



Application to Commonwealth Superannuation Corporation (CSC) for approval of early access to preserved superannuation benefits on medical grounds

1. Explanatory notes
2. Medical questionnaire form
3. Form
4. Authority to provide medical records form

Important information about this form

What this form is for

To be used by preserved benefit members of Public Sector Superannuation Scheme (PSS) who are seeking approval for early access to their preserved benefits on grounds of total and permanent incapacity.

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.

Submitting your form

After completing the form, attach your supporting documents and forward to:

PSS
GPO Box 2252
Canberra ACT 2601
AUSTRALIA
or email to
formsandapplications@csc.gov.au



Public Sector
Superannuation
Scheme

1. Explanatory notes start

Please read this first

For an application for release of your preserved benefit to be successful, it is necessary to establish that you are now totally and permanently incapacitated. This is defined as:

- i) a person suffering from a terminal medical condition*
or
- ii) a person who is unlikely, because of a physical or mental incapacity, ever to be able to work again in a job for which he/she is reasonably qualified by education, training or experience or could reasonably be qualified after retraining.

*terminal medical condition means a condition(s) suffered by an affected person that has been certified by two or more medical practitioners, at least one of whom is not treating the affected person, who have experience in the condition(s), as being of either a terminal nature or of such severity that within two years of the date of their certificate the affected person would need assistance with personal or nursing care on a daily basis.

If you think you meet the terminal or TPI definition, you should forward the following documents:

- medical questionnaire (attached) completed by your treating GP and specialist (if you have one)
- completed authorities (attached)
- copies of other medical reports in your possession which would support your application
- evidence of eligibility for payment of lump sum entitlement tax free**
and
- this application form.

** You may be eligible to be paid any lump sum portion of your entitlement tax free, if you are able to provide documents to show that you meet the Australian Taxation Office definition of a terminally ill payee, which is:

A payee will be taken to be terminally ill if it is certified by two medical practitioners (at least one of whom is a specialist) that they are suffering from an illness which in the normal course would result in death within a period of 24 months.

Please note that medical evidence provided or obtained for the purpose of assessing your claim may be referred to any doctors or service providers considered necessary.

You should also note that, even if you are receiving a disability pension from any other agency, this does not mean that you will automatically satisfy the above definition of total and permanent incapacity.

Once your application has been received by us:

- The medical evidence you have provided will be examined and more medical information sought from your treating doctor if necessary.
- An appointment may then be made for you to be examined by an occupational physician.
- You may also be referred for independent specialist examination.
- All medical reports may then be sent to an independent Invalidity Assessment Panel. The Panel provides recommendations to Commonwealth Superannuation Corporation (CSC) regarding whether or not you can be considered to be totally and permanently incapacitated.

Please note that this process may take some months, unless you are suffering from a terminal condition, in which case the application will be handled urgently.

If you have questions about any of the above, please call **1300 000 377**.

Retrospective invalidity pension

If you were totally and permanently incapacitated on the day you ceased to be a contributor to PSS, you may be entitled to a retrospective invalidity benefit.

In order to apply for a retrospective benefit you must have a preserved benefit, so please do not apply for early release of your preserved benefit if you think a retrospective benefit might be an option. Please call us on **1300 000 377** if you need more information about this.

Financial hardship

If you have been receiving government income support payments continuously for more than six months, you may be entitled to claim up to \$10,000 of your preserved benefit on the grounds of financial hardship. To find out more about this, please call **1300 000 377**.

End of
explanatory
notes

2. Medical questionnaire

Form start

To be completed by your GP

When you next attend your GP, please ask him/her to answer the following questions in support of your application for release of your preserved superannuation benefits on medical grounds.

Applicant's details

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

1. Please provide a brief history of the condition or conditions:

2. What are the patient's current symptoms?

3. What is your diagnosis? Please include the severity of condition and whether the condition is transitory or long term.

4. What treatment is the patient undergoing? Please include details of medication.

5. What is the prognosis?

6. What is the effect of the condition on the patient's ability to work? Could the patient be rehabilitated back into the workforce?

