

CLAIM FORM ➔

Sports Injury

EXTF178

Call ATC for assistance on **1800 994 694**

1. **You** complete Section A and B.
2. If you have a 'Non Medicare Expense' claim, you should also complete Section C. You should only submit this section of the form if you have completed all treatment, and no further treatment is required.
3. Your **Sports club** completes Section D.
4. Your **Medical practitioner** completes Section E.
5. Your **Witness/es** complete Section F.
- 6a. If you wish to claim for loss of earnings, your **Employer** completes Section G.
Should you be self employed, please ask your accountant to provide a written statement confirming your pre-tax earnings for the 52 weeks immediately prior to your injury.
- 6b. If you are claiming for loss of earnings **You** also complete the attached Tax File Number Declaration form. In the event of your claim being accepted, any loss of earnings benefits paid to you will have income tax deducted in the same way your employer deducts it from your salary. You are not obligated to submit the Tax File Declaration form however failure to do so will result in your loss of earnings benefits being taxed at the maximum applicable rate set by the Australian Taxation Office.
7. If you went to hospital following an injury, attach a copy of the hospital admission notes.
8. Check all questions have been answered (including by selecting either 'Yes' or 'No' wherever this option is given) and each Section has been signed and dated.
Your claim will be delayed if we have to return your claim form to you because it is incomplete.
9. Please keep a copy of the completed claim form and attachments for your records.
10. Send or scan and email, or deliver your completed form in person to:
ATC Insurance Solutions Pty Ltd
Level 4, 451 Little Bourke Street, Melbourne Vic 3000
T: (03) 9258 1777
E: info@atcis.com.au
W: www.atcis.com.au

Important Information

Please read the following information carefully, prior to completing this ATC Insurance claim form.

1. Assistance with Completing the Claim Form

- Call our dedicated claims team on 1800 994 694 during business hours.
- For assistance with completing the Tax File Number Declaration form please contact your financial advisor, accountant or the Australian Taxation Office on 13 28 61.

2. Claim Assessment

- Every claim is unique and the assessment time will depend on the complexity of your medical condition and how quickly we can obtain all the information required to process the claim.
- You can help prevent any unnecessary delays by ensuring all relevant questions in the claim form are answered and any additional documentation is provided as quickly as possible.
- Assessment of your Non Medicare Expenses claim can only commence after treatment has been completed, all accounts have been paid and refunds obtained from your Private Health Insurer/Fund. Original receipts and Private Health Fund statements must be provided.

3. Waiting Periods

All claims for 'Weekly Benefits' have a waiting period, during which no benefits are payable. Please refer to your club or association's policy for specific details.

4. Medical Certificates

- Valid medical certificates are required for any period of incapacity.
- A valid medical certificate must include:
 - Your medical practitioner's name and signature
 - Your name
 - The full cause of your incapacity (i.e. John Smith is suffering from a broken left ankle)
 - The start and end dates of your incapacity.

5. Additional Documentation Required

If you were, or will be, admitted to hospital, please provide copies of any documentation you are provided with, such as admission notes, test results and discharge information.

6. Privacy

ATC Insurance Solutions (ATC) is bound by the requirements of the Privacy Act 1988, which sets out standards on the collection, use, disclosure and handling of personal information. ATC collects personal information from you for the purpose of providing you with insurance products, services and processing and assessing claims. Your personal information is treated with care. ATC will not release your personal information to anyone else other than the underwriters, their related entities or as permitted or required by law. If you make a claim under this insurance, ATC may disclose information to (and/or collect additional information about you from) claims investigators, claims managers, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink.

You have the right to seek access to your personal information and to correct it at any time. If you require further information or would like a copy of ATC's Privacy Policy please contact our Privacy Officer on (03) 9258 1777 or write to ATC at the address given on page 1. A copy of our Privacy Policy can also be obtained from our website.

