



Medical assessment for members re-entering the PSS

Who should read this?

These training notes are designed to provide employers with information about the Confidential Medical and Personal Statement form for members re-entering the PSS.



Commonwealth
Superannuation
Corporation

Why is a medical assessment required?

The Public Sector Superannuation (PSS) scheme legislation may require a member who has re-entered the PSS to complete and submit a medical questionnaire and/or undergo a medical examination within 14 days of re-joining the scheme.

This is so we can determine whether the member's current or past medical conditions would cause them to take excessive sick leave in the first three years of their membership. We may request further information, such as medical reports from treating doctors, to determine whether a medical condition will cause the member to take excessive sick leave.

What is the medical questionnaire?

The medical questionnaire members must complete upon re-entry is the Confidential Medical and Personal Statement (CMAPS form). The CMAPS form is compulsory for every PSS member, and is used to obtain information about the member's state of health on re-entry to PSS.

The CMAPS form is only used to assess the member's state of health to determine their membership status within PSS, it is not connected with any other employment medical assessment. You do not need to give a CMAPS form to a member who has joined another superannuation scheme.

What if a member will require excessive sick leave?

If, after reviewing the member's CMAPS form, we determine that the member is not of sufficiently sound health to carry out all the duties of their position without taking excessive sick leave in the first three years of their membership, they will be deemed to be a limited benefits member (LBM). A member may also be deemed to be a LBM if they fail to provide a completed, and accurate, CMAPS form within 14 days of re-joining PSS.

What does a LBM classification mean?

A LBM who claims invalidity retirement benefits—or the dependants of a LBM who claim death benefits—in the first three years of membership will be entitled to benefits restricted only to what has been accrued to the date of cessation of PSS membership or death. Whereas, a member who is not a LBM is entitled to invalidity retirement benefits and death benefits which include a prospective accrual to age 60. In addition, a LBM is not eligible to apply for pre-assessment payments or a partial invalidity pension in the first three years of membership.

LBM ceases three calendar years after the date membership commences—after these three years the member is entitled to normal benefits. If a member becomes a LBM as a result of failing to provide a CMAPS form or other medical questionnaire within 14 days of re-joining, we may be able to determine that they cease to be a LBM earlier than three years. Any such decision is dependent on the receipt of a completed questionnaire or medical documentation, or on the member attending a medical examination.

Are there other ways a member can become a LBM?

A member can be classified as a LBM if they:

- do not return a CMAPS form to us within 14 days of becoming a member. This is an automatic application of the PSS legislation.
- complete a CMAPS form but do not provide additional medical information we have requested within an allocated timeframe.
- claim an invalidity retirement benefit, pre-assessment payments, a partial invalidity pension or if their dependants claim death benefits in the first three years of membership, and the member is found to have failed to disclose information or provided false or misleading information on their CMAPS form, other questionnaires or in a medical examination. This means a member who is not a LBM can be made a LBM retrospectively at the time of claiming certain benefits during the first three years of membership.

We will inform the member in writing if they are classified as a LBM. Unless the member is classified as a LBM automatically under the legislation, the member will be provided with the reasons for the LBM classification and information about their appeal rights.

What is the process for appealing a decision?

A member who is classified a LBM for medical reasons may ask for the decision to be reconsidered. Their request for reconsideration should specify the grounds on which they are appealing and should be in writing addressed to our Reconsideration section. You can read detailed information about appeal rights on our website csc.gov.au/Members/Advice-and-resources/Factsheets-and-publications/

What are my responsibilities as an employer?

It is important that you follow these instructions carefully. If these instructions are not correctly followed, the incorrect amount of benefits may be paid to a member or their dependents. You need to:

- provide a CMAPS to every employee who is re-entering the PSS under a new AGS number
- ensure you and the member read the information and instructions on the CMAPS form
- ensure the new AGS number is used on the CMAPS form
- advise the member that they are obliged to complete and return this form to us within 14 days, otherwise they will automatically be classed as a LBM
- attach a note to the member's personnel file stating that they have been given a CMAPS form and record the date the form was provided
- email completed CMAPS forms to formsandapplications@csc.gov.au

For more information

If you have any questions, contact our Employer Service Desk on **1300 338 240** or email employer.service@csc.gov.au



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