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**Statement from individual person**

**Burial or cremation 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 costs incurred outside of Australia for the burial or cremation of the below-named deceased person and no invoice or receipt of payment can be provided.****Your completed statement and any supporting documents, such as a quote or proof of payment, must be supplied to the WorkSafe agent for payments.**  |

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

* the funeral director
* fees for a cremation, coffin, grave site or other fees associated with a burial
* costs to transport the deceased to the funeral home (local)
* a service or gathering (wake)
* a simple identification plaque
* other costs for example, flowers, a death certificate or notice in a newspaper
* repatriation for burial or cremation.

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)

Where an invoice or receipt of payment can’t be provided, a quote for costs incurred is required. If a quote can’t be provided, the WorkSafe agent will request a quote from the relevant organisation/s on your behalf.

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.

**Collection Statement**

The Victorian WorkCover Authority (WorkSafe) is a body corporate established under the *Accident Compensation Act 1985* (Vic). For more information, please visit our website: [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; and
* 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 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* |

**Who is completing this statement** *mark with an X*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Immediate family member | [ ]  | Other family member | [ ]  | Friend or associate | [ ]  |

**Statement**

|  |  |  |
| --- | --- | --- |
| *Insert your name, residential address and relationship to deceased worker* | 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 cost/s you have paid, including:** *name of organisation paid*
* *amount paid*
* *date paid*
* *how it relates to the burial or cremation service*
 | *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: |  |
| 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* |