



# Reconsideration - Personal Statement by Retired Military Member

## Important information about this form

### Who should use this form?

You can use this form if:

- you are receiving or applying for an invalidity pension under the provisions of the *Defence Force Retirement and Benefits Act (DFRB) 1948*, *Defence Force Retirement and Death Benefits (DFRDB) Act 1973*, *Military Superannuation and Benefits (MSB) Act 1991*, or *Australian Defence Force Cover (ADFC) Act 2015*;

and

- you are requested to provide historical and/or current information in regard to your treatment, medication, employment and/or education.

### How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this  with a ✓ or ✗ then fill out the next question or section.

### Completing this form

Where requested, please complete:

**Part A:** Invalidity retirement

**Part B:** Personal information

**Part C:** Incapacity information and retiring impairments

**Part D:** Employment details

**Part E:** Study and Qualifications

**Part F:** Authorisation

### Submitting your form

Send your completed form and attached documents to:

**Reconsideration@csc.gov.au**

Or via post to:

**GPO Box 2252**

**Canberra ACT 2601**

## Privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at [www.csc.gov.au/privacy](http://www.csc.gov.au/privacy)

# A

## Invalidity Retirement and Classification

If you are retired on invalidity grounds, or it is retrospectively decided that you could have been retired on the ground of invalidity, you will be classified according to your incapacity. It is important to remember that when determining your classification, the factor being considered is your capacity for civilian employment at the time of your discharge from the Australian Defence Force (ADF).

Retiring impairments are conditions which are of such a severity that they either caused or would have caused your medical discharge. These conditions are **NOT** required to be caused by your service. A retiring impairment must be deemed to have been present at the time of your discharge and have caused you restriction for civilian employment at that time.

As part of the initial incapacity determination, your skills, qualifications and experiences assist in the determination of suitable kinds of civilian employment. From there, your physical or mental impairment/s is factored in, so that your diminished capacity for civilian employment may be expressed as a percentage. The percentage is applied to a three tiered system of invalidity classification and commensurate benefits, as follows:

Percentage of incapacity	Class	Level of incapacity
60% or more	A	Large
30% or more but less than 60%	B	Moderate
Less than 30%	C	Small

**Please note:** A determination of Class A or B will result in a pension payable fortnightly. A Class C determination will not result in a pension payment and any benefits within your account will be restricted to the normal preservation rules.

# B

## Personal information

Service  Navy  Army  RAAF

Service number/employee ID

Scheme  ADF Cover  MSBS  DFRDB

Salutation  Mr  Mrs  Ms  Miss  Other

Title

Given name(s) **GIVEN NAME(S)**

Surname **SURNAME**

Former Surname (if applicable)

Date of birth **D D / M M / Y Y Y Y**  
 /  /

Residential address   
  
**SUBURB**  **STATE**  **POSTCODE**





# Employment details

Please provide all details of work undertaken since your retirement from the Australian Defence Force (ADF) – paid or unpaid, including self-employment and unemployment. If there is insufficient space, please attach an additional page. For each employment period, please provide the following details, if applicable:

**Employer 1** – Please outline the details of your first employer after leaving the ADF

**Please note:** the invalidity classification process looks at what you are reasonably qualified for in relation to your skills qualification and experience at the time of your discharge from the ADF

Start date   /   /

Finish date   /   /

Name of employer (including self employed/ contract/piece work)

Address **POSTAL ADDRESS**

**SUBURB**  **STATE**  **POSTCODE**

**RESIDENTIAL ADDRESS**

**SUBURB**  **STATE**  **POSTCODE**

**BUSINESS HOURS**

Employer's phone number

Type of work

Duties performed

Restrictions/issues experienced (if any). If ceased - reason for cessation?

Hours per period (please state the applicable period)    per day  per week



Course 3

Title of course	Name of school/ college/university/TAFE	Dates course undertaken/ date course completed		Qualifications gained
		Date enrolled	Date of completion or anticipated completion	

**Declaration**

I hereby certify that statements in this form are true and complete to the best of my knowledge and belief:



**Sign**

SIGNATURE

Date signed

/   /



## Authority to provide records and/or advice relating to employment

File No

I,

SURNAME

of

SUBURB  STATE  POSTCODE

authorise any person, firm, body corporate, institution or Government agency which is employing me or has employed me in the past to make available to Commonwealth Superannuation Corporation (CSC) on presentation of a copy of this authority, any records and/or advice relating to my employment with such person, firm, body corporate, institution or Government agency which CSC may request for the purposes of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover (ADFC) Act 2015*.

I also authorise CSC to release copies of the documents obtained under this authority to its medical advisers where such release is necessary for the administration of the abovementioned legislation. I understand that, whilst the information will be subject to standard confidentiality requirements, CSC may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to a tribunal or Court.

This authorisation is to remain in force until revoked by me in writing.



**Sign**

SIGNATURE

Date signed

/   /

This information to be collected on the basis of this authorisation is for lawful purpose which is necessary for, or directly related to, the administration of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Australian Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with either your employment and/or either the provision of financial benefits which may be affected by your entitlements under the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*.