7. If the member cannot be rehabilitated back into the workforce: is the member unlikely ever to be able to work again in employment for which he/she is reasonably qualified by education, training or experience? (Unlikely being more than a 50% chance).

8. If the member is unlikely to work again in employment for which he/she is qualified, is the member unlikely to ever be able to work again in alternate employment for which they could be retrained? Please provide comment on the member's ability to be retrained for alternate employment.

9. For terminal conditions only, what is the life expectancy in months/weeks?

Doctor's details

Surname

Given name(s)

Qualifications/Speciality

Address

SUBURB

STATE

POSTCODE



SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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2. Medical questionnaire

Form start

To be completed by your specialist

When you next attend your specialist, please ask him/her to answer the following questions in support of your application for release of your preserved superannuation benefits on medical grounds.

Applicant's details

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

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

1. Please provide a brief history of the condition or conditions:

2. What are the patient's current symptoms?

3. What is your diagnosis? Please include the severity of condition and whether the condition is transitory or long term.

4. What treatment is the patient undergoing? Please include details of medication.

5. What is the prognosis?

6. What is the effect of the condition on the patient's ability to work? Could the patient be rehabilitated back into the workforce?

7. If the member cannot be rehabilitated back into the workforce: is the member unlikely ever to be able to work again in employment for which he/she is reasonably qualified by education, training or experience? (Unlikely being more than a 50% chance).

8. If the member is unlikely to work again in employment for which he/she is qualified, is the member unlikely to ever be able to work again in alternate employment for which they could be retrained? Please provide comment on the member's ability to be retrained for alternate employment.

9. For terminal conditions only, what is the life expectancy in months/weeks?

Doctor's details

Surname

Given name(s)

Qualifications/Speciality

Address

SUBURB

STATE

POSTCODE

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Sign

**End
medical
form**



Early access to preserved superannuation benefits on medical grounds

Application

3. Form start

Read the Explanatory notes and each section of the form carefully before filling it in.

A

About yourself

Reference number (AGS)

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Address

SUBURB STATE POSTCODE

Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Would you like to receive an SMS to confirm we have received your application?
 No Yes

Email address

@



Public Sector Superannuation Scheme

D

Identification Requirements

To confirm your identity, we require some information from you—this is to protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Verifying your documents

Identifying documents may be verified through the Document Verification Service (DVS). DVS is a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents. Please also refer to the section Certifying your documents.

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

DVS is only compatible with some identification documents, these have been listed below.

Certifying your documents

If you're providing certified documents, the certifying authority must confirm in writing you are the valid holder of the identification you are presenting, and any copies are true copies of the original.



IMPORTANT: The certification must include the name, signature, qualification and registration number of the certifying authority (if applicable), and the date of the certification.

The following sample of certifying authorities can certify your documents in Australia:

- Dentist
- Employee of a Commonwealth authority engaged on a permanent basis with five or more years of continuous service who is not specified elsewhere in this document
- Financial Adviser or Financial Planner
- Justice of the Peace (JP)
- Legal Practitioner
- Medical Practitioner
- Member of the Australian Defence Force who is:
 - an Officer; or
 - a Non-Commissioned Officer within the meaning of the *Defence Force Discipline Act 1982* with five or more years of continuous service; or
 - a Warrant Officer within the meaning of that Act.
- Midwife
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations Regulations 2018* available at www.legislation.gov.au/Details/F2018L01296

Please note:
We require a copy of both sides of your identification document.

How can I meet the identification requirements?

You only need to provide **one** document from the **Primary photographic identification** category. If you can't provide any **Primary photographic identification** you will need to provide **one** secondary identification document from List A AND **one** secondary identification document from List B. We can only accept documents that are listed below for identification purposes.

If the name we hold on file for you is different to the name on your identification, or two pieces of identification are in different names, please provide a certified copy of your **Marriage** or **Change of Name certification**.





If you would like us to use DVS to verify your identification, please provide authorisation by placing a check in the box below.




