

FUNERAL AND DEPENDENCY BENEFITS CLAIM FORM

Please use this form to make a TAC claim for funeral (including burial and cremation) expenses and/or dependency benefits for a person who has died as a result of a transport accident.

Please provide the following information with your claim:

For the spouse or partner of the deceased and their children, please provide:

- A completed Dependant's Statutory Declaration (see attached)
- A copy of the marriage certificate (if applicable)
- A copy of the children's birth certificates, not extracts (if applicable)
- Copies of the deceased's taxation returns or PAYG summaries for the previous two financial years (if available at time of submission)
- A letter from Centrelink confirming the amount, type and period of benefits received by the deceased and the spouse or permanent partner (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, property titles, investments, lease, wills, superannuation policies, mortgage, etc.)
- Written confirmation of any other dependants (i.e. children from other relationships, spouse or partner, etc.). Please provide confirmation if there are no other dependants in the Additional Notes section.
- Written names and contact phone numbers of the deceased's closest relatives and friends (up to three names – please use Additional Notes section)
- A letter from the school/university/college/apprenticeship provider confirming the child/children's enrolment as a fulltime student/apprentice, if the child is between the ages of 18 and 25 years.

For children of the deceased under the age of 25 years whose other parent is not a spouse or partner of the deceased, please provide:

- A copy of the children's birth certificates (not extracts)
- Copies of the deceased's taxation returns or PAYG summaries for the previous two financial years (if available at time of submission)
- A letter from Centrelink confirming the amount, type and period of benefits received by the deceased (if applicable)
- Evidence of financial dependency (i.e. copies of maintenance orders, child support agency assessment letters, school payments, trust accounts, copy of will or superannuation policy, etc.)
- Written confirmation of any other dependants (i.e. children from other relationships, spouse or permanent partner, etc.). Please provide confirmation if there are no other dependants in the Additional Notes section.
- Names and contact phone numbers of the deceased's closest relatives and friends (up to three names – please use Additional Notes section)
- Written confirmation of the child/children's guardian, including full name, date of birth, address, contact telephone numbers and any relevant court applications or custody orders (if applicable)
- A letter from the school/university/college/apprenticeship provider confirming the child/children's enrolment as a full-time student/apprentice, if the child is between the ages of 18 and 25 years.

- i**
- Please note that certified copies of above documents are not required.
 - In some cases the TAC will require additional information to make an assessment of benefits. We will contact you for this information.
 - The TAC will assess a claim for dependency benefits within 7 days of receiving all of the information required.

Privacy

The TAC needs the information collected on this form to make decisions about entitlement to TAC services and benefits. We may use or disclose this information to make further inquiries or assist in the ongoing management of the claim.

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 benefits are reasonable and may not be able to approve further services and benefits. More information is available at tac.vic.gov.au/yourprivacy.

i Instructions

If you need help to complete this form, please call the TAC's Family Benefits team on 03 5225 6200. You can make a TAC claim up to one year after the accident, but it's best to do this as soon as you can to ensure you receive the benefits you are entitled to as quickly as possible.

Complete and email this form to familybenefits@tac.vic.gov.au or post to TAC, GPO Box 2751, Melbourne VIC 3001.

1: PERSONAL DETAILS OF DECEASED

Title (Mr, Mrs, Dr, Mx etc)

Surname

First names

Address

Postcode

Date of Birth

Gender

Male Non binary or gender diverse

Female Prefer not to say

Other

Preferred pronouns

He/him She/her They/them

Other

Aboriginal and/or Torres Strait Islander

Yes Unknown

No Prefer not to say

Marital status

Country of birth (optional question)

Ethnicity (optional question)

If applicable, include more than one ethnicity.

2: TRANSPORT ACCIDENT DETAILS

Accident date

Day of the week

Accident time

Where did the transport accident happen? (Street number, street name, town, suburb, state, postcode)

Postcode

At the time of the accident, what type of transport user was the deceased?

Driver Train passenger

Car passenger Bus passenger

Motorcyclist Tram passenger

Pillion passenger Pedestrian

Cyclist

Other

DECEASED'S VEHICLE

Name of driver

Registration number

State of registration

Vehicle make and model

Did the transport accident happen on the way to/from the deceased's work? Yes No

Did the accident happen while the deceased was performing their daily work duties? Yes No

Was the deceased taking part in, or in a test in preparation for, a motor vehicle race, speed trial, enduro or rally? Yes No

3: INJURY DETAILS

Date of death

Name of hospital to which the deceased was admitted (if applicable)

Please list details of any pre-existing health conditions the deceased had before the transport accident.

4. SPOUSE, PARTNER AND DEPENDENT CHILDREN DETAILS

(if there is no spouse, partner or children go to Section 5)

Please provide details of spouse or partner and children of the deceased, including details of any previous spouse, partner or children.

FAMILY MEMBER 1

Title (Mr, Mrs, Dr, Mx etc)

Surname

First names

Address

Postcode

Phone number

Email

Date of birth

Relationship to the deceased

Was this person a full-time student or apprentice at the time of the accident?

Yes No

Gender

Male Non binary or gender diverse

Female Prefer not to say

Other

Preferred pronouns

He/him She/her They/them

Other

Aboriginal and/or Torres Strait Islander

Yes Unknown

No Prefer not to say

Country of birth (optional question)

Ethnicity (optional question)

If applicable, include more than one ethnicity.

Preferred language

Interpreter required?

Yes No

FAMILY MEMBER 2

Title (Mr, Mrs, Dr, Mx etc)

Surname

First names

Address

Postcode

Phone number

Email

Date of birth

Relationship to the deceased

Was this person a full-time student or apprentice at the time of the accident?

