**Statement from individual person**

**Incidental funeral costs**

**incurred outside of Australia**

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| **This form is to be used by an individual person. Please complete this form when claiming reimbursement from WorkSafe Victoria (WorkSafe) for incidental costs incurred outside of Australia in relation to the burial or cremation of the below-named deceased person and no invoice or receipt of payment can be provided.**  **If reimbursement is more than $2,000 Australian dollars, your declaration must be witnessed.**  **This form is not to be completed if an individual is claiming reimbursement of the burial or cremation (please use: *Statement from individual person: Burial or cremation costs incurred outside of Australia*.** |

WorkSafe Victoria is the state’s health and safety regulator and manager of Victoria’s workers’ compensation scheme. We engage WorkSafe agents to manage our compensation claims on our behalf.

**WorkSafe can pay reasonable costs to a capped amount**

The following incidental items could be included as part of the burial or cremation services:

* a service or gathering (i.e. venue hire, food, beverage)
* a simple identification plaque
* other costs for example, flowers, booklets or notice in a newspaper.

WorkSafe can also pay reasonable travel or accommodation costs for specific family members to attend the burial or cremation service if they reside more than 100km from the place of service.

For more information on what WorkSafe can and can’t pay visit [worksafe.vic.gov.au/funeral-expenses](https://www.worksafe.vic.gov.au/funeral-expenses)

Our payment is based on the foreign exchange rate on the date of processing and is made via cheque, in Australian dollars. The cheque will be mailed to the address provided in the Statement.

**Reimbursements over $2,000 AUD**

Where expenses exceed $2,000 AUD, your signed statement must be witnessed by an approved person – this includes:

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| * accountant * dentist * financial adviser or planner | * legal practitioner * medical practitioner, midwife or nurse | * pharmacist * police officer * school teacher or principal |

The witness must be licensed or registered in Australia or be appointed by your local government to witness documents. A full list can be viewed at [justice.vic.gov.au/statdecs](https://www.justice.vic.gov.au/statdecs)

**Collection Statement**

The Victorian WorkCover Authority (WorkSafe) is a body corporate established under the *Accident Compensation Act 1985* (Vic). For more information, please visit [worksafe.vic.gov.au](https://www.worksafe.vic.gov.au)

Personal information is being collected for the purpose of determining whether costs have been incurred outside of Australia in relation to the burial or cremation of the below-named deceased person. If you choose not to provide us with the requested information, we may be unable to process your claim for payment of the costs incurred overseas.

Personal information about you may be collected from third parties and used for the purpose of assessing your claim and verifying any evidence you may submit in support of your claim.

Any personal information will be stored and retained securely in accordance with WorkSafe’s Privacy Policy. Access to the information collected is limited to:

* the managing agent, employees of WorkSafe and account processing personnel who have a legitimate interest in the information for the purpose of processing and assessing the claim;
* a family member or representative nominated by WorkSafe, if required, for the purpose of supporting the claim;
* translation service providers, if required.

Information collected will not otherwise be shared with any third parties unless required or authorised by law.

Individuals have the right to access and correct any personal information held by WorkSafe. If you have any questions about how your personal information will be handled or would like to gain access to your personal information, please contact WorkSafe’s Privacy Team at [**privacy@worksafe.vic.gov.au**](mailto:privacy@worksafe.vic.gov.au) or access WorkSafe’s Privacy Policy at [worksafe.vic.gov.au/resources/privacy-policy](https://www.worksafe.vic.gov.au/resources/privacy-policy)

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| Name of deceased person: | *Click here to enter text* | Date of death: | *Click here to enter a date of death* |

**Statement**

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| *Insert your name, residential address and relationship to deceased person* | I, | *Click here to enter your name* |
| of, | *Click here to enter your address and relationship to deceased* |
|  | Make the following statement: | |
| *Set out information about the costs incurred as a result of the burial or cremation (including any witness fee).*  *For each item provide:*   * *detailed description;* * *where, when and why it was provided;* * *how it relates to the burial or cremation service;* * *name of supplier or organisation paid; and* * *amount and date paid.* | *Click here to enter information about your statement* | |

**Declaration**

I confirm I have read the Collection Statement and confirm to the best of my knowledge, the information in this statement is true and correct. I am aware it is an offence under Victorian workers’ compensation legislation to provide false or misleading information under that legislation or in connection with a claim for compensation. I understand any information provided may be subject to verification by WorkSafe or the managing Agent.

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| Print name: | *Click here to enter your full name* | Signature:  *If claim is over $2,00AUD your signature must be witnessed – see below* |  |
| Contact number: | *Click here to enter your contact number* | Date: | *Click here to enter a date* |
| Email address: | *Click here to enter your email address* | | |

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| **Only required if reimbursement is greater than $2,000 AUD** | | | | |
| *Insert name, capacity in which authority to witness declaration and address (write, type or stamp)* | I am an approved witness and I sign this document in the presence of the person making the statement: | | | |
| Print name: | . | Signature: |  |
| Contact number: | . | Date: | . |
| Email address: | . | | |