I confirm that I am authorised to provide the personal details presented and I consent to the information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.



You must provide a copy* of one of the following:

Primary photographic identification

DVS compatibility is shown as  or 




-  A current Australian Driver's Licence (front and back of licence must be provided).
-  A current Australian Passport (or one which has expired within the last two years).
-  A current Australian Proof of Age card (issued under a State or Territory law).

If your documents are incompatible with DVS, don't forget to provide certified copies.




Secondary identification requirements

Only provide these documents if you're unable to provide **one** of the **Primary photographic identification** documents.

List A

-  Your Australian Birth Certificate or extract issued by a State or Territory.
Please note: Birth Certificate extracts and Birth Certificates issued before 1970 may not be verified by DVS.
-  Your Citizenship Certificate issued by the Commonwealth.
-  Your current Pensioner Concession Card issued by the Department of Human Services.

List B

-  Your notice issued by the Australian Taxation Office (ATO) within the last 12 months that shows your name, current residential address, and records an amount payable either to or from the ATO.
-  Your notice issued by a local council or utilities provider in the last three months showing the provision of services and current residential address. **For example:** rates notice, electricity or water bill.
-  Your notice issued by the Commonwealth or a State or Territory government within the last 12 months showing your name and current residential address, and the provision of a financial benefit. **For example:** a Centrelink letter.

Certifying your documents overseas

If you live overseas and need to have documents certified, it needs to be done by a person in a foreign country who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents. For more information refer to ag.gov.au and dfat.gov.au. Documents provided in a foreign language must be accompanied by a certified translation completed by an accredited translator.

Persons residing overseas and foreign residents may need to contact us.

***Don't send original documents.**

4. Authority to provide medical records and/or advice

Form start

Please complete this authority with name and address of treating doctor so that additional information can be requested if necessary. If you have more than one treating doctor, please complete an authority for each doctor. Two blank authorities are provided. Please photocopy this blank authority if more are required.

(Insert name and address of practitioner)

To:

Address

SUBURB **STATE** **POSTCODE**

I,

SURNAME

of

SUBURB **STATE** **POSTCODE**

authorise you to provide PSS, CSC, and/or their medical advisers, your records, and/or advice on matters pertinent to my health which PSS or CSC and/or their medical advisers may, from time to time, request for the purposes of the *Superannuation Acts 1922, 1976 or 1990*.

 **Sign**

SIGNATURE

Date signed

/ /

The information to be collected on the basis of this authorisation is for a lawful purpose which is necessary for, or directly related to, the administration of the *Superannuation Acts 1922, 1976 or 1990*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Information Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies concerned with either your employment and/or with the provision of financial benefits which may be affected by your entitlements under the *Superannuation Acts 1922, 1976 or 1990*.

**End
authority
form**

4. Authority to provide medical records and/or advice

Form start

Please complete this authority with name and address of treating doctor so that additional information can be requested if necessary. If you have more than one treating doctor, please complete an authority for each doctor. Two blank authorities are provided. Please photocopy this blank authority if more are required.

(Insert name and address of practitioner)

To:

Address

SUBURB **STATE** **POSTCODE**

I,

GIVEN NAME(S)

SURNAME

of

RESIDENTIAL ADDRESS

SUBURB **STATE** **POSTCODE**

authorise you to provide PSS, CSC, and/or their medical advisers, your records, and/or advice on matters pertinent to my health which PSS or CSC and/or their medical advisers may, from time to time, request for the purposes of the *Superannuation Acts 1922, 1976 or 1990*.

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SIGNATURE

Date signed

/ /

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End authority form

 **Need assistance? Call us on the phone numbers below**

 **Email**
members@pss.gov.au

 **Phone**
1300 000 377

 **Financial Advice**
1300 277 777

 **Post**
PSS
GPO Box 2252
Canberra ACT 2601

 **Web**
csc.gov.au

 **Overseas Callers**
+61 2 6192 9503

 **Fax**
(02) 6275 7010