



# Application for Reconsideration of a Decision

## Important information about this form

This form is to be used to apply for **reconsideration** of a Decision made by a Delegate of Commonwealth Superannuation Corporation (CSC).

### What is a reconsideration?

A person who is affected by a Decision of a Delegate of CSC may apply for reconsideration of that Decision. This means that the Decision which has been made by a Delegate will be reviewed by a Reconsideration Committee/Panel. The Committee/Panel will either:

- **affirm/vary** the Decision  
or
- **set aside** the Decision and **substitute** another Decision for it.

### 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

You can lodge your application via post or email [reconsideration@csc.gov.au](mailto:reconsideration@csc.gov.au)

## **A** Personal details

Reference/service number

Title  Mr  Mrs  Ms  Miss  Other

Your name  
GIVEN NAME(S)  
  
  
SURNAME

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

➡ Section A continued on next page

Phone numbers	<b>BUSINESS HOURS</b>	<input type="text"/>	<b>AFTER HOURS</b>	<input type="text"/>
	<b>MOBILE NUMBER</b>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>			
	@ <input type="text"/>			
Your postal address	<input type="text"/>			
	<input type="text"/>			
Residential address	<b>SUBURB</b>	<input type="text"/>	<b>STATE</b>	<input type="text"/>
	<b>POSTCODE</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>			
	<input type="text"/>			
	<b>SUBURB</b>	<input type="text"/>	<b>STATE</b>	<input type="text"/>
	<b>POSTCODE</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## B Details for the Decision

Please attach a copy of the Decision. If you do not have a copy of the Decision, please provide details about the Decision in the following fields, including the date and what it is about.

Date of Decision

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

Details about the Decision

## C Reasons for requesting reconsideration

Please provide details about why you are seeking reconsideration of the Decision. Please explain why you want to have the Decision assessed. For example, you may think certain information was not taken into account. If you need additional space, please attach any additional pages/documents to this form.

# D Reasons for requesting reconsideration outside the prescribed period

If you have requested reconsideration after 30 days from when you received your decision, please provide reasons as to why this is the case.

# E Declare and sign this form

I declare that:

- the information I have provided is true and correct to the best of my knowledge;
- I acknowledge it may be a criminal offence to knowingly provide false or misleading information or documents;
- I have read the relevant PDS for my scheme and I understand the options available for my retirement;

I understand that if I have not provided all the required information, this application may be returned to me for completion.

Your name

FULL NAME




**Sign**

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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# F Completing this form

If you need help completing this form, or you need further information about the reconsideration process, please contact us using the details provided below.

**Important note:** there are time limits for lodging an application for review of a Decision. Your full appeal rights would have been set out in your **Advice of Decision** documentation. Please contact us on the numbers provided below if you are uncertain about the time limits.



## Do you have a representative?

If you have a representative you would like us to send letters and other documentation to about your case, please make sure you have completed the **Third Party Authority** form located at the web addresses provided below or provide a written signed authority for your representative to act on your behalf.



## Lodgement

You have now completed this form.

### Send your completed application to:

You can lodge your application via post or email [reconsideration@csc.gov.au](mailto:reconsideration@csc.gov.au)

### How can I get more information?



**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)