SECTION A ➔ Claimant's Section

(claimant to complete)

Surname: _____ Given Names: _____

Sex: Male Female Date of Birth: ____/____/____ Height: _____ cm Weight: _____ kg

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Telephone: _____ Mobile Telephone: _____

Email: _____

What is your preferred method of communication (telephone, postal or email)? _____

1. Can you claim against any of the following for this injury (select either Yes or No)?:

- | | | |
|---|---------------------------|--------------------------|
| a) Workers' Compensation insurance | Yes <input type="radio"/> | No <input type="radio"/> |
| b) Motor accident compensation insurance | Yes <input type="radio"/> | No <input type="radio"/> |
| c) Sick leave (including portable sick leave) | Yes <input type="radio"/> | No <input type="radio"/> |
| d) Centrelink and / or Government disability benefits | Yes <input type="radio"/> | No <input type="radio"/> |
| e) Your employer or another party | Yes <input type="radio"/> | No <input type="radio"/> |
| f) Superannuation fund | Yes <input type="radio"/> | No <input type="radio"/> |
| g) Any other insurance policy (Travel, Income Protection etc) | Yes <input type="radio"/> | No <input type="radio"/> |

2. If you have answered Yes to any of the questions under 1, please provide further details (including the insurer's name and your claim number): _____

3. Superannuation fund name and membership number: _____

Electronic Funds Transfer

If ATC approves your claim and you wish to have your claim benefits transferred directly to your bank account, please provide the following details:

Bank Name: _____ Bank Branch: _____

Account Name: _____ BSB: _____ Account No.: _____

Authority

I hereby authorise any hospital, physician, insurer, Medicare Australia, my employer or other person who has attended me to furnish to ATC or its representatives any and all information with respect to any sickness or injury, medical history, consultation, prescription or treatment and copies of all medical records. I also authorise any and all information regarding Workers' Compensation claims, claims with any other insurer, or any leave benefits and payments, to be released to ATC. I agree that a photocopy or fax copy of this authorisation shall be considered as effective and valid as the original.

Declaration

I declare that:

- the claim I am making for injury or sickness IS NOT WORK-RELATED and if my injury or sickness is work-related, I have disclosed this clearly in my answers, and;**
- my answers are true and correct and I agree that if I have made, or in any further declaration in respect of the claim make, any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, my cover shall be void and I will lose my rights for this claim and any future claims.**

Signature: _____

Name (Print): _____ Date: ____/____/____

SECTION B ➔ Injury Statement

(claimant to complete)

- 1a.** Date of injury: ____/____/____ **1b.** Time of injury: _____ am / pm
- 2.** On what date did you first seek medical treatment or advice? ____/____/____
- 3.** On what date were you first unable to carry out your normal duties because of your injury? ____/____/____
- 4.** In your own words describe your injury and how it happened? _____

- 5.** What part of your body was injured? _____

- 6.** Name of Association (in full) you play for: _____

- 7.** Please tick the boxes which best describe the location and conditions of your injury:
- a) Session: Playing Training Travelling Event Social game/match
 Pre-season training Pre-season playing Other
- If Other, please elaborate: _____
- b) Injured Person: Junior Player Senior Player Umpire Official Trainer Other
- If Other, please elaborate: _____
- 8.** Provide the location, including street address (if applicable), of where the incident occurred: _____

- 9.** Were there any witnesses to the incident? Yes No
- Witness name/s and contact number/s: _____

- 10.** Did you report the injury/incident to a sports club representative/official? Yes No
- Date reported: ____/____/____ Time reported: _____ am / pm
- Club representative name/s and contact number/s: _____

- 11.** Provide details of your General Practitioner (GP) and all other medical practitioners seen for your current injury.

PRACTITIONER'S NAME	FIRST DATE OF ATTENDANCE	SPECIALTY	PHONE	FAX
GP:	/ /			
	/ /			
	/ /			
	/ /			

12. Have you ever had a similar injury before? Yes No If Yes, please describe the injury, when and how it happened and whether there is any connection between the previous injury and the current injury and list any medical consultations below:

PRACTITIONER'S NAME	FIRST DATE OF ATTENDANCE	SPECIALTY	PHONE	FAX
GP:	/ /			
	/ /			

13. Is your current incapacity caused by a recurrence of a condition you have suffered in the past? Yes No
 If Yes, please advise when you were first diagnosed with this condition? _____

