



Your Guide to DVA Claims Done Right

Australia's #1 DVA claims service, Veteran owned and operated, your trusted partner in securing the compensation and entitlements you deserve.



vetcomp.com.au

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A man in a military uniform, likely a member of the Australian Defence Force, is shown in profile, standing at attention. He is wearing a dark green uniform with a wide white belt and a matching hat. He is holding a sword in his right hand. The background is a blurred outdoor setting with green grass and a building in the distance.

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Our Mission & Commitment to ADF Veterans



Our Mission Statement

At VetComp, our mission is simple: To lead the space in unrivaled DVA advocacy and DVA claims support while providing ongoing assistance beyond the claims process to empower Veterans and their families towards a better life.



About Us

VetComp was founded by Veterans Tyson and Zach, who have navigated the DVA claims system themselves. Like so many others, they faced a process clouded with misinformation, doubt, and a lack of meaningful support from the ADF and the DVA.

Despite enduring service-related injuries, the thought of starting a DVA claim felt overwhelming and isolating. It wasn't just their struggle—countless fellow Veterans shared the same daunting challenges, stuck in a system that seemed impossible to navigate. They were determined to create a path forward—not just for themselves, but for every Veteran who feels lost in the process.

At VetComp, we are committed to breaking down barriers, providing clarity, and ensuring that no Veteran has to face this journey alone. Every Veteran deserves to have their story heard—we're here to be your voice.



Director Statement

“Lodging a DVA claim without guidance is like going into battle without a map—we make sure you have the right coordinates.”

DVA Claims

– The Basics



Who Can Lodge a DVA Claim?

Anyone who has completed at least one day of ADF service can submit a DVA claim — there is no minimum service period required. Both current and former members, including reservists, are eligible to lodge a claim through DVA.

When Can I Lodge a DVA Claim?

You can lodge a DVA claim at any time, but submitting it early can provide significant advantages. Medical evidence is often easier to access while records are recent, which can strengthen your claim. Additionally, lodging your claim sooner can result in higher financial compensation and an increased Permanent Impairment (PI) rating due to DVA's age conversion factor.

This means that delaying your claim could reduce the overall compensation you receive and make it more challenging to be accepted. In short, the sooner you have your claim submitted, the better positioned you are to secure the benefits you're entitled to.

Can I Lodge a DVA Claim if I am Still Serving?

Yes, DVA recommends that ADF Veterans have their claims submitted while they are still serving as evidence is usually readily available through the ADF health centre. Veterans who are still serving can also conduct medical investigations external to the ADF medical system through independent providers at no cost to the Veteran, safeguarding your right to privacy and confidential medical assessments.

This approach enables Veterans to gain access to benefits they may be eligible for without the fear of any negative stigma which may be associated with any medical investigations which are conducted internal to the ADF medical system.

How Can I Lodge a DVA Claim?

Submitting a DVA claim can be done by registering for a MyService account and then linking it to your MyGov network. When submitting a DVA claim, all information must be true and accurate. The claims portal will request supporting medical information (Form D2049), onset dates, and a statement of contention. As your claim progresses, the DVA delegate can request claimant reports depending on the claim and can request more evidence such as essential reports, statutory declarations, witness statements, etc.

Our DVA Advocates at VetComp are able to streamline and complete this process on your behalf via our ESO and MyOrg portals. Our Advocates also handle all communication with DVA regarding your claims, providing you with peace of mind and a stress-free approach to the claims process.

We understand the claims process can be overwhelming, so we handle it for you. Your only responsibility is to attend your medical appointments, most of which are via telehealth — we take care of the rest.

Giving Your Claims the Best Chance to Succeed

Getting Your Claim in Early.

Having your claim submitted to DVA is the first and most important step. Delaying this could result in less compensation due to DVA's age conversion factor. Additionally, accessing relevant medical information could become more difficult over time. Some DVA conditions also have restrictive SOP factors with time-based requirements, which may affect the outcome of your claim.

