



Australian Government
Department of Health

Supporting Living Organ Donors Program Claim Form (Individuals, Self-employed, Employers)

Please email the scanned form, payslips, medical certificates and out-of-pocket receipts to:
livingorgandonation@health.gov.au

Or send to:

Department of Health
Supporting Living Organ Donors Program
GPO Box 9848
CANBERRA ACT 2601

www.health.gov.au/support-for-living-organ-donors

(02) 6289 5055 Monday to Friday,
between 8.30 am and 5.00 pm AEST/AEDT.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Important!

Claim Forms must be received within 90 calendar days of the surgery date. Claim forms received after this date will not be accepted (See Guidelines for details).

Prior to submitting the **Claim Form**, individuals/ self-employed need to have completed and submitted the **Individual Registration Form** (prior to surgery).

The information on this form will be used to verify your claim and calculate the payments to be made to you and your employer (if applicable). Payment will be made into the nominated bank account via Electronic Funds Transfer (EFT).

How to fill out this form

Use this form once recovery from surgery is complete.

Donors claiming out-of-pocket expenses related to donor travel and accommodation only – please complete **Part A** only.

Donors claiming leave or lost income as well as out-of-pocket expenses related to donor travel and accommodation please complete **Part A** and if you are not self-employed, have your employer fill in **Part B**.

Employers – please complete **Part B** only.

Donors or employers may submit the completed form ensuring all required evidence is attached.

Purpose and Process

Employer payments are made to re-credit leave taken by the donor employee for the purpose of organ donation, and/or as a contribution towards reimbursement for an

ex-gratia payment made to an employee for income lost as a result of living organ donation.

Self-employed payments are made to re-imburse income lost at a rate up to the National Minimum Wage and reimburse some out-of-pocket expenses related to donor travel and accommodation incurred as a result of the donation process. Where the hourly wage is less than the NMW, payments are calculated at the lesser rate.

Donor payments are made to reimburse some out-of-pocket expenses related to donor travel and accommodation incurred as a result of the donation process.

A **maximum of 9 weeks (342 hours)** may be claimed for leave and **up to \$1000.00** may be claimed for some out-of-pocket expenses related to donor travel and accommodation.

If you are deemed medically ineligible to donate following work-up, you can still submit a claim for out-of-pocket expenses and up to 2 weeks of formal leave taken to attend the tests. A **minimum of 1 day (7.6 hours)** of leave must have been taken to be able to make a claim for leave.

You may only claim from the Program once in your lifetime.

Confirmation letters will be sent to donors and employers (if applicable).

SENSITIVE: PERSONAL

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or x
- Where you see a box like this > **Go to 5** skip to the question number shown.

Returning your form

Check that you have: answered all questions you need to answer; signed and dated this form; and attached:

Donors:

- A medical certificate(s)/ appointment tracker to confirm your appointment and surgery dates and support the amount of leave/ time off you have taken
- Receipts to support the out-of-pocket costs related to donor travel and accommodation being claimed

Employers:

- Evidence (payslips/ reports) that the claimed leave and/or ex-gratia payment/s have been made to your employee.

PART A - Donor

Donor details

1 Donor name

Program reference number

Postal address

.....	
.....	
State	Postcode

Email

.....
@

2 I am claiming for leave taken for:

- Work-up testing > **Go to 3**
- Work-up testing and donation > **Go to 3**
- Donation only > **Go to 5**

Work-up test details

3 Hours of leave taken for work-up

4 Did you proceed to donation following your work-up?

- No > **Go to 8**

Yes

Donation details

5 Date of surgery

6 Hours of leave taken for donation

7 Period of leave taken

 to 

You **must** attach evidence (e.g. medical certificates) to confirm your appointment and surgery dates and support the amount of leave you have taken.

Out-of-pocket expenses

8 Are you claiming for out-of-pocket expenses related to donor travel and accommodation incurred as a result of your donation?

Yes > **Go to 9**

No > **Go to 11**

9 Amount of out-of-pocket expenses to be claimed



You **must** attach a receipt(s) to support the out-of-pocket costs (donor accommodation and travel) being claimed.

