

Making a Comcare Claim – What You Need to Know

If you've been injured at work and your employer is part of the Comcare scheme, it's important to understand your rights and the steps to take. This guide outlines the necessary actions and support available, helping you navigate your claim confidently and pursue recovery and compensation.

1 Determine Eligibility

Understanding Your Eligibility

Before anything else, it's important to know whether you fall under the Comcare scheme. If you work for an Australian Government agency or a self-insured licensed corporation (like Australia Post or Telstra), you may be eligible. If you're unsure, we can help confirm your status quickly and confidentially.

What this means for you:

- ✓ You may be entitled to medical support, time off work, and compensation.
- ✓ We help you understand your specific rights under Comcare.

2 Report the Injury or Illness

Your First Step Toward Support

Let your employer know about your injury or illness as soon as you can. You don't need to have all the answers right away — just tell them what happened.

What this means for you:

- ✓ Prompt reporting ensures your claim is not delayed.
- ✓ We can help you document your experience clearly and accurately.

3 See a Doctor You Trust

Your GP will play a big role in your claim. Ask them for a Certificate of Capacity that explains your condition and your ability to work. It's more than a form — it's the foundation of your case.

What this means for you:

- ✓ We guide you on what information is important to include.
- ✓ You stay in control with the right medical backing.

4 Lodge a Comcare Claim

We Help You Get It Right

Filing a Comcare claim involves completing a form and attaching the medical certificate. Don't let paperwork overwhelm you. We'll help you get it done with confidence.

What this means for you:

- ✓ We ensure nothing is missed.
- ✓ You save time and reduce stress.

5 Claim Outcome

Understanding What Happens Next

Once submitted, your claim will be reviewed by Comcare or your employer's insurer. You'll receive a decision in writing.

What this means for you:

- ✓ If approved, your recovery and compensation support begins.
- ✓ You save time and reduce stress.

If Your Claim Is Denied: Don't Give Up — You Have Options

If your claim is denied, you have the option to request a reconsideration within 28 days. We're here to support you and manage the appeal process, ensuring that your voice is heard throughout.

- ✓ You're not alone — we know the system and how to challenge decisions.
- ✓ We'll build a stronger case with medical, legal, and workplace support.



How We Leave You Feeling

Your case is important. You will receive compassionate, confidential and judgment-free support, empowering you to take charge of your legal journey with confidence and clarity. Have questions? We're here to help.