14. When will you (expect to) resume your pre injury work duties? ____/____/_____

When will you (expect to) resume training? ____/____/_____

When will you (expect to) resume playing? ____/____/_____

15. Please give as much detail as possible about the type of treatment you are receiving: _____

16. On what surface were you participating?

Grass Synthetic Surface Wooden Floor Gravel Concrete / Bitumen Other

If Other, please elaborate: _____

17. What was the condition of the surface?

Normal Hard Wet Muddy Other

If Other, please elaborate: _____

18. What were the weather conditions at the time of the injury?

Fine Light rain Heavy rain Other

If Other, please elaborate: _____

19. What were the temperature conditions at the time of the injury?

Very hot Hot Hot & humid Mild Cold Very cold Other

If Other, please elaborate: _____

20. What activity lead to the injury?

Landing Jumping Twist / turn Side stepping Starting Stopping Running

Kicking Tackle Impact by object Collision with player Other

If Other, please elaborate: _____

21. Was a sports trainer present at the game? Yes No Unknown

SECTION C ➔ Non Medicare Expenses

(claimant to complete)

Please only complete once your medical treatment has been fully completed and no further treatment is required or claimable.

Please note that ATC Insurance Solutions is a NON MEDICARE MEDICAL INSURER and in accordance with the Health Insurance Act 1973, we are not permitted to provide cover for the MEDICARE GAP. This means that in most cases, this policy will not cover a service that is performed by a Registered Medical Practitioner such as a Doctor, Surgeon, Anaesthetist, Pathologist and Radiologist.

We will not pay for any of the following expenses under this section:

- any expenses covered by the Medicare Act 1983 or a private health arrangement
- any expenses which can only be covered by an authorised health insurer
- any expenses incurred after 12 months from the date of the Accident
- any amount over the percentage of expenses or maximum sum insured stated in the Schedule
- any expenses incurred after the Benefit Period stated in the Schedule.

Please only forward accounts for services which are not subject to a Medicare rebate.

1a. Do you have Private Health Cover? Yes No

If Yes, please specify the name of your Private Health Insurance Provider: _____

If you have answered No to question 1a, please move onto Question 2.

1b. Hospital Cover: Yes No

Extras Cover including dental, physio etc.: Yes No

2. Do you have an Ambulance Membership: Yes No

3. Was an ambulance called? Yes No

4. Were you hospitalised due to this injury? Yes No

5. If so, which hospital were you admitted to and when were you discharged? _____

6. Please provide a list of treatments for which you wish to claim a reimbursement.

DATE OF TREATMENT	NAME OF PROVIDER	TYPE OF SERVICE	AMOUNT IN \$	HEALTH FUND REBATE	AMOUNT CLAIMED
a) / /					
b) / /					
c) / /					
d) / /					
e) / /					
f) / /					

Please ensure the service provider's original invoice and Private Health Fund rebate statement is attached to this claim form in order to assist us in the assessment of your Non Medicare Expenses claim.

SECTION D ➔ Sport's club declaration (Club President / Secretary / Treasurer to complete)

Club Details

Claimant's First Name: _____ Claimant's Surname: _____

Club status of Claimant: Junior member Senior member

Club Name: _____

Club Contact: _____ Position within Club: _____

Email address: _____ Contact telephone number: _____

League Name: _____

Club address: _____

Suburb: _____ State: _____ Postcode: _____

Injury Details

Date of injury: ____/____/____ Time of injury: _____ am/pm

Circumstances: Playing Training Travelling Other

If Other, please explain: _____

Has the claimant returned to training? Yes No Not applicable

If Yes, please confirm the date the claimant returned to training: ____/____/____

Has the claimant returned to competition? Yes No Not applicable

If Yes, please confirm the date the claimant returned to training: ____/____/____

Club Declaration

By signing the declaration below, I hereby confirm and agree that:

- 1. I am authorised in my duties to the above mentioned Sports Club to act on behalf of the Club in relation to insurance matters**
- 2. I am independent of the claimant (ie not a family member)**
- 3. I confirm that the Claimant is a member of the above named Club**
- 4. I confirm the injury details supplied herein are true and accurate to the best of my knowledge**
- 5. I declare that the Claimant's condition was sustained accidentally during the sporting activity noted above.**

Signature: _____

Name (Print): _____ Date: ____/____/____

SECTION E Witness Statement

We require a statement from anyone who witnessed the incident. Please have that person/s complete this section.