## Authority to provide medical records and /or advice

File No

I,

**GIVEN NAMES**

**SURNAME**

of

**ADDRESS**

**SUBURB**  **STATE**  **POSTCODE**

authorise any person, body or institution who has attended me in a professional capacity, concerning matters relating to my health, to make available to Commonwealth Superannuation Corporation (CSC) on presentation of a copy of this authority, any records, and/or advice on matters pertinent to my health or medical history, or to those matters which CSC may request from time to time for the purpose of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*.

I also authorise CSC to release copies of the documents obtained under this authority to its medical advisers where such release is necessary for the administration of the abovementioned legislation. I understand that, whilst the information will be subject to standard confidentiality requirements, CSC may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to a tribunal or Court.

This authorisation is to remain in force until revoked by me in writing.



**Sign**

**SIGNATURE**

**Date signed**

/   /

This information to be collected on the basis of this authorisation is for lawful purpose which is necessary for, or directly related to, the administration of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Australian Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with either your employment and/or either the provision of financial benefits which may be affected by your entitlements under the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* the or the *Australian Defence Force Cover Act 2015*.

# Authority to provide records and/or advice relating to OPEN ARMS Veterans and Families Counselling

Formerly Veterans and Veterans Families Counselling Service (VVCS)

File No

I,

**GIVEN NAMES**

**SURNAME**

of

**ADDRESS**

**SUBURB**  **STATE**  **POSTCODE**

hereby authorise OPEN ARMS Veterans and Families Counselling, formerly Veterans and Veterans Families Counselling Service (VVCS), to make available to Commonwealth Superannuation Corporation (CSC) on presentation of a copy of this authority, any medical reports, determinations, correspondence and other records and/or advice pertinent to those matters which CSC may request from time to time for the purpose of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*.

I also authorise CSC to release copies of the documents obtained under this authority to its medical advisers where such release is necessary for the administration of the abovementioned legislation. I understand that, whilst the information will be subject to standard confidentiality requirements, CSC may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to a tribunal or Court.

I understand that OPEN ARMS Veterans and Families Counselling may want to contact me to verify this authorisation and I provide my contact number in order to allow this.

Phone

This authorisation is to remain in force until revoked by me in writing.



**SIGNATURE**

**Date signed**

/   /

This information to be collected on the basis of this authorisation is for lawful purpose which is necessary for, or directly related to, the administration of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Australian Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with either your employment and/or either the provision of financial benefits which may be affected by your entitlements under the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*.



## Authority to provide medical and employment records relating to Department of Defence

File No

I,

**GIVEN NAMES**

**SURNAME**

**ADDRESS**

of

**SUBURB**  **STATE**  **POSTCODE**

hereby authorise the Department of Defence to make available to Commonwealth Superannuation Corporation (CSC) on presentation of a copy of this authority, full records relating to my employment, training and medical history (including clinical notes and psychological records) in respect of my Defence Force service and/or advice in respect of such employment, training and medical history.

I also authorise CSC to release copies of the documents obtained under this authority to its medical advisers where such release is necessary for the administration of the abovementioned legislation. I understand that, whilst the information will be subject to standard confidentiality requirements, CSC may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to a tribunal or Court.

This authorisation is to remain in force until revoked by me in writing.



**Sign**

**SIGNATURE**

**Date signed**

/   /

This information to be collected on the basis of this authorisation is for lawful purpose which is necessary for, or directly related to, the administration of the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Australian Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with either your employment and/or either the provision of financial benefits which may be affected by your entitlements under the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, the *Military Superannuation and Benefits Act 1991* or the *Australian Defence Force Cover Act 2015*.

### How can I get more information?

If you require additional information or support concerning your case please contact the Reconsideration team who can assist you.

**Email: [Reconsideration@csc.gov.au](mailto:Reconsideration@csc.gov.au)**

General enquiries about the scheme can be directed as below:



**Defence Force Retirement & Death Benefits Scheme**

**EMAIL** [members@dfldb.gov.au](mailto:members@dfldb.gov.au)  
**PHONE** 1300 001 677  
**FAX** (02) 6275 7010  
**MAIL** DFRDB  
 GPO Box 2252  
 Canberra ACT 2601  
**WEB** [csc.gov.au](http://csc.gov.au)



**Australian Defence Force Cover**

**EMAIL** [members@adfcover.gov.au](mailto:members@adfcover.gov.au)  
**PHONE** 1300 001 977  
**FAX** (02) 6275 7010  
**MAIL** ADF Cover  
 GPO Box 2252  
 Canberra ACT 2601  
**WEB** [csc.gov.au](http://csc.gov.au)



**Military Superannuation & Benefits Scheme**

**EMAIL** [members@enq.militarysuper.gov.au](mailto:members@enq.militarysuper.gov.au)  
**PHONE** 1300 006 727  
**FAX** (02) 6275 7010  
**MAIL** MilitarySuper  
 GPO Box 2252  
 Canberra Act 2601  
**WEB** [csc.gov.au](http://csc.gov.au)