



Run off Cover Indemnity Scheme for Midwife Medical Certificate for permanent disability (M0060)

When to use this form

This form must be completed by a medical practitioner other than the midwife being assessed for eligibility under the Midwife Professional Indemnity (Commonwealth Contribution) Scheme (MPIS) for Run off Cover (ROCS).

This form is used when a Medical Indemnity Insurer (MII) determines that an insured midwife is eligible to participate in Midwife Run off Cover.

The MII will submit the certificate to Services Australia in the event that the MII is notified of an incident in relation to the midwife and the claim is eligible for payment under MPIS ROCS. This medical certificate should be completed and provided to the MII when the midwife has ceased (temporarily or permanently) their practice as an eligible midwife due to permanent disability.

Permanent disability

The term **permanent disability** is defined by Section 31 of the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010* (the Act).

For more information

For more information about Midwife Professional Indemnity or assistance completing this form, contact your MII.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Returning this form

Check that all required questions are answered and the declaration has been signed and dated.

Send the completed form to your MII.

Applying midwife's details

The 'Applying midwife' is the midwife being assessed for eligibility under MPIS ROCS.

1 Provider number

2 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

3 Your date of birth (DD MM YYYY)

4 Address

Postcode



MCA0MO060 2412

Examining medical practitioner's details

5 Provider number

6 Qualifications

7 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

8 Practice address

 Postcode

9 Daytime phone number (including area code)

Email

Certification

Permanent disability

10 Brief description of injury or illness

11 Date of examination (DD MM YYYY)

Privacy notice

12 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. 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

13 I declare that:

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

I understand that:

- giving false or misleading information is a serious offence.

Examining medical practitioner's signature

Date (DD MM YYYY)