Surname: _____ Given Names: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Telephone: _____ Mobile Telephone: _____

Please give a full description of the accident giving a rise to the claimaint's injury as you saw it: _____

Signature of witness: _____ Dated: _____

Surname: _____ Given Names: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Telephone: _____ Mobile Telephone: _____

Please give a full description of the accident giving a rise to the claimaint's injury as you saw it: _____

Signature of witness: _____ Dated: _____

SECTION F Medical Practitioner's Statement

Important: All questions in Section F must be completed in full by a medical practitioner. The claimant is responsible for any fee for this statement. Please provide as much detail as possible.

Claimant's Full Name: _____

Sex: Male Female Date of Birth: ____ / ____ / ____

1. Date of injury (if applicable): ____ / ____ / ____
2. Date of onset of first symptoms of the claimant's condition: ____ / ____ / ____
- 3a. Date you were first consulted for this condition: ____ / ____ / ____
- 3b. Date of actual diagnosis of the claimant's condition: ____ / ____ / ____
4. What is your current diagnosis of the claimant's condition? _____

5. Are the symptoms referred to in question 2 consistent with your current diagnosis? Yes No
 If No, please elaborate: _____

6. Based on the claimant's own reporting, describe the incident that resulted in an injury? _____

7. What symptoms are currently causing the claimant's absence from work? _____

8. Is any other injury or sickness contributing to the disablement? Yes No If Yes, please give details: _____

9. Has the claimant been hospitalised for this condition? Yes No If Yes, advise dates the claimant was admitted and discharged? _____

10. Has treatment or advice been sought from other medical practitioners? Yes No
 If Yes, advise the details of the consultations:

PRACTITIONER'S NAME	FIRST DATE OF ATTENDANCE	SPECIALTY	PHONE	FAX
GP:	/ /			
	/ /			
	/ /			

11a. Has the claimant ever previously suffered from the same or a related condition? Yes No If Yes, advise details of the previous condition and who treated the claimant: _____

11b. If the current incapacity is caused by a re-occurrence of the same condition, was this to be expected or inevitable? Yes No

Medical Practitioner's Statement SECTION F

continued

- 12. Do you consider that the claimant has been (or will be) wholly and continuously prevented from carrying out his or her usual duties? Yes No
- 13. If you answered Yes to question 12, please advise a **minimum** period for which the claimant will be or has been disabled. (We appreciate that the disablement may extend beyond the current 'To' date provided.)
From: ____/____/____ To: ____/____/____
- 14. When will the claimant be fit for: **a.** Full duties: ____/____/____ **b.** Alternative duties: ____/____/____
- 15. Is there anything in the claimant's medical history which may delay his / her recovery? Yes No
If Yes, please provide details and how long recovery may be delayed: _____

- 16. What is the claimant's treatment/rehabilitation programme? _____

- 17. What is the claimant's prognosis? _____

- 18. How long has the claimant been attending your practice? _____

I hereby certify that I have personally examined the above-named claimant and declare that all information provided and supplied herein is true and accurate.

Name: _____ Qualification: _____
Telephone: _____ Fax: _____ Email: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Signed: _____ Date: ____/____/____

AFFIX STAMP HERE



SECTION G Employer's Statement

(Employer to complete)

Company Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

1. I hereby confirm that (insert claimant's name) _____ has been unable to attend his or her usual duties as a result of an injury commencing on ____/____/____
2. The claimant has been totally / partially disabled since ____/____/____ and is due to return / did return to work on ____/____/____
3. The average weekly income excluding all overtime and allowances (before personal deductions and income tax) actually paid to the claimant earned from personal exertion during the 12 month period immediately preceding disablement was \$ _____
4. During the period of disablement, the claimant has received from the company:

	TOTAL \$	FROM	TO
NORMAL PAY		/ /	/ /
RDOs		/ /	/ /
CURRENT SICK LEAVE		/ /	/ /
CURRENT ANNUAL LEAVE		/ /	/ /
SALARY IN LIEU OF NOTICE		/ /	/ /
UNPAID LEAVE		/ /	/ /
OTHER (PLEASE SPECIFY)		/ /	/ /

If Other, please describe: _____

5. Date the claimant commenced with the company: ____/____/____
on a: Full Time Part Time Casual Contractor basis
6. Claimant's current status: Still an employee Yes No
7. Claimant's job title: _____
8. Claimant's pre-injury work duties: _____
9. Are you prepared to offer the claimant suitable alternative duties? Yes No
If Yes, please provide details of those duties: _____

Declaration

I hereby declare that:

- a. We are the claimant's current employer (or accountant if the claimant is self employed)
- b. After reasonable inquiry, we confirm that the employment and salary details supplied are true and accurate
- c. We will supply upon further request any information which may be required for ongoing assessment and determination of this claim.

