

**Scheme for Compensation for Detriment Caused by Defective Administration (CDDA Scheme)**  
**DFRDB Application Form**  
Revised 07 March 2025

*Fill out this form if your claim relates to the commutation of a DFRDB pension*

Please complete **all** sections of this form and **enter N/A** in any section that is not applicable to indicate that the question has been considered and completed.

Please email to: [dl.deldc@defence.gov.au](mailto:dl.deldc@defence.gov.au) or post to:

**Directorate of Employment Law and Discretionary Claims**

CP2-4-023 Campbell Park Offices

PO Box 7911

CANBERRA BC ACT 2610

*It is strongly recommended that applicants read [Resource Management Guide No.409](#), published by the Department of Finance, before lodging a claim.*

## Privacy notice

The Directorate of Employment Law and Discretionary Claims within the Department of Defence (**Defence**) will collect personal information about you for the purpose of assessing your application under the CDDA Scheme. Personal information (including medical and health information) about you will be collected from information you provide in this form, along with personal information provided (with your consent through this Application Form) by areas in Defence and external entities (such as, but not limited to, the Department of Veterans' Affairs; the Commonwealth Superannuation Corporation; the Australian Submarine Agency; and the Australian Signals Directorate). If the relevant information cannot be provided, Defence may not be able to process your claim.

Your personal information will not otherwise be used or disclosed unless you have given consent, or it is authorised or required by law.

The Defence Privacy Policy explains how Defence handles and stores personal information. To access the policy, find out how to request access to (or a correction of) your personal information, or to make a complaint, please visit: <https://www.defence.gov.au/about/governance/privacy-policy>.

## Declaration

I declare that to the best of my knowledge and belief, the information that I have supplied in or attached to this application is accurate and true, and that all relevant information has been included.

I am aware that it is an offence, under Chapter 7 of the *Criminal Code Act (1995)*, to give a false or misleading statement in, or in connection with an application for a benefit from the Commonwealth.

☐ (please tick) if you have completed the "Consent to Obtain Information" form located on the final page.

<b>Signature</b>	<b>Date</b>

### **Section 1: Applicant's personal details**

1. Title:

2. Surname (family name)

3. Given name(s)

4. Date of birth

5. Employee/member ID (e.g. PMKeyS number)

6. Residential address

	State:	Postcode:

7. Postal address (if the same as residential address, write 'as above')

	State:	Postcode:

8. Contact details

Home Phone	Work Phone	Mobile Phone
Email address:		

### **Section 2: Applicant's representative**

*This section should only be filled in if the applicant is represented by another person.*

1. Title:

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2. Surname (family name)

3. Given name(s)

4. Date of birth

5. Representative's role and organisation (if applicable) (eg, Accountant, Business Name)

**6. Postal address**

	State:	Postcode:

**7. Contact details**

Home Phone	Work Phone	Mobile Phone
Email address:		

**Section 2B: Applicant's medical representative**

*This section should only be filled in if the applicant is not represented by a lawyer and is seriously unwell and considers that their health might be affected during the course of their claim. It allows Defence to provide information to the applicant's health practitioner, so that the applicant has access to health support when they communicate with Defence.*

*Please note that Defence may request this information during the course of the claim, if it forms the view that the applicant requires medical support.*

**1. Title:**

**2. Surname (family name)**

**3. Given name(s)**

**4. Date of birth**

**5. Medical Practice**

**6. Postal address**

	State:	Postcode:

**7. Contact details**

Home Phone	Work Phone	Mobile Phone
Email address:		

**Section 3: Details of the claim**

**1. Which agency's administration do you consider was defective?**

If your claim is that you have suffered a loss or expect to suffer a loss because you commuted a part of your DFRDB pension into a lump sum, please answer the following questions:

**2. How much was your DFRDB pension?**

**3.** How much was commuted into a lump sum?

**4.** When did you commute your DFRDB pension?

**5.** Did you obtain any advice from Defence, including the Services, before you made your decision to commute? If yes, who gave you that advice? When? What was the advice?

**6.** Did you obtain any advice from Comsuper before you made your decision to commute? If yes, who gave you that advice? When? What was the advice?

**7.** Did you obtain any advice from an independent financial advisor before you made your decision to commute? If yes, who gave you that advice? When? What was the advice?

**8.** Did you read any information products published by Defence, Comsuper or an independent financial advisor? If yes, what did you read? When?

**9.** If you received advice before your decision to commute, what were your expectations relating to your DFRDB pension?