Understanding the DVA Legislation/Framework.

Navigating the claims process alone can be overwhelming, without comprehensive understanding of the **Military Rehabilitation and Compensation Act 2005** (MRCA) you may feel lost and without support. Note: This legislation is for service/service injuries from 1 July 2005.

The MRCA is detailed and technical, covering various eligibility rules and evidentiary requirements. Without the right guidance, ensuring your claim is properly structured can be challenging, and missing key details may lead to delays or complications. Having support can make the process much more straightforward and less time-consuming.

Seeking Support From Trusted DVA Advocates.

Your DVA claims are important, so be careful of unscrupulous providers. Here are some key things to look for when choosing an advocate:



Location

Some advocacy services operate from overseas, where fewer regulatory requirements may apply. This can increase the risk of mismanagement and impact the quality of support you receive for your claim. Before choosing your advocate, check first to see if they operate here in Australia.



Proven Track Record

Advocacy groups should transparently display their outcomes and operational procedures. Groups who choose not to disclose this information may be trying to hide something or may not have any experience with managing DVA claims.



Insurance

Always ensure your advocate has Professional Indemnity Insurance. This protects you if something goes wrong, giving you peace of mind. Many advocates operate without this coverage, which could leave you financially exposed if errors occur.



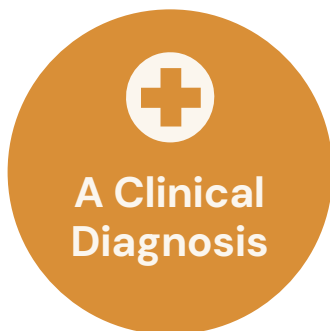
Why Some Veterans Struggle to Get Their DVA Claims Approved

Unfortunate Fact.

Just because your condition is caused by the ADF, it does not automatically mean it will get approved.

Not understanding the three critical elements for claim approval is where your claim can go wrong.

There are three key elements which must be met in order for your DVA claim to be approved:



How is a Clinical Diagnosis Established?

DVA requires a clear diagnosis from the appropriate healthcare provider to approve your claim. While a GP can diagnose many conditions, some require specialists such as neurologists, psychiatrists, or orthopaedic surgeons.

For accuracy, it's recommended to have a DVA-issued DMO49 Form completed, which is also accessible through your GP, as this helps DVA confirm your diagnosis and relevant details.

However, a diagnosis alone does not establish a service connection, nor does it suffice a DVA SOP factor.

Establishing a diagnosis early allows you to identify any applicable DVA SOP factors and have these included within your statement of contention.



What is a DVA SOP Factor?

SOP (Statement of Principles) factors outline the minimum requirements for establishing a service connection. Some factors involve specific measures (dose, duration, or timing), while others do not. Every criterion must be met for a factor to be considered fulfilled—at this stage, the relationship to service is not assessed.

For factors with measurable exposure, incidents outside of service may count. However, exposure after a condition's clinical onset is only relevant for assessing worsening, not for establishing the onset itself.

The impact of a factor depends on its type and the condition. SOPs define timing and exposure in different ways, so it's important to carefully note distinctions like "at the time of" vs. "at least X time before", and "continuous" vs. "cumulative" exposure.

***Here are some SOP factors for commonly diagnosed conditions.**



Lumbar Spondylosis (BOP)



Anxiety (BOP)



Tinnitus (BOP)



Erectile Dysfunction (BOP)



Establishing a Relevant Link to Service.

The link to service refers to whether your condition was caused by, contributed to, or worsened due to your military service.

This connection is assessed individually for each claim. Even if a link to service is established, a DVA SOP factor must still be met for your claim to be approved.

A condition may be defence-caused (directly caused by service), aggravated (service worsened a pre-existing condition), or involve material contribution (service played a significant role in meeting an SOP factor, even if some exposure occurred outside service). For factors with quantitative requirements, service doesn't need to account for all exposure—if it materially contributed, the condition may still be considered service-related.