Name: _____ Position: _____

Signed: _____ Date: ____/____/____

Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

— This is not a TFN application form.
To apply for a TFN, go to ato.gov.au/tfn

! Terms we use

When we say:

- **payer**, we mean the business or individual making payments under the pay as you go (PAYG) withholding system.
- **payee**, we mean the individual being paid.

Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

! You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

! You do not need to complete this form if you:

- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit ato.gov.au/trustsandtfnwithholding
- have reached 60 years of age and started a super benefit that does not include an untaxed element for that benefit.
- are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund.

Section A: To be completed by the payee

Question 1 What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

— We and your payer are authorised by the *Taxation Administration Act 1953* to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you your TFN.

If you still can't find your TFN, you can:

- phone us on **13 28 61** between 8.00am and 6.00pm, Monday to Friday
- visit your nearest shopfront (phone us on **13 28 61** to make an appointment).

If you phone or visit us we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative would know.



You don't have a TFN

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit ato.gov.au/tfn

You may be able to claim an exemption from quoting your TFN.

Print X in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you have not given your TFN to your payer, they will withhold the top rate of tax from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the
 - Department of Human Services – however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
 - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
 - Military Rehabilitation and Compensation Commission.

Providing your TFN to your super fund

Your payer must give your TFN to the super fund they pay your contributions to. If your super fund does not have your TFN, you can provide it to them separately. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- you can trace different super accounts in your name.

- For more information about providing your TFN to your super fund, visit ato.gov.au/superelegibility

Question 2–5

Complete with your personal information.

Question 6

On what basis are you paid?

Check with your payer if you are not sure.

Question 7

Are you an Australian resident for tax purposes?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and do not set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

– Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

- To check your Australian residency status for tax purposes or for more information, visit ato.gov.au/residency

Answer **no** to this question if you are not an Australian resident for tax purposes, unless you are in receipt of an Australian Government pension or allowance. If you answer **no**, you must also answer **no** at question 10.

Question 8

Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **yes** if you are a foreign resident in receipt of an Australian Government pension or allowance.

Otherwise answer **no**.

- ! If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.

- For more information about the current tax-free threshold, which payer you should claim it from, or how to vary your withholding rate, visit ato.gov.au/taxfreethreshold

Question 9

Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?

– Claim tax offsets with only one payer

You are not entitled to reduce your withholding amounts, or claim the seniors and pensioners tax offset (SAPTO), with more than one payer at the same time.

If you receive income from more than one source and need help with this question, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.

How your income affects the amount of your tax offset

You must meet the eligibility conditions to receive SAPTO. Your rebate income, not your taxable income, determines the amount of SAPTO, if any, you will receive.

Answer **yes** if you are eligible and choose to claim SAPTO with this payer. To reduce the amount withheld from payments you receive during the year from this payer, you will also need to complete a *Withholding declaration* (NAT 3093).

Answer **no** if one of the following applies:

- you are not eligible for SAPTO
- you are already claiming SAPTO with another payer
- you are eligible but want to claim your entitlement to the tax offset as a lump sum in your end-of-year income tax assessment.

➤ For more information about your eligibility to claim the tax offset or rebate income, visit ato.gov.au/taxoffsets

Question 10

Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?

⊖ Claim tax offsets with only one payer

You are not entitled to claim tax offsets with more than one payer at the same time.

You may be eligible for one or more of the following:

- a zone tax offset if you live or work in certain remote or isolated areas of Australia
- an overseas forces tax offset if you serve overseas as a member of Australia's Defence Force or a United Nations armed force
- an invalid and invalid carer tax offset.

Answer **yes** to this question if you are eligible and choose to receive tax offsets by reducing the amount withheld from payments made to you from this payer. You also need to complete a *Withholding declaration* (NAT 3093).

Answer **no** to this question if you are either:

- not eligible for the tax offsets
- a foreign resident
- choose to receive any of these tax offsets as an end-of-year lump sum through the tax system
- are already claiming the offset from another payer.

➤ For more information about your entitlement, visit ato.gov.au/taxoffsets

Question 11

(a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer **yes** if you have a HELP, SSL or TSL debt.

