Australian Government





Partial invalidity pension Application form

Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improving our products and keeping 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/

Explanatory notes

A partial invalidity pension (PIP) is a payment made to an eligible customer of PSS who has incurred a permanent decrease in salary due to sickness or injury. A loss of recognised allowances for medical reasons may also attract a PIP. A PIP may also apply in circumstances where an invalidity pensioner returns to work in a position where their annual salary is less than the equivalent of the annual salary they received when they retired on invalidity grounds.

PIP may not be paid to employees who are:

- casual members, or re-employed invalidity pensioners who were casual members at the time of their retirement.
- limited benefits members (LBM), or PSS customers who would have been LBM if they had not failed to disclose medical evidence on entry or re-entry to the scheme.
- PSS customers who are receiving any compensation for the condition which is causing the decrease in salary.
- PSS customers who have reached the maximum retiring age.

Instructions for employers

After receiving medical advice from both a treating doctor and independent medical examiner that your employee should reduce their hours and/or level because of physical or mental incapacity, and that this change means they have suffered a permanent decrease in basic salary and/or allowances, complete this application form and submit it to us along with the documents listed in **Section E**. You can submit your application to us via email at **formsandapplications@csc.gov.au**

For more information on partial invalidity pensions, including more detail on the application process and the documents you need to submit with this application form, refer to our website. You can also call us on **1300 338 240** or email **employer.service@csc.gov.au**



Commonwealth Superannuation Corporation

Commonwealth Supera Defence Force Retirement and Death Benefits Scheme ABN: 39 798 362 763 ustralian Defence Com rcc Superannuation Sup SN: 90 302 247 344 ABN E: R1077063 RSE: 3, AFSL: 238069, RSEL: L0001: Public Sector Scheme Superannuation accumulation plan ABN: 65 127 917 72

97 Military Supera and Benefits Sc ABN: 50 925 52

uation Australian Defe me Force Cover 20 ABN: 64 250 67

Public Sector Superannuation ABN: 74 172 17 RSF: R1004595

1922 Scheme DFRB Scheme PNG Scheme DFSPB CSC retirement income 1 of 4

Section A to be completed by PSS customer



Declaration by PSS customer

I declare that I have been provided with and have read the document titled **Partial invalidity pensions - information for PSS customers** which is attached to the employer quick guide regarding partial invalidity pension applications, and I understand the different employment statuses available to me.

I declare that I am not in receipt of any compensation of any type, did not receive any compensation for the period of time my application relates to, and have not submitted or intend to submit a claim for compensation for the same condition.

I am aware that if I become entitled to any compensation in the future, I will not be entitled to a partial invalidity pension. I am aware that I must repay any partial invalidity pension which has been paid for any period that I received compensation for.



Section B – F to be completed by employer

PSS customer's details

Title	Mr			Mrs			Ms		ſ	Viss		Ot	her:				
Surname																	
Given name(s)																	
	D D		мм		Y	Y	Y	Y									
Date of birth] / [/													
Address																	
	SUBURB										:	STATE			розт	CODE	

Employee's details

Employe's addres

Case manager's name

Imal

D	Employmen	nt details								
	Date of initial reduction Nature of reduction (only complete the boxes relevant to the reduction)	D D M M Y Y Y Y Image: Second secon								
Please provide employee with PSS PIP note	the	AND/OR former level: reduced level:								
	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 Informal redeployment – delegate's instrument 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	\$								
	 Treating doctor's report da Report from an independe Any other relevant medica 	hments to this form ated within last 6 months ant medical examiner dated within last 6 months I documents, including rehabilitation reports, graduated return to ar treating doctor or independent specialist reports								

Duty statement

CMAPS form (PSS customers with less than three years contributory service)

B		by case manager vided is true and correct and the customer:	
		mation about partial invalidity pensions, and between the employment statuses.	
		GIVEN NAME(S)	
		SURNAME	
	Sign	SIGNATURE	Date signed D D M M Y Y Y Y D D M M J I J I I I I I I I I I I I I I I I

Please email this form to formsandapplications@csc.gov.au



EMAIL	employer.service@csc.gov.au
PHONE	1300 338 240
FAX	(02) 6275 7010
MAIL	Employer Service
	GPO Box 2252
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WEB	csc.gov.au





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