Understanding MRCA PI Compensation, What You Might Not Know

An approved condition is only half way to compensation.

Having your claims approved and conditions recognised is the first step in being eligible for compensation. For many Veterans the struggle for financial compensation just begins. In order to be eligible for compensation you must register a Permanent Impairment claim with DVA and be assessed by the appropriate medical professional. It is important to use providers who are familiar with DVA and Veterans.

DVA do not pay compensation for the condition, but for the degree of impairment.

A common misconception Veterans may have is that the more claims which are approved, the more compensation they will be eligible to receive from DVA. While in some instances this is true, in many instances it is not. In order for a claim to be eligible for compensation, specific criteria must be met surrounding permanency and stability of the condition.

Many Veterans ask, “How much will I get for tinnitus, lumbar spondylosis or other commonly diagnosed conditions?”

The answer depends on how severely the condition affects you. Under the **Guide to the Assessment of Rates of Veterans’ Pensions (GARP)**, each condition has a range of Permanent Impairment (PI) points—from 0 to the maximum allowed for that condition.

The exact number of permanent impairment points you receive is based on how much the condition affects your daily life. The assessment rating is based on you and your individual circumstances.

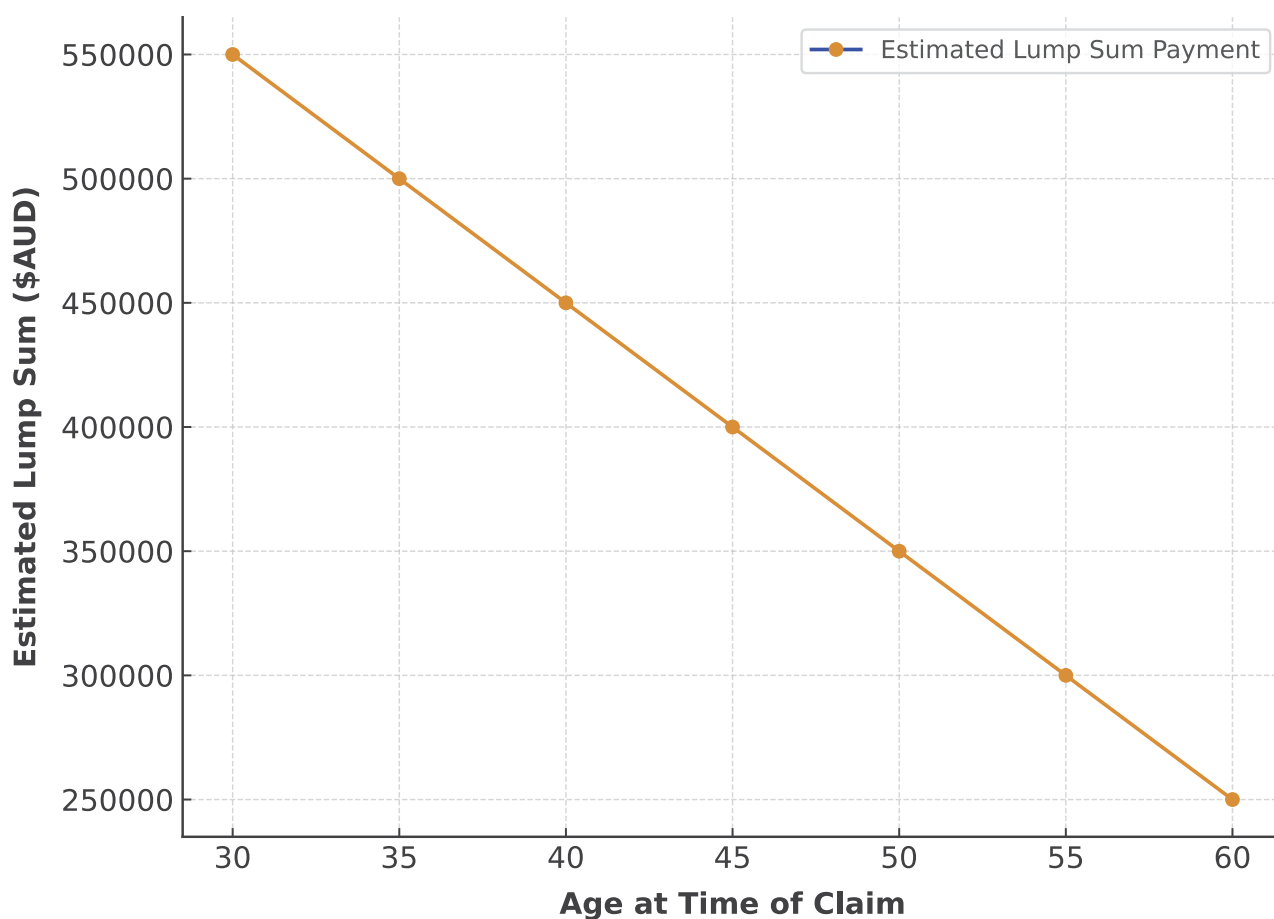


Waiting to have your claim recognised could be costing you hundreds of thousands in compensation.

Many Veterans delay lodging their DVA claims, assuming they can apply at any time. While this is true, many ADF Veterans don't realise that submitting a claim sooner could lead to a higher compensation factor.

DVA applies an age conversion factor when calculating lump sum payments, meaning younger Veterans typically receive higher payments because they have more years ahead to manage their impairment. In contrast, older Veterans receive lower payments as the formula adjusts based on age. The graph below provides a visual estimate of how DVA's age conversion factor may affect lump sum compensation amounts.

Estimated Impact of Age on Lump Sum Compensation.



This graph is an estimated representation based on DVA's compensation principles. Actual lump sum amounts depend on impairment ratings and DVA calculations. For official information, visit: www.dva.gov.au.



You can receive compensation from DVA while you are still serving.

