

### **Statement of Earnings:**

### Loss of earning capacity beneficiary



Claim number		Client phone number Stateme		ement period
			/ /	to / /
Client name				
Client addres	SS			
Suburb:				Post code
Earnings re	eceived as an	employee		
Start date	Finish date	Name and address of employer	Weekly hours	Before tax weekly income
/ /	/ /			\$
/ /	/ /			\$
/ /	/ /			\$
/ /	/ /			\$
Other earni	ings			
Start date Finish date		Nature of activity		Before tax weekly income
/ /	/ /			\$
/ /	/ /			\$
/ /	/ /			\$
/ /	/ /			\$
		on this form is true and correct to the beguardian  Print name	est of my knowle	edge and belief. Date
				/ /
	Fill and Sign function before be			

LOECF8 06/21





Email info@tac.vic.gov.au

# Statement of Earnings: Loss of earning capacity beneficiary



The Statement of Earnings: Loss of Earning Capacity Beneficiary form is designed to assist in the provision of information about earnings and income for clients receiving loss of earning capacity (LOEC) benefits. Clients receiving LOEC benefits are required under the *Transport Accident Act 1986* (the Act) to provide this information.

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

#### What you need to do

Complete the *Statement of Earnings: Loss of Earning Capacity Beneficiary form* including information about all income / earnings / losses and send it to the TAC.

#### What the TAC will do

The completed *Statement of Earnings: Loss of Earning Capacity Beneficiary form* will be reviewed by the TAC.

#### Where to send completed form

Send completed Statement of Earnings: Loss of Earning Capacity Beneficiary 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 <a href="https://www.tac.vic.gov.au">www.tac.vic.gov.au</a>

#### The following are notes to assist you in completing the form

#### Statement period

This is the financial year or part thereof if you have commenced on LOEC in the past 12 months.

#### Earnings received as an employee

This is earnings / income received as an employee. It includes wages, salary, director's fees, allowances, bonuses etc. Please detail all interests in companies, *i.e.* directorships and percentage shareholdings etc.

#### Other earnings

This is earnings / income / losses received. It includes profit/loss as a sole trader and distributions from partnerships and trusts, companies etc.

Please detail all interests in companies, partnerships, trusts and other entities, e.g. directorships, shareholdings, beneficiaries etc

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#### **Attachments**

If you have any income, earnings or losses, you need to attach the following documents:

- Income Tax Returns for personal, business, partnership, company, trust or other entities, including detailed and itemised profit and loss statements
- Australian Taxation Office (ATO) Assessment Notices
- PAYG summaries (Group Certificates)
- Business Activity Statements (BAS)
- Pay slips etc

Please list documents included with the Statement of Earnings: Loss of Earning Capacity Beneficiary form.

If some of these documents are not available at the time of completing the *Statement of Earnings: Loss of Earning Capacity Beneficiary form*, please send a copy of these documents to the TAC as soon as they become available.