



# Personal statement by an invalidity pensioner

## Important information about this form

### Who should use this form?

You can use this form if:

- you are receiving an invalidity pension under the provisions of the *Defence Force Retirement and Death Benefits (DFRDB) Act 1973*, *Military Superannuation and Benefits (MSB) Act 1991*, or *Australian Defence Force Cover (ADFC) Act 2015*, and
- you are seeking a review of your current invalidity classification.

### 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.

### Completing this form

Where requested, please complete:

**Part A:** Reclassification of incapacity

**Part B:** Personal information

**Part C:** Identification Requirements

**Part D:** Incapacity information and conditions

**Part E:** Treating specialist

**Part F:** Employment details

**Part G:** Study and qualifications

### For more information

If you need more information, or would like help with completing this form please call us on **1300 006 727** (for Military Super), **1300 001 977** (for ADF Cover) and **1300 001 677** (for DFRDB).

We are here to provide you with any information you need to understand your benefit entitlements.

### Submitting your form

Send your completed application form and attached documents to:

**GPO Box 2252**

**Canberra ACT 2601**

or email to [formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au)

#### Privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, to improve our products and to keep 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 [csc.gov.au/Members/Privacy-policy/](https://csc.gov.au/Members/Privacy-policy/).



Any advice 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 adviser. You should obtain a copy of the relevant Product Disclosure Statement (PDS) or the DFRDB Book and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Commonwealth Superannuation Scheme ABN: 19 415 776 361 RSE: R1004649 | Australian Defence Force Retirement and Death Benefits Scheme ABN: 39 798 362 763 | Military Superannuation and Benefits Scheme ABN: 50 925 523 120 RSE: R1000306 | Australian Defence Force Cover ABN: 64 250 674 722



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## A Reclassification of incapacity

As the recipient of a Commonwealth Superannuation Corporation (CSC) invalidity benefit, CSC may find that your invalidity classification should be altered in line with Section 34 of the *Defence Force Retirement and Death Benefits Act 1973*, or Rule 23 of the *Military Superannuation and Benefits Act 1991*, or Section 18(2)(b) or 18(4) of the *ADF Cover Act 2015*. CSC may reclassify invalidity pensioners where it has been found that their capacity for civil employment has either improved or deteriorated.

To determine if there is a change in your incapacity classification, CSC undertakes a similar process to your initial incapacity determination, in which your skills, qualifications and experiences assist in the determination of suitable kinds of civil employment.

From there, your physical or mental impairment/s is factored in, so that your diminished capacity for civil employment may be expressed as a percentage. The percentage is applied to a three tiered system of invalidity classification and commensurate benefits, as follows:

Percentage of incapacity	Class	Level of incapacity
60% or more	A	Large
30% or more but less than 60%	B	Moderate
Less than 30%	C	Small

**!** Note: When an invalidity pensioner is reclassified to Class C, entitlement to invalidity pension ceases but the condition remains subject to a review and they may be reclassified later as a Class A or B.  
Refer to the *Invalidity Benefits* factsheet for further information.

## B Personal details


Service	<input type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> RAAF			
Service number/ employee ID	<input type="text"/>					
Scheme	<input type="checkbox"/> ADF Cover	<input type="checkbox"/> MilitarySuper	<input type="checkbox"/> DFRDB			
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>					
Given name(s)	<input type="text"/>					
Former surname (if applicable)	<input type="text"/>					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>					
Postal address (leave blank if same as residential address)	<input type="text"/>					
Phone numbers	<input type="text"/>					
Email address	<input type="text"/>					

## C 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*.

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

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.

### 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. Note: we require a copy of both sides of your identification document.

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.
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.


For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations Regulations 2023* available at [www.legislation.gov.au/F2023L01753/](http://www.legislation.gov.au/F2023L01753/)

### Meeting 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 check both boxes 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.

☐ I have attached identification for DVS verification.

**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. **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. **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](https://www.ag.gov.au) and [dfat.gov.au](https://www.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.**

## D Incapacity information and conditions

Prescribed impairments for reclassification of CSC invalidity status.

-  **Note:** The prescribed impairments are the conditions identified as your primary retiring impairments, i.e. the conditions that caused you to be medically discharged from ADF Service as recorded in your original invalidity decision and (where applicable) recorded as causally connected in any subsequent review. These conditions may differ compared to your DVA accepted conditions.

Are you currently receiving medical treatment for your prescribed physical or mental impairment?

☐ Yes ☐ No

If **Yes**, please list the treatment you are receiving, including medication, rehabilitation, specialist.

-  **Note:** as part of this process, we may require you to attend a specialist medical appointment.

## E Treating specialist

You may provide, at your own expense, the following additional information:

- a letter or below questionnaire from your treating doctor or specialist detailing any restrictions relating to your prescribed impairment/s
- a letter from a recent or current employer (if applicable) detailing any restrictions that you have in performing the duties of your position, a list of the dates of any sick leave that you have taken in relation to your condition and any alterations that have been made to the tasks required of the position because of your incapacity attributed to your prescribed impairment/s
- the findings of any radiological or other investigation taken in the last 12 months
- any other evidence that you consider may be relevant to the current status of your prescribed impairment/s.


### Schedule of questions for medical practitioner/s

The member is currently in receipt of an invalidity pension in accordance with the provisions of the Section 34 of the *Defence Force Retirement and Death Benefits Act 1973*, Rule 23 of the *Military Superannuation and Benefits Act 1991*, or Section 18(2)(b) or 18(4) of the ADF Cover Act 2015. This classification is currently being reviewed.

