




How to complete this form

When completing this application form, refer to the corresponding *Guidelines for completing the Run-off Cover Indemnity Scheme payment application form*.

 For information about attachments required to support this application, please refer to Section 8—Document checklist.

- If this is an **initial application** you must complete all sections of this form.
- If this is an **ongoing application**, you need to complete this form from Section 3 onwards. You only need to complete Sections 1 and 2 if there have been changes.

Additional information

If further assistance is required to complete this application form, contact Medicare Australia's Medical Indemnity Claims Section.

Telephone **1800 813 167**

Fax **03 6215 5322**

Email **medical.indemnity.payments@medicareaustralia.gov.au**

Lodging your application

Completed application forms and supporting documentation (as described within the Guidelines and attached checklist) are to be lodged with Medicare Australia:

Medical Indemnity Claims Section
Medicare Australia
Reply Paid 9822
Hobart TAS 7001

False or misleading information

The *Commonwealth Crimes Act 1914* contains penalties for giving false or misleading information in connection with this application.

Privacy note

Information provided in this application form and supporting documentation will be used to assess and calculate the amount of indemnity that is payable. Its collection is authorised by the *Medical Indemnity Act 2002*. Information provided may be disclosed to the Department of Human Services, the Department of Health and Ageing and/or the Australian Government Actuary for the purpose of administering the Act or as authorised by law.

Section 1—Claim details

Note: If this is an ongoing application you only need to complete this section if changes have occurred.

1 Applicant's registered business name (*and company name if applicable*)

2 Claim identification reference (*allocated by the applicant*)

3 Member or policy holder identification number (*allocated by the applicant*)

4 Full name of the member or policy holder who is the subject of the claim

Family name

Given names

5 If the member or policy holder is deceased and the claim is made against their legal representative, full name of legal representative

Family name

Given names

6 Member or policy holder's Medicare provider number

7 Member or policy holder's speciality code

8 Date of the incident

 / /

OR date range of a series of related incidents

From

 / /

to

 / /

9 Where did the incident or series of incidents occur?

State/territory

Country

10 Full name(s) of the plaintiff(s) who made the claim

Family name

Given names

Family name

Given names

Family name

Given names

If more than 3 plaintiffs please attach a separate sheet

Section 2 – ROCS eligibility criteria

Note: If this is an ongoing application you only need to complete this section if changes have occurred.

- 11** Date the member or policy holder became eligible for ROCS, under which they were still eligible at the time of notification

- 12** Date the applicant was **first notified** of either the claim or the incident that gave rise, or may give rise to a claim

Note: If before 1 July 2004 this is not an eligible ROCS claim.

- 13** Does the claim relate to an incident or a series of related incidents that occurred in the course of, or in connection with, the member or policy holder's practice as a medical practitioner?

No **This is not an eligible claim under ROCS**

Yes

- 14** Was the member or policy holder registered or licensed as a medical practitioner under a state or territory law at the time the incident(s) giving rise to the claim occurred?

No **This is not an eligible claim under ROCS**

Yes

- 15** Does the member or policy holder have medical indemnity cover under ROCS that indemnifies them in relation to the claim?

No **This is not an eligible claim under ROCS**

Yes How is the person indemnified in relation to the claim?

- Under an incident-occurring based cover provided by an MDO
- Under a ROCS contract provided by an insurer

- 16** For this to be an eligible claim under ROCS, the person against whom the claim was made must have satisfied one or more of the following ROCS eligibility classes at the time the claim or incident was first notified to the applicant.

Please indicate which of the eligibility classes the person is eligible under.

Note: Select one eligibility class only.