Answer **no** if you do not have a HELP, SSL or TSL debt, or you have repaid your debt in full.

- ⚠ You have a HELP debt if either:
- the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP or SA-HELP.
 - you have a debt from the previous Higher Education Contribution Scheme (HECS).

(b) Do you have a Financial Supplement debt?

Answer **yes** if you have a Financial Supplement debt.

Answer **no** if you do not have a Financial Supplement debt, or you have repaid your debt in full.

➤ For information about repaying your HELP, SSL, TSL or Financial Supplement debt, visit ato.gov.au/getloaninfo

Have you repaid your HELP, SSL, TSL or Financial Supplement debt?

When you have repaid your HELP, SSL, TSL or Financial Supplement debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

⚠ Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

Section B: To be completed by the payer

⚠ Important information for payers – see the reverse side of the form.

➤ Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit ato.gov.au/lodgetfndeclaration

More information

Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at ato.gov.au
- For information about applying for a TFN on the web, visit our website at ato.gov.au/tfn
- For information about your super, visit our website at ato.gov.au/superseeker

Useful products

In addition to this TFN declaration, you may also need to complete and give your payer the following forms which you can download from our website at ato.gov.au:

- *Withholding declaration* (NAT 3093) if you want to
 - claim entitlement to the seniors and pensioners tax offset (question 9) or other tax offsets (question 10)
 - change information you previously provided in a TFN declaration.
- *Medicare levy variation declaration* (NAT 0929) if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments.
- *Standard choice form* (NAT 13080) to choose a super fund for your employer to pay super contributions to. You can find information about your current super accounts and transfer any unnecessary super accounts through myGov after you have linked to the ATO. Temporary residents should visit ato.gov.au/departaustralia for more information about super.

Other forms and publications are also available from our website at ato.gov.au/onlineordering or by phoning **1300 720 092**.

Phone

- Payee – for more information, phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information, phone **13 28 66** between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users – phone **13 36 77** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 7799**)
- Speak and Listen (speech-to-speech relay) users – phone **1300 555 727** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 8000**)
- Internet relay users – connect to the NRS on relayservice.gov.au and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone **1800 555 660** or email helpdesk@relayservice.com.au

Privacy of information

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy, go to ato.gov.au/privacy

Our commitment to you

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at ato.gov.au or contact us.

This publication was current at **July 2016**.

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Canberra
July 2016

JS 35902



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
Print X in the appropriate boxes.
Read all the instructions including the privacy statement before you complete this declaration.

ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)? [Grid for 11 digits]

For more information, see question 1 on page 2 of the instructions.

- OR I have made a separate application/enquiry to the ATO for a new or existing TFN.
OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.
OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name [Grid]
First given name [Grid]
Other given names [Grid]

3 If you have changed your name since you last dealt with the ATO, provide your previous family name.

[Grid for previous family name]

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

[Grid for address]
Suburb/town/locality [Grid]
State/territory [Grid] Postcode [Grid]

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you an Australian resident for tax purposes? (Visit ato.gov.au/residency to check) Yes No

8 Do you want to claim the tax-free threshold from this payer?
Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?
Complete a Withholding declaration (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions.

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?
Complete a Withholding declaration (NAT 3093).

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

(b) Do you have a Financial Supplement debt?

Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature [Box] Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

[Grid for legal name]

4 What is your business address?

[Grid for business address]
Suburb/town/locality [Grid]
State/territory [Grid] Postcode [Grid]

5 Who is your contact person?

[Grid for contact person]
Business phone number [Grid]

6 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer [Box] Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to: Australian Taxation Office PO Box 9004 PENRITH NSW 2740

IMPORTANT See next page for: payer obligations lodging online.



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Sensitive (when completed)

Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

— Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Immigration and Border Protection website at immi.gov.au

Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. **You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables.** After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

- For a full list of tax tables, visit our website at ato.gov.au/taxtables

Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). **You need to retain a copy of the form for your records.** For information about storage and disposal, see below.

You may lodge the information:

- **online** – lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- **by paper** – complete section B and send the original to us within 14 days.

- For more information about lodging your TFN declaration report online, visit our website at ato.gov.au/lodgetfndeclaration

Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

Storing and disposing of TFN declarations

The TFN guidelines issued under the *Privacy Act 1988* require you to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

— Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.