Many ADF members believe that DVA claims should only be lodged when leaving the military. If you've heard this advice from a fellow digger or even your chain of command, know that it is incorrect and could cost you access to compensation and entitlements.

DVA encourages Veterans to lodge claims while still serving, stating: "You can lodge a claim at any time, even if you're still serving. The sooner you claim, the easier it will be to find the evidence we need."

Delaying your claim can have serious consequences.



Loss of medical evidence

The longer you wait, the harder it becomes to gather the necessary medical records and service documents to support your claim.



Lower compensation

DVA applies an age conversion factor when calculating lump sum payments—meaning younger Veterans typically receive higher payouts. Delaying could reduce your entitlement.



Prolonged financial strain

Many Veterans who delay their claims find themselves struggling financially while waiting for a decision. Submitting early can help ensure support is in place when you need it.



Gaps in medical treatment

If you don't claim while serving, you may not have immediate access to essential DVA-funded treatments and support after discharge.

By lodging your claim early, you protect your rights, secure the evidence needed, and give yourself the best chance at receiving the compensation and support you deserve.

Why Some Veterans May Feel Underwhelmed With Their Compensation



Your DVA claims, done once, done right.

The DVA claims process can be long and exhausting. If you choose to go through it alone, it's crucial to understand what conditions you can claim and ensure all relevant conditions are included. Many Veterans focus on one or two obvious conditions, overlooking other injuries or illnesses that may be linked to their service.

Missing conditions during the initial claim can significantly impact compensation. If certain injuries or illnesses aren't identified early, they won't be assessed for impairment, which can lead to a much lower overall compensation outcome. Veterans often find themselves disappointed with their entitlements, only realising later that additional conditions should have been included.

This mistake can result in Veterans having to restart the claims process—which can take 12–18 months or more—just to have missed conditions assessed. In some cases, delayed claims can also make it harder to gather medical evidence, as symptoms may worsen over time or documentation may be more difficult to obtain.