- A** A person aged 65 years or over who has permanently retired from remunerated private medical practice, but continues to work for pay in the public sector

- B** A person aged 65 years or over who has permanently retired from all remunerated medical practice

- C** A person who in the preceding three years (prior to the date of notification) has not engaged in remunerated private medical practice, but has worked for pay in the public sector

- D** A person who in the preceding three years (prior to the date of the claim) has not engaged in any remunerated medical practice

- E** A person who has temporarily or permanently ceased remunerated medical practice due to maternity

- F** A person who has ceased remunerated medical practice because of permanent disability

- G** A person who is the legal representative of a deceased person who had been a medical practitioner

- H** A person who was the holder of either a subclass 422 or a subclass 457 visa under the Migration Regulations 1994 and:
- I. under that visa was permitted to engage in medical practice in Australia; and
 - II. engaged in medical practice in Australia; and
 - III. no longer resides in Australia; and
 - IV. has permanently ceased practice in Australia

Section 5 – Amounts being claimed

Note: The amounts being claimed in the application form are ONLY to be those relating to this application. Please do not include any amounts previously claimed as part of the Gross Application Costs. All calculations should be net of GST i.e. GST should not be included.

Total application cost

- 31** Judgment/settlement amount (net of exceeds/deductibles) \$ **A**
- 32** Amount of plaintiff's legal costs/disbursements payable under the judgement/settlement \$ **B**
- 33** Amount of applicant's defence costs/disbursements \$ **C**
- 34** Gross application cost (A + B + C) \$ **D**
- 35** Less any amount:
- apportioned to members or policy holders who are not the subject of this application **E**
 - attributed to other parties under a cost sharing arrangement **F**
 - not payable under the ROCS (see guidelines and Act) **G**
- 36** Total deductions (E + F + G) \$ **H**
- 37** Total application cost (D – H) \$ **I**
- 38** Total of payments made previously under the ROCS (net of CHF) \$ **J**
- 39** Total amount relevant to this claim (I + J) \$ **K**
- 40** Is the Total amount relevant to this claim (K) more than \$300,000?
- No Go to Question 51 (you do not need to answer Questions 41–50)
- Yes You may be entitled to submit a combined payment application under ROCS/HCCS Go to Question 41

HCCS eligibility

- 41** Did the incident or one of the incidents occur within Australia or one of its external territories?
- No **This is not an eligible claim under HCCS**
- Yes
- 42** Does the claim relate to an incident or a series of related incidents that occurred in the course of, or in connection with, the member or policy holder's practice as a medical practitioner?
- No **This is not an eligible claim under HCCS**
- Yes

HCCS recovery

- 43** Total claim costs (K) \$ **L**
- 44** Less any amounts not claimable under the HCCS (see the Act and Guidelines) **M**
- 45** Total HCCS application costs (L – M) \$ **N**
- 46** Less the HCCS threshold **O**
- 47** Total above the threshold (N – O) \$ **P**
- 48** Amount claimable under HCCS (50% of P) \$ **Q**
- 49** Less previous amounts claimed under HCCS for this claim **R**
- 50** Total HCCS amount for this application (Q – R) \$ **S**

ROCS recovery

- 51** Total application costs (I) \$ **T**
- 52** Less any amounts claimed under HCCS (S) **U**
- 53** Total ROCS amount (T – U) \$ **V**

Total application amounts

- 54** Total ROCS/HCCS amount (S + V) \$ **W**
- 55** Claim handling fee (5% of W) \$ **X**
- 56** Total amount claimed in this application (W + X) \$ **Y**

Section 6 – Written Election form *(must be completed by the insurer)*

Note: If an insurer elects to aggregate amounts paid or payable in respect of the same claim in accordance with section 34ZE of the *Medical Indemnity Act 2002*, this form must be completed and signed by a person authorised to represent the insurer and must accompany the ROCS payment application form.

Written Election

(Refer to Section 3, Question 25 of the application form)

I Family name
Given names

of Company name

Company address

 Postcode

confirm that:

the above named insurer has paid, or is liable to pay, amounts in relation to the claim against a medical person within the meaning of section 34ZE of the Medical Indemnity Act 2002 against:

Policy holder's name
Family name
Given names
Applicant's claim identification reference

and confirm that:

the first date of notification of facts that may give rise to a claim or the date the claim was notified to the company was:

/ /

and hereby elect, in accordance with paragraph 34ZE(1)(d) of the Medical Indemnity Act 2002 to authorise:

Name of MDO

who has paid, or is liable to pay, an amount in relation to the same claim against the person, to aggregate the amounts paid or those amounts liable to be paid by it and the above named insurer, for the purposes of applying to Medicare Australia for a payment under the ROCS Indemnity Scheme.

