

Application to determine Future Treatment Payment

*Motor Accident Injuries Act 2019* (MAI Act)

Interpreter

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you or your representative need an interpreter?  | YES |  NO |  |  |
|  |  |  |  |  |
| If yes, what language and dialect? |  |  |  |  |

**INFORMATION about how to complete this form**

Who can Apply?

1. **Use this form to apply to ACAT under section 224 of the *Motor Accident Injuries Act 2019* (MAI Act) if:**
2. **you are an injured person and you applied, or someone applied on your behalf, to a relevant insurer for a future treatment payment (‘FTP’) and you have been given a notice by the insurer (section 223 MAI Act); or**
3. **you are a relevant insurer and you have given an injured person a notice about the FTP;**

**and the parties are unable to agree on the FTP.**

1. **Do not use this form to apply to ACAT to review an insurer’s decision. Use the *Application for Review of insurer’s decision* form.**
2. **Do not use this form to apply for a Death Benefits payment order. Only an insurer can apply to ACAT (section 176(2) MAI Act). The insurer must use the *Application for Payment of Death Benefits* form.**
3. **Do not use this form if you are applying to ACAT for review of a Significant Occupational Impact report (section 215 MAI Act*)*. Use the *Application to review SOI report* form.**

APPLICATION FEE

Before ACAT can progress your application, you must pay the relevant application fee (unless ACAT has waived the application fee or you are exempt). To find out the current fee or how you can apply for a fee waiver or exemption see our website at with this application. Go to our website at **www.acat.act.gov.au**.

WHO ARE THE PARTIES TO THIS ACAT APPLICATION?

**‘Applicant’** – the person or insurer making this application to ACAT.

**‘Respondent’** – each insurer or person who is another party to the ACAT application.

**Application to ACAT for Future Treatment Payment**

***Motor Accident Injuries Act 2019* (MAI Act)**

ACAT FILE NUMBER: (ACAT use only)

MAI

What is your role in this application? (please tick one)

The applicant in person (the person injured or a dependant of a person who died)

A Litigation Guardian making the application on behalf of a person who has a legal disability – a Litigation Guardian must lodge an ***Affidavit for person to act as Litigation Guardian*** **and** ***Consent and Undertaking by a person to act as Litigation Guardian*** form with this application. Go to our website at **www.acat.act.gov.au**.

The relevant insurer

APPLICANT DETAILS

**What is your full name?** (if you are applying for a person with a disability, provide their name in the next question)

Surname/insurer’s name:

Given Names:

If insurer, ACN:

Name of the person with a disability you are making this application for? (if you are a Litigation Guardian)

Surname:

Given Names:

A Litigation Guardian must **attach** a completed ***Affidavit for person to act as Litigation Guardian*** **and** ***Consent and Undertaking by a person to act as Litigation Guardian***.

APPLICANT CONTACT DETAILS

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

APPLICANT’S REPRESENTATIVE DETAILS

(A representative who is not a lawyer must be authorised by a ***Power of Attorney***or an ***Authority to Act for a Corporation*** that is completed and **attached.**)

Surname:

Given Names:

Details of **attached** authorising document (if required):

***Power of Attorney*** Dated:

***Authority to Act for a Corporation*** Dated:

 Other - Name of document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

RESPONDENT DETAILS

Surname/insurer’s name:

Given name:

If insurer, ACN:

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

DETAILS ABOUT THIS APPLICATION FOR FUTURE TREATMENT PAYMENT

**Attach** to this form a copy of any notice or correspondence between the parties or documents (including medical report/s) relevant to this application to ACAT.

Date of **attached** section 223 MAI Act notice:

**Negotiations about the amount of future treatment payment:**

What is the insurer’s last offer?

Amount:

Date of offer:

What is the injured person’s last offer?

Amount:

Date of offer:

Briefly describe the reason/s why you disagree with the respondent’s offer of future treatment payment:



signature by applicant or representative

(Any representative who is not a lawyer must be properly authorised by a ***Power of Attorney***or an ***Authority to Act for a Corporation*** that is completed and **attached**.)

Signature of applicant or applicant’s representative:

Name of applicant or applicant’s representative:

Date:

CHECKLIST FOR Lodgment of Application to ACAT for Future Treatment Payment

I have correctly filled out the ***Application to determine Future Treatment Payment*** form including:

* applicant’s name and, if relevant, the name of the applicant’s *Litigation Guardian*
* applicant’s representative’s name
* full contact details including email address of applicant and, if relevant, applicant’s representative
* the date of the attached section 223 MAI Act notice issues by the insurer in relation to the injured person’s application for future treatment payment
* any relevant document that would assist ACAT in deciding the FTP, including evidence about the injured person’s medical treatment and the opportunities available for investment of the payment amount
* details of the last future treatment payment offer made:
	+ by the insurer – amount and date; and
	+ by the injured person – amount and date
* details of the reason/s the applicant disagrees with the respondent’s last offer.

The ***Application to determine Future Treatment Payment*** form is signed and dated by:

* the applicant or the applicant’s *Litigation Guardian*; or
* the applicant’s Authorised Representative on the applicant’s behalf.

I have **attached** (if applicable):

* an ***Affidavit for person to act as Litigation Guardian***; and
* ***Consent and Undertaking by a person to act as Litigation Guardian*** (both forms available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)).

I have **attached**, if applicable, a completed ***Power of Attorney***or***Authority to Act for a Corporation*** form (available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)).

Correct lodgment fee is ready to be provided with this application. ACAT accepts cash, bank cheque and credit card payments over the counter, and bank cheque or credit card payment via post. Credit card payments are accepted via post using the Credit Card Payment Authorisation form (available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)). For information on fees payable for MAI applications see our website at [**www.acat.act.gov.au**](http://www.acat.act.gov.au).

If you are not eligible for an exemption and believe that the payment of fees will cause you hardship you can apply for a fee waiver. You will need to complete and give to the ACAT registry a Request About Payment of Fees form. For information on fee waiver or exemptions see our website at [**www.acat.act.gov.au**](http://www.acat.act.gov.au).