At VetComp, we take a comprehensive and structured approach to ensure this doesn't happen. Our process is designed to identify all potentially relevant claims upfront, so Veterans don't miss out on the entitlements they deserve. By doing it once and doing it right, we help Veterans avoid unnecessary delays, frustration, and the disappointment of receiving less compensation than they should.

Under-reporting of your impairment.

Many Veterans under-report their conditions during the DVA claims process, often without realising the long-term consequences. This is especially common due to ADF culture, where toughness and resilience are valued, and admitting to injuries—especially mental health conditions—can carry stigma. Some Veterans downplay their symptoms out of habit, concern for their reputation, or a belief that others have it worse.

However, under-reporting means your condition is not accurately assessed, leading to significantly lower compensation. If symptoms are minimised or key details are left out, DVA may determine a lower impairment rating than what is truly warranted. This can result in receiving less compensation than you're entitled to, or even having a claim rejected altogether.

It's crucial to be honest and thorough when reporting your symptoms and limitations. The claims process is designed to assess the actual impact of a condition, not just how you think you should be coping. Ensuring all aspects of your impairment are properly documented helps secure the full compensation and entitlements you deserve.

Finding a Medical Professional Who Understands You.

The process of the provider's completion of a DVA Permanent Impairment (PI) assessment is often complex and detailed, requiring a thorough understanding of your condition. These assessments involve extensive questioning about how your impairment affects your daily life, work, and overall well-being.

It's crucial to ensure you have access to trusted providers who are experienced in working with Veterans and understand the unique challenges of military service. Choosing a provider familiar with veteran-specific conditions and a provider who is familiar with DVA assessments can make a significant difference in ensuring your assessment is accurate, fair, and truly reflects the impact of your condition and is submitted to DVA without delay.

Working With a DVA Advocate.

While a DVA advocate cannot influence the outcome of your claim, they can help ensure the process is thorough and well-prepared, reducing stress and improving clarity throughout. By guiding Veterans through the complex claims process, an advocate helps ensure that all relevant conditions are considered and that claims are presented as accurately and completed as quickly as possible.

Identifying overlooked conditions

Many Veterans dismiss injuries or illnesses as "just part of the job" and don't realise they could be eligible for compensation. Advocates help uncover service-related conditions that Veterans may have overlooked and lodge Initial Liability Claims (ILCs) to ensure they are recognised.

Addressing stigma and barriers to claiming

ADF culture often discourages Veterans from reporting injuries, particularly mental health conditions, due to fear of judgment or stigma. Advocates provide a confidential and supportive process, encouraging Veterans to claim conditions they might otherwise ignore.

Reducing stress and allowing focus on recovery

The DVA claims process can be complex and overwhelming, adding stress to Veterans already managing health issues. Advocates take on the administrative burden, allowing Veterans to focus on rehabilitation and injury management rather than paperwork. A focus on recovery can also lead to better outcomes in PI assessments, as conditions may stabilise before assessment, potentially leading to higher compensation.

Reviewing and challenging determinations

DVA determinations are not always accurate, and errors in ILCs and PI assessments do occur. Advocates review these decisions, ensuring that all relevant Statements of Principles (SOPs) are considered and that calculations align with the Guide to the Assessment of Rates of Veterans' Pensions (GARP). Identifying these errors can significantly impact compensation outcomes.

Providing clarity on DVA requirements

The DVA claims process involves detailed forms, medical assessments, and complex terminology, which can be overwhelming. Advocates help by going through reports, forms, and questions with Veterans, ensuring they understand what is being asked and empowering Veterans to convey the true severity of their conditions. This ensures a clear and complete picture of their condition is captured, reducing the risk of misinterpretation or missing critical details that could affect the outcome of their claim.

Breaking down barriers to entitlements

The complexity of the DVA system can discourage Veterans from pursuing claims or appealing decisions. Advocates bridge this gap, simplifying the process and providing essential support to help Veterans navigate the system effectively and secure the entitlements they deserve.