To ensure the review is based on up-to-date information regarding the member's medical condition, we request that you provide the following information in relation to the member's prescribed impairment/s.

### Prescribed impairments

List the Prescribed impairments for reclassification.

 Note: The prescribed impairments are the conditions that caused the member to be medically discharged/transitioned from ADF Service as recorded in their original invalidity decision and, where applicable, recorded as causally connected in any subsequent review.

Please provide details of the member's current symptoms arising from the Prescribed Impairment/s - e.g. severity of pain, reduced mobility, reduced vision or hearing, problems with concentration or motivation, low mood, panic attacks, or other relevant symptoms.

Please provide details on the restrictions/limitations arising from the Prescribed Impairment/s - e.g. what type of work is the member able to perform (classified as heavy/ moderate/ light, or /sedentary nature)? How many days and hours per week is the member able to work? If applicable, please provide details on the member's specific capacity to lift or carry weight, their standing/walking/travelling/sitting/clerical and administrative limitations (keyboarding etc.), or /any other relevant restrictions.

Please list the dates that the member has consulted with you in regard to the Prescribed Impairment/s listed above.

Please provide details (including dates) regarding any recent treatment or surgery undertaken that may affect the member's ability to undertake employment. Please provide details of what effect the surgery or treatment may have on the member.

Please provide your prognosis of the Prescribed Impairment/s listed above.

Please provide your opinion as to whether the Prescribed Impairment/s listed above have recently deteriorated and, if so, please include details of the deterioration/s, including describing the symptoms, and time supporting your opinion.

Please provide a list of the member's current medications including details of any recent change in medication. Please include dosage and how often the medication is taken.

Please provide your opinion regarding the member's current physical or psychological restrictions for civilian employment and whether you consider these restrictions may significantly improve or deteriorate in the future.

## Causally Connected Impairment/s



To be completed by MSBS and DFRDB members only.

Please complete the following questions if, in your opinion, the member has developed additional Impairments/Conditions, which are directly related to the member's Prescribed Impairment/s, or the treatments for those Prescribed Impairment/s and which you consider will impact on the member's capacity to undertake civilian employment:



Note that causally connected impairments such as the loss of bodily function or the effect on the member's lifestyle are not relevant under the provisions of the relevant Act. Employability is the focus.

To assist you with your opinion of whether there are relevant causally connected Impairments, we draw your attention to the consideration of the term '*causally connected with*' in the case of **Re Levin and Defence Force Retirement and Death Benefits Authority** (1997) 48 ALD 664, in which the Tribunal considered the term and determined that:

*"Whether one impairment has a causal connection with another impairment, the question must be whether one impairment can be said to be associated or linked with another so that one can be said to be an effect or consequence of the other."*

Noting the above, please provide a description of the additional Impairment/s and an explanation of how the Impairment/s are causally connected to the Prescribed Impairment/s.

Please provide a description of the nature and extent to which the causally connected Impairment would restrict the member’s capacity to undertake employment.

I hereby certify that statements in this form are true and complete to the best of my knowledge and belief:

Full name

Qualification/  
Specialty

Registration Number  
(if applicable)



Signature

Date signed

D D

M M

Y Y Y Y

F

Employment details

Please provide all details of your current employment (if any) – paid or unpaid, including self-employment. If there is insufficient space, please attach an additional page.

Please provide the following, if applicable.

Employer 1

Start date

Finish date

D D

M M

Y Y Y Y

D D

M M

Y Y Y Y

Name of employer  
(including self employed/  
contract/piece work)

Residential address

Postal address  
(leave blank if same as  
residential address)

Street address

Suburb/town

State

Postcode

Street address

Suburb/town

State

Postcode

Employer’s phone  
number

Business hours

Type of work

Duties performed

Restrictions/issues experienced (if any). If ceased – reason for cessation?

Hours per period  
(please state the applicable period)

per day  per week

Post discharge employment history

Please provide a brief summary of your employment history from discharge date (fill in the adjacent table) to your current employment (detailed above).

Employer's name and address	Occupation	Full time	Part time	Period of employment				Time absent due to retiring impairment
				Start date		End date		
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	
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		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	<div><div>M</div><div>M</div></div> <div><div></div><div></div></div> /	<div><div>Y</div><div>Y</div></div> <div><div></div><div></div></div>	

G Study and qualifications

If you have commenced or completed a course of study since discharge, please advise the following:

Course 1

Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	



Course 2


Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	

Course 3

Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	

Declaration

I hereby certify that statements in this form are true and complete to the best of my knowledge and belief:

 **Sign**

Signature

Date signed

D D

M M

Y Y Y Y

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 *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, *Australian Defence Force Cover Act 2015* or the *Military Superannuation and Benefits Act 1991*. Any information collected under this authorisation may be disclosed to other Commonwealth agencies in accordance with the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans’ Affairs) concerned with your employment or with the provision of financial benefits which may be affected by your entitlements under the *Defence Forces Retirement Benefits Act 1948*, the *Defence Force Retirement and Death Benefits Act 1973*, *Australian Defence Force Cover Act 2015* or the *Military Superannuation and Benefits Act 1991*.

 For more information visit [csc.gov.au](https://csc.gov.au)

Any advice 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 adviser. You should obtain a copy of the relevant Product Disclosure Statement (PDS) or the DRFDB Book and consider its contents before making any decision regarding your super.

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