I undertake on behalf of the above named insurer, to provide to the above named MDO any information requested by the Medicare Australia CEO that is relevant to determining whether a ROCS Indemnity Scheme payment is payable and/or the amount that is payable under that scheme.

Signature

Position

Date / /

Section 7 – Statutory declaration form

Note: This statutory declaration must be completed and signed by a person authorised to represent your organisation and must accompany the application form. If the statutory declaration is not provided with each application form, a ROCS indemnity scheme payment, including any HCCS component, cannot be made.

A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years—see section 11 of the *Statutory Declarations Act 1959*.

Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959*—see section 5A of the *Statutory Declarations Act 1959*.

Statutory declaration

Statutory Declarations Act 1959 (Cth)

I Family name
Given names

of Registered business name

Business address

Postcode

Occupation

make the following declaration under the Statutory Declarations Act 1959:

- *the answers to the questions in the attached application form are correct to the best of my knowledge and belief*
- *the requested documents are attached and are true copies of the original documents*
- *all payments claimed on this application form which were made or are liable to be made in relation to the claim against the person nominated in the application form were or will be made:*
 - *consistently with the indemnity arrangements between the MDO and the member, or*
 - *consistently with the terms of the insurance contract between the insurer and the policy holder, and*
- *those payments were or will be made or are liable to be made in the ordinary course of business.*

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of person making the declaration

Declared at

On

Before me ¹,

Signature of authorised person

Family name

Given names

Qualification


Address

Postcode

¹ **People authorised by the Statutory Declarations Act 1959 and regulations** to witness a statutory declaration include a medical practitioner, dentist, legal practitioner, registered nurse, patent attorney, pharmacist, physiotherapist, psychologist, optometrist, members of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, National Institute of Accountants, Association of Taxation and Management Accountants, Justice of the Peace.

Section 8—Document checklist

This checklist must be completed for all ROCS applications.

 Please ensure that all necessary information and supporting documentation has been included with this application by ticking, as appropriate, the following checklist.

It is mandatory that you supply all supporting documentation. Medicare Australia may not be able to complete their assessment without these documents.

General

- The statutory declaration (Section 7), completed, signed, dated and witnessed

- A copy of all certification in respect of the person's ROCS eligibility class, as applicable:
 - the original maternity or disability medical certificate, or
 - a copy of the death certificate, or
 - a copy of the visa, or
 - an original statutory declaration by the member or policy holder to establish eligibility when required_____
- For an aggregated claim—the completed Written Election form (Section 6). For more information see section 34ZE of the *Medical Indemnity Act 2002*

- A copy of the letter setting out the claim or demand, the Statement of Claim or other initiating documents, including any covering letter/s or evidence of service, as appropriate

- A copy of any documentation evidencing notification of the claim or incident that might have given rise to a claim to the applicant

- A copy of the applicant's claim verification form or similar document

- A copy of the applicant's claim transaction report or similar document verifying costs/payment/s

- For amounts that have been paid—a copy of the itemised invoice/s

- For external legal costs—a copy of the itemised invoice/s that have been paid or are liable to be paid

Claims specific

- If proceedings have been commenced—a copy of all pleadings filed in court

- A copy of any hospital admission form(s)

- For settlement costs—the settlement documentation

- Where there has been a judgment—a copy of the sealed orders or judgment, including any reasons for judgment

- Where the claim is finalised other than by way of a settlement or judgment—copies of the relevant documentation (for example, the Deed of Release or withdrawal documents)

- If the applicant is an MDO—a copy of any terms and conditions evidencing the grant of indemnity

- If the applicant is an MII—a copy of the ROCS contract and applicable schedule

- Apportionment of costs/damages amongst persons indemnified by the applicant or a related entity in a settlement
Note: Where the applicant's in-house legal advisors or an external law firm act for a Medical Indemnity Claim Scheme indemnified member/policy holder and a non-Medical Indemnity Claim Scheme indemnified member/policy holder certification of apportionment is required from an independent barrister.