By working with a knowledgeable advocate, Veterans can avoid common pitfalls, reduce delays, and ensure their claims are assessed properly, leading to fair and accurate compensation outcomes.



Handling Rejected Claims

– What Are Your Options

A rejected DVA claim does not mean the end of the road. There are several options available depending on your circumstances and the best course of action for your situation:



Appealing Through the VRB.

If you believe the decision was incorrect, you can lodge an appeal with the Veterans' Review Board (VRB). This process involves a review of your claim by an independent panel, and in some cases, additional medical evidence or expert opinions may help strengthen your case. It is often best practice to have a trusted advocate represent you during your VRB.



Reassessing Your Approach.

Not every rejected claim needs to be appealed. In some cases, it may be more beneficial to focus on other conditions that could be more clearly linked to service. Pursuing a different claim may result in better outcomes with less stress compared to a lengthy appeals process.



Ensuring Future Claims Are Stronger.

A rejection can also be an opportunity to review what went wrong and improve future claims. This might involve gathering stronger medical evidence, refining symptom reporting, or identifying additional service-related conditions that were previously overlooked.

Every case is different, and the best course of action depends on your individual circumstances, available evidence, and long-term goals. Understanding all available options ensures that Veterans make informed decisions about whether to appeal, submit new claims, or focus on recovery and future entitlements.

Keeping Your Claim Moving with Purpose

Navigating the DVA claims process can take time, and understanding what to expect can help reduce frustration. Processing times vary depending on the complexity of the claim, required medical assessments, and DVA's workload. Some claims take months to over a year to finalise, so setting realistic expectations is essential.

What Causes Delays?

Several factors can slow down a claim, including:



Service record complexity

Claims involving deployments, injuries across multiple fields, or extensive service history may require more evidence and verification.



Medical assessments

Waiting for specialist appointments, medical reports, or further documentation can extend processing times.



DVA backlog

High claim volumes or internal processing backlogs can also contribute to delays.



Unclear tasks by DVA

Unclear DVA requests for evidence or clarification often lead to misinterpretation, incorrect submissions, and delays due to back-and-forth communication.

Dealing with delays and keeping a claim on track can be stressful, especially when juggling deployments, transition planning, or medical treatment. A dedicated advocate can manage follow-ups, ensure paperwork is complete, and keep the process moving.

Claims Prioritisation.

Veterans may be eligible for priority processing of their DVA claims under specific circumstances, including:

- ✓ **Financial hardship**
- ✓ **Terminal illness**
- ✓ **Death or imminent death**
- ✓ **Former Prisoner of War (POW) status**
- ✓ **Older than 90 years of age**
- ✓ **Homelessness or risk of homelessness**

Requesting priority processing from DVA can be complex and requires clear justification, accurate documentation, and strict adherence to requirements. A missing detail or incorrect submission can lead to delays or rejection, making an already long process even harder.

VetComp's Outcomes & Promise to You.



VetComp's Outcomes

- ✓ Over 95% claim approval rate
- ✓ Total compensation recovered \$70M
- ✓ Average payout is \$472,906
- ✓ + Average PI Points 82.1

Our Promise

At VetComp, we make the DVA claims process clear, straightforward, and stress-free. Let our team do the heavy lifting. Our team takes care of your claim from start to finish and provides post-claims support, allowing you to gain full access to your entitlements.

Many providers say they'll "manage your DVA claim", but you're often left doing most of the work yourself. At VetComp, we make it simple.

You attend your medical appointments (telehealth or in-person), and we handle everything else!

From paperwork and claim preparation to responding to DVA requests and keeping your claim on track—we take care of it all.

No stress. No guesswork. Just results.

Book a Call – No Downside, Just Answers

Not sure what you're eligible for? There's no risk in finding out. A quick chat with our team could uncover entitlements you didn't even know you had.

No obligation. No downside. Just expert guidance on what's possible for you.



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