10. What did you do with the commutation lump sum?

11. Have you obtained any financial modelling to show whether you have suffered a loss as a result of your commutation decision? If so, please provide details of that modelling, including the results of the modelling and when the modelling was done?

12. When did you discover that you had suffered or would suffer a loss? How did you discover that?

13. When you discovered that you had or would suffer a loss, what steps, if any, did you take to mitigate or prevent the loss? For example, did you reinvest the commutation lump sum?

14. If you have not yet suffered a loss but you expect to suffer a loss in the future, when do you expect your loss to crystallise?

Please provide any documents you rely on to assist your claim, eg:

- documents showing your DFRDB pension and your election to commute;
- any written advice you received from Defence, Comsuper or an independent financial advisor;
- any information product you received from Defence, Comsuper or an independent financial advisor;
- documents showing what you did with the commutation lump sum; or
- any financial modelling you rely on to show that you have suffered or expect to suffer a loss.

#### Additional Information

15. Please provide any necessary additional information in relation to your claim to explain how the agency's administration was defective, what detriment you have suffered, and how the agency's actions caused that detriment.

*Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

**Note to applicants:**

*Defective administration includes:*

- *a specific and unreasonable lapse by a Departmental officer in complying with existing administrative procedures that would normally have applied to your circumstances;*
- *an unreasonable failure by a Departmental officer to institute appropriate administrative procedures to cover your circumstances;*
- *advice given to you by a Departmental officer to you that was, in all the circumstances, incorrect or ambiguous; and*
- *an unreasonable failure by a Departmental officer to give to you the proper advice that was within their power and knowledge to give (or was reasonably capable of being obtained by the official to give).*

*Compensation is only available to you under the CDDA Scheme where the defective administration has caused you to suffer detriment. This is the amount of quantifiable financial loss suffered by you. There are two broad categories of detriment:*

- *economic loss; and*
- *non-economic loss.*

'Economic loss' is financial detriment which is unrelated to any damage or physical injury to you or your property. 'Non-economic loss' relates to personal injury (including psychiatric injury), emotional distress, or damage to reputation. Compensation is not payable solely for grief, anxiety, hurt, humiliation, embarrassment or disappointment. If you are entitled to other payments related to an injury, it is unlikely that you will be entitled to payment under the CDDA Scheme.

**16.** Please advise what action you have taken to resolve this matter (for example, review by agency, Ombudsman, Courts, Tribunals).

Redress of grievance      Ombudsman      Other (please specify):

What is the status/outcome of these actions?

**Note to applicants:** *You must have exhausted all legal options available to seek compensation for your loss before making a CDDA claim. Any other ongoing claims must be fully resolved before commencing your CDDA claim.*

**17. What amount of compensation are you are seeking for this detriment?**

*Please specify how the amount is calculated and attach any available supporting documents (for example, receipts). Please indicate if the costs relate to use of specific resources:*

**Notes to applicants:**

- a. In determining an appropriate amount of compensation, the intention is to restore you to the position that you would have been in had the defective administration not occurred.*
- b. Costs incurred by you in preparing a CDDA Scheme application are generally not compensated by the Department of Defence.*
- c. Typically, the larger the claim that you are making, the more evidence you will need to support the amount claimed.*

DESCRIPTION OF CLAIMED ITEM	AMOUNT
	\$
	\$
	\$
Total amount of compensation you are seeking	\$

**Section 4: Other details, tax and privacy**

**Other details**

1. Are there any other factors that you believe are important and have not yet been mentioned in this application? If so, please provide details.

**Additional Information**

2. Please note that CDDA payments may be taxable. Please contact the Australian Taxation Office or seek independent financial advice to determine your own circumstances.

3. More information for potential applicants can be found at: <https://www.finance.gov.au/individuals/act-grace-payments-waiver-debts-commonwealth-compensation-detriment-caused-defective-administration-cdda/scheme-compensation-detriment-caused-defective-administration-cdda-scheme>.

**Section 5: Consent to Obtain Information**

I \_\_\_\_\_ [*full name*] of \_\_\_\_\_ [address]  
hereby consent to:

**(please tick) Personal information;**

**(please tick) Medical and health information;**

about me being provided to the Directorate of Employment Law and Discretionary Claims (within the Department of Defence) for the purpose of processing my CDDA application. I understand that the personal and/or medical information about me that may be provided to Defence can vary and may include sensitive information.

I have been provided with information on Defence's Privacy Policy and understand how my personal information will be held and used by Defence.

Signature	Date
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