

Application to ACAT for Payment of Death Benefits

*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. **A relevant insurer must use this form to apply to ACAT for an order for payment of Death Benefits to dependants of a person who died as a result of a motor accident. Only an insurer can apply to ACAT (section 176(2) *Motor Accident Injuries Act 2019* (MAI Act)).**
2. **Do not use this form to apply for a review of a decision made by an insurer (section 193 MAI Act). Use the *Application for Review of insurer’s decision* form.**
3. **Do not use this form to apply for review of a Significant Occupational Impact report (section 215 MAI Act). Use the *Application to review SOI report* form.**
4. **Do not use this form if you are applying to ACAT to determine the future treatment payment (section 224 MAI Act). Use the *Application to determine Future Treatment Payment* form.**

# who are the parties to this application?

**‘Applicant’** – the relevant insurer of the motor vehicle.

**‘Respondent’** – a person who applied to the insurer for payment of death benefits. They may have applied to the insurer as a dependant and/or on behalf of dependants of the deceased.

**‘Deceased’** – the person who died as a result of a motor accident in the ACT on or after 1 Feb 2020.

**‘Dependant/s’** – the dependant/s (defined in section 168 MAI Act) of the deceased who is/are included in this application.

# DEPENDANT/S DETAILS

The insurer must provide details about any dependant who is included in this application and details about other dependants if relevant.

# has insurer accepted liability and/or sent notice to dependant/s?

ACAT will not accept this application until after the later of (section 176(3)(b) MAI Act):

1. 5 business days after the insurer accepts liability for an application for death benefits; or
2. 28 days after a notice is sent to a dependant for additional information.

Application to ACAT for Payment of Death Benefits

*Motor Accident Injuries Act 2019* (MAI Act)

ACAT FILE NUMBER: (ACAT use only)

MAI

# applicant DETAILS

Name of relevant insurer:

Insurer’s ACN:

Insurer’s postal address:

Street:

Suburb:

State:

Postcode:

Insurer’s email address:

Insurer’s phone number:

Alternate phone number (if any):

# applicant’s representative DETAILS

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

Surname:

Given Names:

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

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

# applicant’s representative CONTACT DETAILS

Postal Address:

Street:

Suburb:

State:

Postcode:

Applicant’s Representative
email address:

Preferred phone number:

Alternate phone number:

# DETAILS of deceased and motor accident

## Name of the deceased:

## Deceased’s DOB (if known):

## Date of motor accident:

## Date of death:

Deceased’s address
at time of accident:

# has insurer accepted liability and/or sent notice to dependant/s?

**Yes** – the insurer has accepted liability for all of the dependants identified in the application/s to the insurer and has **not** given a notice for additional information to any dependant.

Most recent date liability accepted:

**Yes** – the insurer has accepted liability for some of the dependants identified in the application/s to the insurer and has **not** given a notice for additional information to any dependant.

Most recent date liability accepted:

**No** – the insurer has not accepted liability for any/all dependants identified **and** a notice was given to a dependant/s for additional information in relation to the application for death benefits.

Most recent date liability was accepted
for a dependant (if applicable):

Most recent date notice was given:

RESPONDENT/S DETAILS – Details of each applicant to the insurer for death benefits:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the person who submitted a death benefits application to the insurer | 1. | 2. | 3. | 4. |
| Is this person also a dependant (yes/no) |  |  |  |  |
| Insurer’s identifying number for the application |  |  |  |  |
| Postal address of the person who made the application to the insurer |  |  |  |  |
| Email address of the person who made the application to the insurer |  |  |  |  |
| Phone number of the person who made the application to the insurer |  |  |  |  |

**Attach** a list if there is not enough space to record details of all respondents.

 - In relation to each application to the insurer for death benef

# DEPENDANT/S DETAILS

**Dependant/s who are included in this application to ACAT:**

**Attach** a list if there is not enough space to record details of all dependants.

A summary of the information the insurer used to establish each dependant’s dependency must be **attached.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  |  |  |
| DOB |  |  |  |  |
| Relationship to deceased  |  |  |  |  |
| Postal address of dependant: |  |  |  |  |
| Included in insurer application ID # |  |  |  |  |
| Insurer has for this dependant:- accepted liability (Y)- not decided liability (ND)- sent additional information notice (Notice) |  |  |  |  |

**Dependant/s not included in this application to ACAT (if known/applicable):**

**Attach** a list if there is not enough space to record details of all dependants not included in this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  |  |  |
| DOB |  |  |  |  |
| Relationship to deceased |  |  |  |  |
| Postal address of dependant |  |  |  |  |
| Included in insurer application ID # |  |  |  |  |
| Reason/s why dependant not included |  |  |  |  |

The insurer has taken all reasonable steps to obtain information about other dependants not included in this application, including (please **attach** relevant documents):

(Tick to confirm)

identified and obtained information about all potential dependants; and

sought consent from any dependant not included in a death benefits application to the insurer to be joined to this application to ACAT; and

made reasonable attempts to contact any potential dependant not covered by this application to establish whether they may be a dependant of the deceased; and

allowed 28 days for a potential dependant to make a death benefits application after the insurer gave them notice that the insurer had received a death benefits application for other dependant/s.

# signature by applicant or representative

(A representative who is not a lawyer must be authorised by 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 Payment of Death Benefits

The ***Application to ACAT for an order for Payment of Death Benefits*** formhas been correctly filled out including:

* the relevant insurer’s name and contact details including postal address and email address
* the full name of and requested details about the deceased
* the date on which the insurer most recently accepted liability and or gave to a dependant a notice for additional information in relation to an application made to the insurer for death benefits
* the name and contact details of each respondent – being the dependant/guardian/personal representative who made an application for death benefits to the insurer
* the name and details requested for each dependant covered by this application to ACAT whether or not the insurer has accepted liability
* confirmation, in relation to potential dependants not included in this application, that all reasonable steps have been taken to identify, obtain information about and contact them and seek their consent to be included in this application as a dependant.

### **Attached** is a summary of the information that the insurer used to establish each dependant’s dependency.

### **Attached** is a copy of each notice, if any, issued by the insurer to an applicant for death benefits, accepting or rejecting liability for an application.

### **Attached** is a copy of any notice for additional information given by the insurer to a dependant that has not been actioned by the dependant, including a notice given to a dependant not covered by an application to the insurer.

### **Attached** is a copy of other relevant correspondence and documents including:

* a copy of all applications for death benefits for which the insurer has accepted liability
* all documents provided with any application to the insurer for death benefits
* any additional information or document received by the insurer in relation to an application for death benefits
* any documents/information confirming the deceased’s death was a result of a motor accident
* details of any other death benefit application in relation to the deceased the insurer has received
* information and documents confirming steps taken by the insurer to identify, contact and obtain information from or about potential dependants not included in this application.

The ***Application to ACAT for an order for Payment of Death Benefits*** form is signed and dated by the applicant’s Authorised Representative on the applicant’s behalf.

**Attached**, if applicable, is 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)).