

PLAYERS' ACCIDENT FUND CHECK LIST

Note on returning this form please check the following:

1. The form has been signed by Player / Club / Employer
2. Medical Certificate has been supplied
3. Proof of Centrelink payment have been enclosed.

CENTRELINK

Please provide payment details:

Dates	Amounts
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Please provide payment details received by your spouse due to this injury:

Dates	Amounts
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If you did not apply to CentreLink or receive payments from CentreLink please provide an explanation.

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OFFICE USE ONLY

Approved Date: / / . Amount: \$..... Cheque No.....

Loss Calculations:

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SIGNATURE OF MANAGER.....