



Changes in family circumstances

Client details

Claim number

Client phone number

Client name

Client address

Suburb:	Post code
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Dependent details

Full name	Address	Date of birth	Relationship to you <small>(e.g. spouse, partner, child)</small>	Date they became dependent	Date they stopped being dependent <small>(if applicable)</small>
		/ /		/ /	/ /
		/ /		/ /	/ /
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		/ /		/ /	/ /
		/ /		/ /	/ /

Declaration

I declare that the information on this form is true and correct to the best of my knowledge and belief.

Signature of client, parent or guardian

Print name

Date

Use the Adobe [Fill and Sign function](#) to sign digitally.
Or print, sign and scan the form before emailing.

Under section 117 of the *Transport Accident Act 1986* it is an offence to provide false or misleading information in connection with the claim.

LOECF1 06/21

Evidence of dependent family members

If you have family members who are dependent on you for economic support, we need evidence of this to help us determine your loss of earning capacity (LOEC) benefits.

A dependent person may include a spouse, partner or children who rely on you for financial support in some way.

Evidence you can provide to help us understand your family circumstances includes (but is not limited to):

For a spouse or partner

- A copy of the marriage certificate (if applicable).
- Evidence of financial dependency (i.e. copies of joint accounts, loans, household bills in either both names or individual names for the same address, insurance policies, lease agreements etc.).

For children

- A copy of each child's full birth certificate (not extracts).
- Evidence of financial dependency (must show each child's name and date of birth such as school payments, bank accounts, medical bills, child support agency assessment letters etc.).
- A letter from a school/university/college/TAFE confirming your child's enrolment as a full-time student or apprentice (if aged between 16-25).

Where to send completed form

Send completed *Changes in family circumstances form* to:

Transport Accident Commission, PO Box 742, GEELONG VIC 3220. A reply paid envelope has been provided for your convenience.

Or email the completed form and any attachments to info@tac.vic.gov.au.

Your privacy

The TAC respects your privacy. The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au