

centrelink

Australian Liaison Form

To:

From: Department of Human Services
International Services
PO Box 7809
Canberra BC ACT 2610
AUSTRALIA

1 Purpose

Transmission of pension claim

Claim for United States pension (attached) received in Australia on

Day	Month	Year
/	/	/

For the purposes of Article 16, claim for Australian pension was received on

Day	Month	Year
/	/	/

Identity has been verified by Australia

Person named in section 2 Person named in section 3

Personal details have been verified by Australia

Person named in section 2 Person named in section 3

Transmission of information

Refer to section 4

Request for information

Refer to section 5

2 Personal details –

Australian Reference (CRN)

United States Reference 1

United States Reference 2

Family name

Given name(s)

Other name(s) known by

Date of birth

Day	Month	Year
/	/	/

Gender

Date of death (if applicable)

Day	Month	Year
/	/	/

Address

3 Personal details –

Australian Reference (CRN)

United States Reference 1

United States Reference 2

Family name

Given name(s)

Other name(s) known by

Date of birth

Day	Month	Year
/	/	/

Gender

Date of death (if applicable)

Day	Month	Year
/	/	/

Address

4 Transmission of information by Australia

Decision on Australian claim Person named in section 2 Person named in section 3

Claim pending Yes Yes

Claim rejected

--	--

Claim granted See 'Australian payment details (current and historical)' See 'Australian payment details (current and historical)'

Current Australian payment details Person named in section 2 Person named in section 3

Payment type

--	--

Gross 2 weekly rate (AUD\$)

--	--

From

Day	Month	Year
/	/	

Day	Month	Year
/	/	

Australian payment details (current and historical)

Person named in section 2 see below

Payment type

--	--	--

Payment start date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Payment end date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Arrears paid

--	--	--

Arrears start date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Arrears end date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Arrears amount (AUD\$)

--	--	--

Historical rates (per calendar year)

Year	Payment type	Amount paid (AUD\$)

Person named in section 3 see below

Payment type

--	--	--

Payment start date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Payment end date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Arrears paid

--	--	--

Arrears start date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Arrears end date

Day	Month	Year	Day	Month	Year	Day	Month	Year
/	/		/	/		/	/	

Arrears amount (AUD\$)

--	--	--

Historical rates (per calendar year)

Year	Payment type	Amount paid (AUD\$)

Australian periods for the purposes of Article 7

Person named in section 2

Australian periods have been

Found see below Not found

Australian periods

From			To					
Day	Month	Year	Day	Month	Year	Years	Months	Days
/	/		/	/				
/	/		/	/				
/	/		/	/				
/	/		/	/				
/	/		/	/				
/	/		/	/				

Total Australian period in years, months and days

Total Australian period (months) months

Person named in section 3

Australian periods have been

Found see below Not found

Australian periods

From			To					
Day	Month	Year	Day	Month	Year	Years	Months	Days
/	/		/	/				
/	/		/	/				
/	/		/	/				
/	/		/	/				
/	/		/	/				
/	/		/	/				

Total Australian period in years, months and days

Total Australian period (months) months

Medical information

Person named in section 2

Person named in section 3

Other information

5 Request for information from USA

Decision on United States claim Person named in section 2 Person named in section 3

Please provide details of decision on United States claim received in Australia on

Day	Month	Year
/	/	

Day	Month	Year
/	/	

Current United States pension details

Please provide details of all current payments made to: Person named in section 2 Person named in section 3

Information required:

- Current gross rate of payment, including:
 - Exempt amount(s) under Article 10
 - Amounts of supplementary payments
 - Frequency of payment(s) (examples: monthly, annually)

Historical United States pension details

Please provide details of all past payments made to: Person named in section 2 Person named in section 3

Information required:

- Copy of notice of decision on claim
- Payment type(s)
- Date the decision was made on the claim
- Original date granted payment
- Gross rates of payment since grant, including:
 - Increases for regular indexation
 - Exempt amount(s) under Article 10
 - Amounts of supplementary payments
 - Frequency of payment(s) (examples: monthly, annually)
- Arrears details:
 - Start date of the arrears period, and
 - End date of the arrears period, and
 - Either:
 - gross rates paid between the start and end dates, or
 - gross lump sum amount paid

United States periods for the purposes of Article 9 Person named in section 2 Person named in section 3

Medical information

Person named in section 2

Person named in section 3

Information used to determine
United States disability/invalidity
claim

Information used to determine
United States disability/invalidity
claim

Assessment requested
(see 'Other information')

Assessment requested
(see 'Other information')

Other information

6 Authorisation / Certification

Signature

Name of official

Date

Day	Month	Year
/	/	

Stamp

