



Australian Government
Department of Veterans' Affairs

Special Rate Disability Pension Payment Choice

Military Rehabilitation and Compensation Act 2004 (MRCA)

About this form

This form must be completed if you wish to receive a Special Rate Disability Pension under the MRCA instead of incapacity payments. The information will not be used for any other purpose.

Please note that you **must** seek financial advice from a qualified financial adviser before making your choice.

Time to make your choice

You have 12 months from the date of the letter offering you a choice to take a Special Rate Disability Pension. The Military Rehabilitation and Compensation Commission may extend this period if there was a delay in you receiving the offer or the offer was not received. If you do not make the choice within the specified time period, you will continue to receive incapacity payments.

Completing this form

Please answer all the questions in Parts A, B and D, and Part C if applicable, sign and date the form and return it to your nearest DVA office.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

Please write in block letters with a blue or black pen (not pencil)

Please tick ALL appropriate boxes

PART A

Your Personal Details

1. Title (*Mr, Mrs, Ms, Miss, etc.*)

2. Surname

3. Given name(s)

4. Residential address

POSTCODE

5. Postal address (*if same as residential, write 'AS ABOVE'*)

POSTCODE

6. Telephone number

Home

()

Mobile

()

7. DVA file number

PART B

Your Election

8. What payment choice have you decided on?

Special Rate Disability Pension

Incapacity payments

PART C

Your Payment Account Details

If you have changed your payment account details, please provide details of the new Australian Bank, Credit Union or Building Society account into which you want your compensation payments to be paid.

9. Name of Bank, Credit Union or Building Society

10. Branch

11. Address

POSTCODE

12. Account in the name of

13. Account number

14. BSB number

15. Account type (*e.g. savings*)

PART D**Declaration****16. Declaration**

This declaration must be signed by you or your legal representative if you cannot sign yourself.

I declare that:

- the details I have given on this form are true and accurate.
- I have read and understood the information provided by the Department of Veterans' Affairs about the choice between receiving Special Rate Disability Pension and incapacity payments.
- I have sought advice about the financial implications of the two payment options from a suitably qualified financial adviser.
- I am aware that once I have made the choice, I cannot change it but that if I return to remunerative work for more than 10 hours a week or my impairment from service injuries or diseases constitutes fewer than 50 impairment points, I will not be held to this choice.

Your full name (please print)

Your signature

Date

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PART E**Legal representative's authority to act**

17. Authority to act on behalf of the person making the choice (if the person is unable to sign due to physical or mental incapacity or is under a legal disability).

Details of the person who is legally authorised to act on behalf of the person who is unable to sign this form.



Please attach a certified copy of the enduring Power of Attorney, guardianship papers or other authorisation to act on the person's behalf.

Full name

Address

POSTCODE

Telephone

Home

 ()

Work

 ()

Mobile

Signature of legal representative

Date

 / /

Please also sign the Declaration above at PART D.