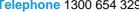
Changes in family circumstances



| Client details | | | | | |
|----------------|-----------------------------------------------------------------|------------------|------------------------------------------------------------|----------------------------|---------------------------------------------------------------|
| Claim number | Clie | ent phone number | | | |
| Client name | | | | | |
| Client name | | | | | |
| Client address | | | | | |
| Suburb: | | | | Pos | st code |
| Dependent deta | ails | | | | |
| Full name | Address | Date of birth | Relationship to you (e.g. spouse, partner, child) | Date they became dependent | Date they stopped being dependent (if applicable) |
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| | 7 of the <i>Transport Ac</i> nnection with the cla | | s an offence to | provide false | or misleading |













Changes in family circumstances



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