



## Medical Indemnity Run-off Cover Indemnity Scheme (ROCS) payment application

### Important information

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.

### False or misleading information

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

### Assistance

If you need assistance in completing this form, call Medicare Australia's Medical Indemnity Claims section on **1800 813 167\*\***

or email

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

### Lodgement

Send completed and signed forms with supporting documentation (as described within the Guidelines and attached checklist) to:

#### Medical Indemnity Claims section

**Medicare Australia**  
**PO Box 9822**  
**Hobart TAS 7001**

or fax to: **03 6215 5322**

Tick where applicable

**\*\* Call charges apply from mobile and pay phones only**

### Section 1—Claim details

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



If more than two plaintiffs please attach a separate sheet.

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 name(s)

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 name(s)

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

(i) Family name

Given name(s)

(ii) Family name

Given name(s)

## 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  if **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  if **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  if **no**, this is not an eligible claim under ROCS  
Yes  if **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 3—Application details

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

18 Applicant's Australian Business Number (ABN)

---

19 Is the applicant under external administration?

No

Yes

### Contact person's details

Dr  Mr  Mrs  Miss  Ms

Other (please specify)

20 Family name

Given name(s)

21 Position

22 Address

  
  
 Postcode

23 Phone

 ( )

Mobile

Fax

 ( )

24 Email

  
@

Account details for EFT payments

25 Name of bank, building society or credit union

Branch where account is held

26 Branch number (BSB)

 - 

Account number (this may not be the card number)

Account held in the name(s) of


27 Medicare Australia's claim identifier

*Leave blank for first applications. For subsequent applications Medicare Australia will provide a claim identifier in the format ARN000-D.*

28 What is the estimated outstanding liability for the member or policy holder named in this application for payment?

 \$

Does this estimation take into account any future contributions from other parties that will not be declared at question 30 under cost-sharing?

No

Yes  if **yes**, provide details


29 Has a Medical Indemnity Insurer (MII) elected to aggregate the amount(s) in this application for payment?

No

Yes  if **yes**, the Written Election form (Section 6) must be completed by the MII. The Medical Defence Organisation (MDO) must lodge the application. No application can be made by the MII.

30 Are the payments claimed in this application for payment made:

a) consistently with an indemnity agreement, **and**

b) in the ordinary course of business?

No  if **no**, this is not an eligible claim under ROCS

Yes

31 Has this claim been finalised?

No

Yes  if **yes**, provide details


32 Is this the final application for payment against this claim?

No

Yes

## Section 4—Apportionment and cost-sharing arrangements

33 Has liability for this claim been apportioned (divided) between parties to the claim?

No

Yes  if **yes**, complete the following details for all parties

Medicare Australia's claim identifier (if known)	Full name of member/policy holder or other party	Per cent of liability (may be estimated)	If a separate application is to be lodged, which scheme will it be made under?
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
		%	<input type="checkbox"/> ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS
TOTAL		100 %	

34 Are there any cost-sharing arrangements?

No

Yes  if **yes**, complete the following details for all parties

Medicare Australia's claim identifier (if known)	Full name of member/policy holder or other party	\$ amount of liability (may be estimated)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

**Note:** ensure that any cost-sharing amount relating to other parties is included at Question 39 as a deduction.

## Section 5—Amounts being claimed

**Note:** the amounts being claimed in the application form are **only** to be those relating to this application. Do not include any amounts previously claimed as part of the Gross Application Costs. All calculations should be net of GST (for example, GST should not be included).

### Total application cost

- 35 Judgment/settlement amount (net of exceeds/deductibles)  **A**
- 36 Amount of plaintiff's legal costs/disbursements payable under the judgment/settlement  **B**
- 37 Amount of applicant's defence costs/disbursements  **C**
- 38 Gross application cost (A + B + C)  **D**
- 39 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**
- 40 Total deductions (E + F + G)  **H**
- 41 Total application cost (D – H)  **I**
- 42 Total of payments made previously under the ROCS (net of CHF)  **J**
- 43 Total amount relevant to this claim (I + J)  **K**
- 44 Is the Total amount relevant to this claim (K) more than \$300 000?
- No  if **no**, go to question 55 (you do not need to answer questions 45–54)
- Yes  if **yes**, you may be entitled to submit a combined payment application under ROCS/HCCS  
**Go to question 45**

### HCCS eligibility

- 45 Did the incident or one of the incidents occur within Australia or one of its external territories?
- No  if **no**, this is not an eligible claim under HCCS  
Yes
- 46 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  if **no**, this is not an eligible claim under HCCS  
Yes

### HCCS recovery

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

### ROCS recovery

- 55 Total application costs (I)  **T**
- 56 Less any amounts claimed under HCCS (S)  **U**
- 57 Total ROCS amount (T – U)  **V**

### Total application amounts

- 58 Total ROCS/HCCS amount (S + V)  **W**
- 59 Claim handling fee (5% of W)  **X**
- 60 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)*

Family name

Given name(s)

Company name

Company address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

### Authorisation

**I 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 name(s)

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

(Print full name in BLOCK LETTERS)

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

### 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 Health and Ageing or the Australian Government Actuary for the purpose of administering the Act or as authorised or required by law.

**Section 7—Statutory Declaration form**



**Australian Government**  
**Medicare Australia**

**Run-off Cover Indemnity Scheme (ROCS) Statutory Declaration**  
*(Statutory Declarations Act 1959)*

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 four 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*.

I

(Print full name in BLOCK LETTERS)

**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 (place)

on (date)

before me

(Print full name in BLOCK LETTERS)

Signature of person before whom the declaration is made

Qualification

Address of person before whom the declaration is made

Postcode

A Statutory Declaration under the *Statutory Declarations Act 1959* may be made before—

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Patent attorney
Dentist	Pharmacist
Legal practitioner	Physiotherapist
Medical practitioner	Psychologist
Nurse	Trade marks attorney
Optometrist	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Employee of the Commonwealth who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

(a) an officer; or

(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or

(c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

(a) the Parliament of the Commonwealth; or

(b) the Parliament of a State; or

(c) a Territory legislature; or

(d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority; or

(c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority


Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution

## 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.