



Partial invalidity pension review

Application form

Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improving our products and keeping 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/Members/

Instructions for employers

PSS members in receipt of a partial invalidity pension (PIP) can be medically reviewed at any stage to determine whether the PIP rate should continue or be varied. You should complete this form after receiving medical advice from either a treating doctor or independent medical examiner that your employee should adjust their hours and/or level because of a change to their medical situation.

Submit this form with the documents listed in **Section D** to us at formsandapplications@csc.gov.au

For more information on reviewing PIPs, including more detail on the review process and the documents you need to submit with this application form, refer to our website. You can also call us on **1300 338 240** or email employer.service@csc.gov.au

Section A to be completed by member

A Declaration by member

I declare that:

- I have been provided with and have read the document titled **PIP reviews - frequently asked questions for PSS customers** attached to the PIP reviews employer quick guide and that I understand the requested change to my PIP
- in relation to the same condition/s my PIP relates to, I am not in receipt of any compensation of any type and have not received any compensation since my PIP has been approved
- I am aware that if I become entitled to compensation in the future for the same condition/s my PIP relates to, I will not be entitled to a PIP and will need to repay any PIP paid for any period that I received compensation for.



SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Commonwealth Superannuation Corporation

The information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397

Defence Force Retirement and Death Benefits Scheme
ABN: 39 798 362 763

Australian Defence Force Superannuation
ABN: 90 302 247 344
RSE: R1077063

Commonwealth Superannuation Scheme
ABN: 19 415 776 361
RSE: R1004649

Public Sector Superannuation accumulation plan
ABN: 65 127 917 725
RSE: R1004601

Military Superannuation and Benefits Scheme
ABN: 50 925 523 120
RSE: R1000306

Australian Defence Force Cover
ABN: 64 250 674 722

Public Sector Superannuation Scheme
ABN: 74 172 177 893
RSE: R1004595

1922 Scheme
DFRB Scheme
PNG Scheme
DFSPB
CSC retirement income

Section B - F to be completed by employer

B Member's details

Reference number (AGS)

Title Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Address

SUBURB **STATE** **POSTCODE**

C Employer details

Employer's name

Employer's address

Case manager's name

Phone

Email

@

D Employment details

Date of change ^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Nature of change
(only complete the boxes relevant to the change)

pre-reduction fortnightly hours:
 hours and minutes

new fortnightly hours:
 hours and minutes

AND/OR

pre-reduction level:

new reduced level:

You must provide your employee with the PIP reviews - frequently asked questions for PSS customers in the Reviewing a PSS partial invalidity pension quick guide.

Has your employee's employment status changed?

 Yes No

If yes, what is your employee's new employment status? Include the evidence listed next to the relevant employment status.

 Formal reduction in hours – part-time agreement Informal reduction in hours – delegate's instrument Formal redeployment – letter from your agency's delegate regarding the substantive level change and new duty statement Informal redeployment – delegate's instrument and new duty statement

Salary details

Updated annual salary before initial reduction

\$

Annual salary after new reduction

\$

Checklist of attachments to this form

Report from an independent medical examiner or treating doctor

Any other relevant medical reports obtained since the initial decision or last review

Leave records



Declaration by case manager

I certify that the information provided is true and correct and that the member

has been provided with the relevant information about PIPs, and

understands the different employment status options and their effects on super contributions, future super benefits and leave.

GIVEN NAME(S)

SURNAME



Sign

SIGNATURE

Date signed

/ /

Please email this form to formsandapplications@csc.gov.au

Where can I get more information?

EMAIL employer.service@csc.gov.au

PHONE 1300 338 240

FAX (02) 6275 7010

MAIL Employer Service

GPO Box 2252
Canberra ACT 2601

WEB csc.gov.au



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