

# EDFNL PLAYERS ACCIDENT FUND CHECKLIST

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 explanation.

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### OFFICE USE ONLY

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

Loss Calculations;

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SIGNATURE OF MANAGER .....