



# Application to the Commonwealth Superannuation Corporation (CSC) for approval of early access to associate 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 associate preserved benefit members of the Public Sector Superannuation Scheme (PSS) who are seeking approval for early access to their preserved benefits on grounds of a terminal medical condition or 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



Public Sector  
Superannuation  
Scheme



# 1. Explanatory notes start

## Please read this first

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

- because of a physical or mental condition, the person is unlikely ever to work again in a job for which he/she:
  - is reasonably qualified by education, training or experience  
or
  - could be so qualified after retraining.

You may also be eligible for release of your associate preserved benefit as a result of a **terminal medical condition**. A 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 either of these definitions, you should forward the following documents:

- medical questionnaire (attached) completed by your treating doctor(s)
- completed authorities. You should complete an authority to any relevant treating doctors/medical professionals
- copies of other medical reports in your possession which would support your application and
- this application form.

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 automatically mean that you will satisfy the definition, included in this form, of **totally and permanently incapacitated**.

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 Approved Medical Practitioner.

All medical reports may then be sent to an independent Invalidity Assessment Panel. The panel provides recommendations to CSC regarding whether or not you can be considered to be totally and permanently incapacitated or terminally ill.

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**.



Notes continued on next page



## ATO tax-free Lump Sum

The following is an extract from the Australian Taxation Office (ATO) website in regards to the release of superannuation funds to terminally ill members as a lump sum:

[Super benefits may be] released to a member if they have a terminal medical condition. A terminal medical condition exists if:

- two registered medical practitioners have certified jointly or separately that the member suffers from an illness, or has incurred an injury, that is likely to result in the member's death within 24 months of the date of certification
- at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury  
and
- the certification period has not ended for each of the certificates.

If this describes your circumstances, please provide the required evidence.

## Financial hardship

If you have been receiving government benefits (for example a disability support pension from Centrelink) continuously for more than six months, you may be entitled to claim up to \$10,000 of your associate preserved benefit on the grounds of financial hardship. To find out more about this, please call **1300 000 377**.

## Privacy

Personal information that you or a third party, such as your employer or a medical practitioner, provides is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via [csc.gov.au](https://csc.gov.au) or by contacting us on **1300 000 377**. The privacy policies and notice contain important information about how your personal information is handled, including your rights to access and update that information and how you may complain about a breach of privacy.

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 Australian 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 of  
explanatory  
notes



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been intentionally  
left blank.



## 2. Medical questionnaire

### Form start

#### To be completed by your treating doctor

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

#### Applicant's details

Account number

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Salutation

☐ Mr    ☐ Mrs    ☐ Ms    ☐ Miss    ☐ Other    

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Surname

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Given name(s)

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Date of birth

D	D
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 / 

M	M
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 / 

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

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2. What are the patient's current symptoms?

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

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

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[illegible]



## To be completed by your specialist

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

## Applicant's details

Account number

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Salutation

☐ Mr    ☐ Mrs    ☐ Ms    ☐ Miss    ☐ Other    

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Surname

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Given name(s)

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Date of birth

D	D
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M	M
---	---

 / 

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

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9. What are the patient's current symptoms?

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

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

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## Surname

[illegible][illegible][illegible][illegible][illegible][illegible]

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SIGNATURE \_\_\_\_\_

D D / M M / Y Y Y Y



 **Sign**

**End  
medical  
form**





# Early access to associate 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

Account number

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Salutation

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other 

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Surname

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Given name(s)


Date of birth

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<sup>D D</sup> / 

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<sup>M M</sup> / 

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<sup>Y Y Y Y</sup>

Address


SUBURB

STATE

POSTCODE

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Phone number

**BUSINESS HOURS**  

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**AFTER HOURS**  

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**MOBILE NUMBER**  

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Email address

@																			



Public Sector  
Superannuation  
Scheme









# Identification Requirements

To confirm your identity, we need 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

You can authorise us to verify your identification electronically using 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 Officeror
- 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 [legislation.gov.au](http://legislation.gov.au)

**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 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 3rd 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.
-  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 authorised as a notary public in a foreign country, or by a person who is on a list of persons before whom a statutory declaration may be made and who has a connection to Australia. **For example:** a doctor who is registered in Australia and working overseas, or an Australian Consular Officer. Refer to [ag.gov.au](http://ag.gov.au) and [dfat.gov.au](http://dfat.gov.au) for more information. 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.

**\*Please, don't send original documents.**



## 4. Authority to provide medical records and/or advice

Please complete this authority with the name and address of your 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. Three blank authorities are provided. Please photocopy this blank authority if more are required.

(Insert name and address of practitioner)

To:

[illegible]

Address

[illegible]

## SUBURB

[illegible]

STATE

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POSTCODE

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**GIVEN NAME(S)**

[illegible][illegible]

SURNAME

[illegible]

RESIDENTIAL ADDRESS

[illegible][illegible]

SUBURB

[illegible]

STATE

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POSTCODE

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authorise you to furnish to the Chairman of CSC, the Chairman's Delegates, and/or their medical advisers, your records, and/or advice on matters pertinent to my health which they may, from time to time, request for the purposes of the *Superannuation Act 1990*.



 **Sign**

SIGNATURE

**SIGNATURE**

Date signed

D	D		M	M		Y	Y	Y	Y
		/			/				

**End  
authority  
form**



## 4. Authority to provide medical records and/or advice

Please complete this authority with the name and address of your 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. Three blank authorities are provided. Please photocopy this blank authority if more are required.

(Insert name and address of practitioner)

To:

[illegible]

Address

[illegible]

SUBURB

[illegible]

STATE

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POSTCODE

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GIVEN NAME(S)

[illegible]

1,

**SURNAME**

[illegible]

of

RESIDENTIAL ADDRESS

[illegible]

SUBURB

[illegible]

STATE

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POSTCODE

--	--	--	--

authorise you to furnish to the Chairman of CSC, the Chairman's Delegates, and/or their medical advisers, your records, and/or advice on matters pertinent to my health which they may, from time to time, request for the purposes of the *Superannuation Act 1990*.



 **Sign**

**SIGNATURE**

**SIGNATURE**

Date signed

D	D	M	M	Y	Y	Y	Y

**End  
authority  
form**



