# Notify the NDIA when a participant dies

Complete this form to let us know when a participant has died.

We want to give you the best support we can during this difficult time.

## How to use this form:

Use this form to let us know that a participant has died and how we can support you to finalise their NDIS plan.

You can also let us know by [contacting us](https://www.ndis.gov.au/contact). For more information visit our website, then select ‘**Contact**’ (https://www.ndis.gov.au/contact).

## How to return this form:

There are a few ways you can return this form to us:

* NDIS Portal: upload completed form
* Email: enquiries@ndis.gov.au
* Mail: NDIA, GPO Box 700, Canberra ACT 2601
* In person: Visit a **Local Area Coordinator**, **Early Childhood Partner** or **NDIS office** in your area.

## Next steps

We can help you to finalise things and work with you through the next steps. This includes providing support to cancel services and finalise payments.

People with **participant portal access** will continue to have this for **90 days**. This allows time to finalise the participant’s NDIS matters, including processing any outstanding payments. After 90 days, you can’t use the portal to make payments anymore.

## Part A: Participant information

In **Part A**, you need to provide some information about the participant.

|  |  |
| --- | --- |
| 1. Full name
 |  |
| 1. Date of birth
 |   |
| 1. NDIS number (if known)
 |  |
| 1. Contact phone number
 |  |
| 1. Address
 |  |

## Part B: Your information

In Part B, please provide information about yourself.

|  |  |
| --- | --- |
| 1. Relationship to **the participant**

For example: child representative, advocate, plan nominee, family member, friend. |  |
| 1. Full name
 |  |
| 1. Date of birth
 |  |
| 1. Contact phone number
 |  |
| 1. Address
 |  |

## Part C: Finalising the NDIS plan

In Part C, you can let us know how to support you to finalise the NDIS plan. If there is a **support coordinator** or **plan manager**, you can also ask them for support.

|  |  |
| --- | --- |
| 1. How can we supportyou to finalise the NDIS plan?

Note: Please select all that apply. | [ ] Finalise participant services[ ]  Finalise outstanding payments[ ]  Follow up assistive technology[ ]  Follow up modifications (home or vehicle)[ ]  I don’t want NDIA support |
| 1. What **date** did the participant die?
 |  |
| 1. Does the plan include **self-managed** funding?

**Note:** We can help to make sure all invoices are paid. | [ ]  Yes[ ]  No[ ]  Don’t know – please check for me |
| 1. Does the plan have **periodic transport payments**?

**Note:** We can help to make sure you receive the final balance. | [ ]  Yes[ ]  No[ ]  Don’t know – please check for me |

## Part D: Contact information

In Part D, let us know how to support you. If there is someone else we should contact, you can also provide their information here.

|  |  |
| --- | --- |
| 1. Do you want support from our **Bereavement Support Officers**?
 | [ ]  Yes[ ]  No |
| 1. We may need to contact you to help finalise NDIS matters for the participant. **Who** would you like us to contact?
 | [ ]  Contact me (Person in **Part B**)[ ]  Contact executor – details below[ ]  Contact another person – details below |

### **Executor or contact person details**

|  |  |
| --- | --- |
| 1. Full name
 |  |
| 1. Are you the participant’s executor?

**Note:** An executor is named in a person’s will to carry out their wishes after they die. | [ ]  Yes[ ]  No |
| 1. Contact phone number
 |  |
| 1. Contact email
 |  |
| 1. Address
 |  |

## **Part E: Signature and Declaration**

**By signing and sending this form to the NDIS:**

* I certify that the information I have provided is true and correct.
* I understand this form or have had this form explained to me.
* I understand that giving false or misleading information is a serious offence.
* I understand that this information is protected by law and can only be given to someone else where Commonwealth law allows or requires it, or where I give permission.

|  |  |
| --- | --- |
| Signature |  |
| Full name |  |
| Date (DD/MM/YYYY) |  |