Yes No

Gender

Male Non binary or gender diverse

Female Prefer not to say

Other

Preferred pronouns

He/him She/her They/them

Other

Aboriginal and/or Torres Strait Islander

Yes Unknown

No Prefer not to say

Country of birth (optional question)

Ethnicity (optional question)

If applicable, include more than one ethnicity.

Preferred language

Interpreter required?

Yes No

4. SPOUSE, PARTNER AND DEPENDENT CHILDREN DETAILS (continued)

FAMILY MEMBER 3

Title (Mr, Mrs, Dr, Mx etc)

Surname

First names

Address

Postcode

Phone number

Email

Date of birth

Relationship to the deceased

Was this person a full-time student or apprentice at the time of the accident?

Yes No

Gender

Male Non binary or gender diverse

Female Prefer not to say

Other

Preferred pronouns

He/him She/her They/them

Other

Aboriginal and/or Torres Strait Islander

Yes Unknown

No Prefer not to say

Country of birth (optional question)

Ethnicity (optional question)

If applicable, include more than one ethnicity.

Preferred language

Interpreter required?

Yes No

FAMILY MEMBER 4

Title (Mr, Mrs, Dr, Mx etc)

Surname

First names

Address

Postcode

Phone number

Email

Date of birth

Relationship to the deceased

Was this person a full-time student or apprentice at the time of the accident?

Yes No

Gender

Male Non binary or gender diverse

Female Prefer not to say

Other

Preferred pronouns

He/him She/her They/them

Other

Aboriginal and/or Torres Strait Islander

Yes Unknown

No Prefer not to say

Country of birth (optional question)

Ethnicity (optional question)

If applicable, include more than one ethnicity.

Preferred language

Interpreter required?

Yes No

If there are more than 4 family members, please provide their details in the Additional Notes section. A spouse or partner also needs to complete the Dependant's Statutory Declaration section included in this form.

5: OCCUPATION DETAILS

What was the deceased's occupation at the time of the accident (including student, pension type, home duties, unemployed)?

Employed Self Employed

Name of employer / own business

Address of employer / own business

Phone number

Email

6: FUNERAL DIRECTOR DETAILS

Name of funeral director

Address

Phone number

Email

7: DECLARATION

I (insert name of person completing the form)

declare that the information provided in this claim for compensation is true and correct.

Signature of claimant

Address

Phone number

Email

Relationship to the deceased person

Date

Witness details

I (Insert name)

declare that the claimant appeared to understand the contents of this declaration.

Signature of witness

Date

DEPENDANT'S STATUTORY DECLARATION

The Dependant's Statutory Declaration is only required to be filled in if there is a dependent spouse or partner.

I, (full name) TAC claim no. (if known)

of (address) Postcode

In the State of Victoria do solemnly and sincerely declare

1. I am the spouse/partner of the deceased who died on / /

The date of the accident which gave rise to the death of the deceased was / /

2. (a) I was married to the deceased on / / at

and the marriage was subsisting at the date of death. My date of birth is / /

OR

(b) I, although not legally married to the deceased, lived with the deceased immediately before their death as

their wife/husband/partner on a permanent and bona fide basis from / / to / /

My date of birth is / /

3. At the time of death, I was wholly, mainly or in part dependent on that person for economic support.

My personal gross weekly income, excluding amounts received from the deceased, was \$

The deceased's weekly contribution was \$

4. At the time of death, I was wholly mainly dependent on that person for the care of my/our/their children.

5. At the time of death, the following children of the deceased were under the age of 18 years (include children from other marriages or relationships):

Name	Address	Date of Birth	Relationship to the deceased
		/ /	
		/ /	
		/ /	
		/ /	

6. At the time of death, the following children of the deceased had attained the age of 18 years, but were under the age of 25 years, and were full-time students or apprentices (include children from other marriages or relationships):

Name	Address	Date of Birth	Relationship to the deceased
		/ /	
		/ /	
		/ /	
		/ /	

And I make this solemn declaration, conscientiously believing the same to be true, and by virtue of the provisions of an Act of Parliament of Victoria rendering persons making false declaration punishable for wilful and corrupt perjury.

Declared at On (date) / /

Before me

Signature of witness

Print name of witness

Signature of person making declaration

Print name of person making declaration

Address of witness Postcode

Profession

WITNESSES FOR STATUTORY DECLARATIONS

The following persons can witness statutory declarations:

- A member of the Police force
- A legally qualified medical practitioner
- A manager of a bank
- A principal in the teaching service
- A barrister and solicitor of the Supreme Court
- A clerk to a barrister and solicitor
- A justice of the peace or a bail justice
- A prothonotary or a deputy prothonotary of the Supreme Court
- A registrar or a deputy registrar of the County Court
- A principal registrar of the Magistrate's Court
- A registrar of Probates or an assistant registrar of Probates
- An associate to a judge of the Supreme Court or of the County Court
- A secretary of a Master of the Supreme Court or of the County Court
- A notary public
- A clerk to a barrister or solicitor of the Supreme Court
- A member or former member of either house of the Parliament of Victoria
- A member or former member of either house of the Parliament of the Commonwealth
- A councillor of a Municipality
- A town clerk or shire secretary
- A secretary of a building society
- A minister of religion authorised to celebrate marriages
- A dentist
- A veterinary surgeon
- A pharmacist
- A member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- A sheriff or deputy sheriff
- A person registered as a Patent Attorney under Part XV of the Patents Act 1952 of the Commonwealth
- A fellow of the Institute of Legal Executives (Victoria)
- A person who holds an office in the public service (of Victoria), that is prescribed as an office of which the holder may witness statutory declarations



Submitting this form

Email your completed form to familybenefits@tac.vic.gov.au or post to TAC, GPO Box 2751, Melbourne VIC 3001. If you need help to complete this form, please call the TAC's Family Benefits team on 03 5225 6200.