

## REQUEST FOR RECONSIDERATION

### Your Details

First name \_\_\_\_\_ Surname \_\_\_\_\_

Claim number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you require an interpreter?  Yes  No

If yes, in what language? \_\_\_\_\_

How would you like EML to contact you?  Post  Phone  Email

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Are you represented by a lawyer or another person?  Yes  No

If yes, please complete the representative details below.

### Representative details

Firm/Contact person \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

## Details of the determination

What determination do you want to be reconsidered by EML?

- Acceptance of a claim, e.g. injury description, date of injury, liability period
- Rejection of a claim
- Incapacity payments determination
- Medical treatment/services determination
- Permanent impairment and/or non-economic loss assessment
- Other

Date of the determination you want to be reconsidered (this is the date on the top of the *Notice of Determination*):

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Please indicate why EML should reconsider this determination. You can select more than one response.

- Further investigation of the claim is required
- Relevant information was not considered
- I did not have the opportunity to respond to adverse information
- I have new information to provide at review
- Other

Reasons for requesting a reconsideration of the determination (attach separate pages if required):

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## PRIVACY

### WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the *Information Privacy Act 2014* (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

To read more about our privacy statement, and how to contact the EML Group Privacy Officer, please visit the EML website.

Signed  \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed, signed and dated form and any new information to:

**The Reconsiderations Officer**

EML Canberra

GPO Box 805

Canberra ACT 2601

Email: [ACTG@eml.com.au](mailto:ACTG@eml.com.au)

If you are unable to forward your request to EML's Reconsideration Officer within 30 days, please contact the Reconsiderations Officer as soon as possible for an extension.

The decision will be reviewed by a reconsideration officer, who was not involved in making the original decision. They will either affirm, revoke or vary the original determination. The Reconsiderations Officer will confirm the outcome of the review in writing.