



## B PSS customer's details (to be completed by employer)

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Date of birth  /  /

Address

Suburb/town  State  Postcode

## C Employer details (to be completed by employer)

Employer's name

Employer's address

Suburb/town  State  Postcode

Case manager's name

Phone

Email

## D Employment details (to be completed by employer)

Date of initial reduction  /  /

### Nature of reduction (only complete the boxes relevant to the reduction):

Pre-reduction fortnightly hours:  hours and  minutes

New fortnightly hours:  hours and  minutes

### AND/OR

Pre-reduction level:

New reduced level:

You must provide your employee with the PSS PIP notes.

What is the PSS customer's employment status? Include the evidence listed next to the relevant employment status.

- Formal reduction in hours – part-time agreement
- Informal reduction in hours – delegate's instrument
- Formal redeployment – letter from your agency's delegate regarding the substantive level change and new duty statement
- Informal redeployment – delegate's instrument and new duty statement

A PSS customer can have both a reduction in hours and level, but both reductions must be either formal or informal.

## Salary details

Annual salary before reduction \$

Annual salary after reduction \$

## Checklist of attachments to this form

- Treating doctor's report dated within last 6 months
- Report from an independent medical examiner dated within last 6 months
- Any other relevant medical documents, including rehabilitation reports, graduated return to work reports, and any other treating doctor or independent specialist reports
- Leave records
- Duty statement
- CMAPS form (PSS customers with less than three years contributory service)

## E Declaration by case manager

I certify that the information provided is true and correct and that the member:

- has been provided with information about partial invalidity pensions, and
- understands the differences between the employment statuses.

Your full name

<input type="text"/>
<input type="text"/>

 Sign

Signature

Date signed

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

Please email this form to [formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au)

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

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397  
Trustee of the Australian Defence Force Superannuation Scheme (ADF Super) ABN: 90 302 247 344 RSE: R1077063 USI: 90302247344001  
Trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601 USI: 65127917725001

