

QUALITY OF LIFE

DEFINED BENEFITS APPLICATION

FOR ACCIDENTS ON OR AFTER 1 FEBRUARY 2020



Use this form to apply for an assessment of permanent impairment from motor accident injuries in the ACT when:

1. Personal Injuries form accepted

Your *Personal Injuries* application has been accepted by the insurer.

and

2. Within time frame

It has been more than 26 weeks, but less than 4 years 6 months, since your motor accident.

and

3. Permanent impairment

As a result of your injuries you believe you have a permanent impairment and your injuries have stabilised.

Information

- Complete this form and send it to your insurer with any required attachments (if applicable).
- If you're filling out this form by hand, please use a blue or black pen. Mark boxes like this with a ✓ or a X.
- Any attachments will form part of this application and the declaration and authorisation will include them.
- If you need advice about this form please contact your insurer.
- If you're acting on behalf of the applicant as a guardian, please complete the section identifying who you are, your relationship to the applicant, and the reason you're acting on their behalf.

What happens next?

4. The insurer will assess your application

The information you provide will help the insurer assess your application. The information requested on this form is required by laws covering motor accident injuries. Before arranging a Whole Person Impairment (WPI) assessment, an insurer will need to decide whether your injuries are stable, and whether you are likely to have a permanent impairment.

5. The insurer will be in touch with you

Your insurer will then advise you on the WPI assessment process, and the type of assessment(s) to be scheduled.

6. Your agreed WPI assessment(s) will be scheduled

If it has been agreed to have your WPI assessed, you will need to attend an assessment with an Independent Medical Examiner (IME). If your permanent impairment involves more than one body system, you may need to attend multiple assessments with relevant specialists.

7. You may be eligible for a Quality of Life offer

If your WPI assessment(s) report a permanent impairment of 5% or more, your insurer will offer you a Quality of Life benefit.

Checklist

It's been more than 26 weeks since the motor accident.

Indicate availability for specialist appointment(s).

Attach a notice from a psychiatrist or clinical psychologist if you are seeking an assessment of primary psychological injuries.

Submit this form to the relevant insurer.

1. Your details

First name

Middle name(s)

Last name

Date of birth (dd/mm/yyyy)

Your MAI Application Identifier



If you need an interpreter, please tell us your preferred language:



Please provide new contact information in this section only if your information has changed since you provided it to your insurer. If your information has not changed, you do not need to provide this information again.

Mobile phone number

Home phone number

Work phone number

Email address

Home address (unit, street number, street name, suburb, state, postcode)

Contact preference from the IME provider (to arrange your assessment appointment(s))

Mobile

Email

Home phone

Work phone

Are you an Australian citizen or permanent resident?

Yes

No



If you are a foreign national and you live outside of Australia, you are not entitled to a Quality of Life benefit.

Were you charged or convicted of a offence in relation to the accident?

Yes

No



You may not be entitled to benefits or your entitlements may be limited if you are charged or convicted of certain driving offences. These include those related to the Criminal Code or the Crimes Act, or more serious driving offences such as impaired driving, racing, reckless or negligent driving, failing to stop for police, or improper use of a vehicle. They will not include minor road transport offences such as not wearing a seat belt or a helmet.

Type of injury or injuries for which you require an assessment

Physical

Primary psychological



If you need an assessment for a primary psychological injury, you will need to attach a notice in writing from a psychiatrist or a clinical psychologist that the psychiatrist or clinical psychologist believes you are likely to have a permanent psychological injury resulting from the motor accident.

2. Your availability for independent medical assessment(s)

Please detail your availability on working days for assessments over the coming months

(These are specialist appointments, and you may need multiple assessments if multiple body systems are affected)

3. Special Requirements

Please detail any special requirements you have for attending an assessment (e.g. accessibility, cultural or language needs.)

Do you wish to have a person of your choice accompany you for an assessment?

No ▶ If no, skip to the next question.

Yes ▶ If yes, please provide their information below:

Their full name

Their relationship to injured person

Their role during the assessment (e.g. moral support, carer, parent of a minor)

4. About personal information

In your *Personal Injuries* application, you agreed to provide the insurer with authorisation to collect your personal and health information.

This consent operates until you either revoke the authority by notice, in writing, to the insurer managing your application, or are no longer entitled to defined benefits in relation to the motor accident. The continuation of this authorisation is necessary to manage your Quality of Life application.

Why?



- For the purpose of enabling the insurer to process, assess and manage your application and to verify any evidence you may submit in support of your application.
- To obtain your Whole Person Impairment assessment(s).
- To ensure the application is compliant with ACT motor accident injuries legislation.
- For the purposes of legal proceedings under that legislation if required.

Insurers may need to disclose personal and health information about you to each other and relevant organisations.

Why?



- To process, assess and manage your Quality of Life application and arrange Whole Person Impairment assessment(s) with an Independent Medical Examiner (IME).
- To support any complaint or enquiry made by you to any authority.

5. Acknowledgement

You acknowledge that you have previously provided your consent and authorisation to release, use, disclose and exchange health information obtained in the course of the processing and managing your application to and between:

- an authorised independent medical examiner (IME) provider arranging, and IME conducting your Whole Person Impairment (WPI) assessment (if required)
- ACT Civil and Administrative Tribunal (ACAT)
- the relevant insurer or another MAI insurer

I, (print name)

acknowledge that my personal health information will be provided, and that I am obliged to attend appointments unless a reasonable excuse is provided.

Signature

Date (dd/mm/yyyy)

If you are acting on behalf of the applicant as parent or guardian, please complete this section:

Relationship to injured person

Reason injured person cannot sign