 7788 CANBERRA BC ACT 2610



Compensation application (SS509)

Australian Government

Services Australia

| Fill | ing in this form | 7 | Your permanent address |
|------|---|----|--|
| You | ı can complete this form on your computer using Adobe Acrobat | | |
| | ader, and some browsers, or you can print it. ou have a printed form: | | |
| • | Use black or blue pen. Print in BLOCK LETTERS. | | Postcode |
| • | Where you see a box like this Go to 1 skip to the question number shown. | 8 | Your postal address (if different to above) |
| | | | |
| 1 | Your Centrelink Customer Reference Number (if known) | | Postcode |
| | | | rosicode |
| | Child Support Reference Number | 9 | Read this before answering the following question. |
| | Medicare card number | | Providing a mobile phone number or an email address means you may receive SMS or emails from us. To read the terms and conditions, go to servicesaustralia.gov.au/em |
| | Ref no. | | , , , |
| | | | Your contact details Daytime phone number |
| 2 | Your name | | (including area code) |
| | Mr Mrs Miss Ms Mx Other | | Mobile number |
| | Family name | | Email |
| | | | |
| | First given name | | |
| | Second given name | 10 | What service is your claim about? |
| | Second given name | | Centrelink Give details below |
| | | | Medicare Give details below Child support Go to next question |
| 3 | Your date of birth (DD MM YYYY) | | Name of payment or service |
| | | | Name of paymont of solvido |
| 4 | Do you need an interpreter? | | |
| | Available in international, Indigenous, Auslan and other sign languages. | | |
| | No Go to 7 | | |
| | Yes Go to next question | | |
| 5 | What is your preferred spoken language? | | |
| 6 | What is your preferred written language? | | |
| | | | |



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| Services Australia? | support of your claim. |
|--|---|
| Set out the action or inaction of Services Australia that you | |
| consider has caused your loss. Include dates, who you spoke to, the location of the service | |
| centre, and any other details that may be relevant. | |
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| | If you need more space, provide a separate sheet with details. |
| If you need more space, provide a separate sheet with details. | |
| | Privacy notice |
| re you seeking monetary compensation? | |
| No Sive details below | 14 You need to read this |
| How much money are you claiming? | 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 |
| amount is unknown, or you wish to provide more | applications and payments, and provide services to you. |
| ation, give details below | 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 |
| | |
| | 15 Declaration |
| | 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. |
| | I have read, understood and agree to the above. |
| | Date (DD MM YYYY) (you must date this declaration) |
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| | |
| | Your signature (only required if returning by nost) |
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| | Your signature (only required if returning by post) |

13 List and provide copies of any relevant documentation in

11 Why do you think you are entitled to compensation from