Bank account details

All payments for out-of-pocket expenses are made through EFT and cannot be made into credit card, loan or mortgage accounts.

10 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

			-			
--	--	--	---	--	--	--

Account number

Account name

11 Privacy notice

Your personal information is protected by law, including the Privacy Act 1988, and is being collected by the Australian Department of Health for the purpose of assessing your eligibility for financial assistance under the Supporting Living Organ Donors Program and administration of the Program.

If you do not provide this information the Department of Health may be unable to assess your patient's eligibility and process a claim for payment under this Program.

The Department has an [Australian Privacy Principles \(APP\) privacy policy](#) which you can read online. The APP privacy policy contains information on:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles.

The Department of Health can be contacted on (02) 6289 5055 or by using the [online enquiries form](#).

12 Self-employed > *Go to 14*

13 Donor declaration

I declare that:

- I confirm the payment I receive under the Program is to be used as reimbursement for expenses incurred due to donating an organ;
- I have not received reimbursement under any other program for the costs I am claiming; and
- the information I have provided in this form is complete and correct.

I understand that:

- the Program payment to my employer is calculated at the National Minimum Wage;
- the Program payment to me for reimbursement of out-of-pocket expenses will only include eligible costs where appropriate evidence has been provided; and
- giving false or misleading information is a serious offence under the Criminal Code Act 1995 (Cwth).

Donor signature

Date

Self-employed details

14 Business name

Trading name (if different to above)

Postal address

.....	
.....	
State	Postcode

Email

.....
@

15 Australian Business Number (ABN)

		-			-			-		
--	--	---	--	--	---	--	--	---	--	--

16 Industry Type:

- Private Sector
- Cwth Government
- Local Government
- State Government

Small Business?

- Yes
- No

17 Self-employed donor declaration

I declare that:

- I confirm the payment I receive under the Program is to be used as reimbursement for my lost income and for expenses incurred due to donating an organ;
- I have not received reimbursement under any other program for the costs I am claiming; and
- the information I have provided in this form is complete and correct.

I understand that:

- the Program payment for loss of income is calculated at the National Minimum Wage;
- the Program payment for reimbursement of out-of-pocket expenses will only include eligible costs where appropriate evidence has been provided; and
- giving false or misleading information is a serious offence under the *Criminal Code Act 1995 (Cwth)*.

Donor signature

Date

PART B - Employer

Employer details

1 Business name

Trading name (if different to above)

Postal address
.....
.....
State Postcode

Email (where payment notification should be sent)
.....
@

2 Australian Business Number (ABN)
 - - -

3 Industry Type:
Private Sector
Cwth Government
Local Government
State Government

Small Business?
Yes
No

Bank account details

All payments are made through EFT and cannot be made into credit card, loan or mortgage accounts.

4 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)
 -

Account number

Account name

Employee details

5 Donor name

Program reference number

Date of birth
 / /

6 Privacy notice

Your personal information is protected by law, including the Privacy Act 1988, and is being collected by the Australian Department of Health for the purpose of assessing your employee's eligibility for financial assistance under the Supporting Living Organ Donors Program and administration of the Program.

If you do not provide this information the Department of Health may be unable to assess your employee's eligibility and process the claim for payment under this Program.

The Department has an [Australian Privacy Principles \(APP\) privacy policy](#) which you can read online.

The APP privacy policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the APP.

The Department of Health can be contacted on **(02) 6289 5055** or by using the [online enquiries form](#).

7 Employer declaration

I declare that:

- this employee has already been paid either from their leave credits or an ex-gratia amount for time off work for the purpose of living organ donation;
- the payment I receive under the Program is to be used to re-credit the employee's leave where it was used, or
- the payment I receive under the Program is a contribution towards my costs associated with an ex-gratia payment (if any); and
- the information I have provided in this form is complete and correct.

I understand that:

- Program payments are calculated at the National Minimum Wage; and
- giving false or misleading information is a serious offence under the *Criminal Code Act 1995 (Cwth)*.

Full name

Position held

Employer signature

Date