



Invalidity benefit estimate request form

Agency Name

Agency ID

Address

SUBURB
STATE
POSTCODE

Contact person

Phone

BUSINESS HOURS
AFTER HOURS

MOBILE NUMBER

Email

@



I confirm the member is aware this information is being sought and the member has given consent to its disclosure to the agency.

Date

/ /

Estimate to be returned by:

- Agency email
- Member email (please specify on following pages)
- Post

Notes:

- Confirm salary and allowances on date of retirement.
- Confirm recommencement from LWOP/MAT leave etc.
- Confirm last birthday adjustment has been reported
- Supply details of part-time hours (if varied within last six months)



Commonwealth Superannuation Corporation

The information 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 advisor. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397

Defence Force Retirement and Death Benefits Scheme
ABN: 39 798 362 763

Australian Defence Force Superannuation
ABN: 90 302 247 344
RSE: R1077063

Commonwealth Superannuation Scheme
ABN: 19 415 776 361
RSE: R1004649

Public Sector Superannuation accumulation plan
ABN: 65 127 917 725
RSE: R1004601

Military Superannuation and Benefits Scheme
ABN: 50 925 523 120
RSE: R1000306

Australian Defence Force Cover
ABN: 64 250 674 722

Public Sector Superannuation Scheme
ABN: 74 172 177 893
RSE: R1004595

1922 Scheme
DFRB Scheme
PNG Scheme
DFSPB
CSC retirement income

Declaration by case manager

I certify that the above information is correct and that the member has been provided with information about invalidity retirement.



Sign

| | |
|-----------|--|
| SIGNATURE | |
| | |

Date signed

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
| | | | | | | | | | |

Declaration by payroll officer

I certify that the information in Employment and superannuation details is correct.



Sign

| | |
|-----------|--|
| SIGNATURE | |
| | |

Date signed

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
| | | | | | | | | | |

Please email your benefit estimate request to formsandapplications@csc.gov.au



Where can I get more information?

EMAIL employer.service@csc.gov.au

PHONE 1300 338 240

FAX (02) 6275 7010

MAIL Employer Service

GPO Box 2252
Canberra ACT 2601

WEB csc.gov.au

End Form



Email
employer.service@csc.gov.au



Phone
1300 338 240



Fax
(02) 6275 7010



Post
Employer Service
GPO Box 2252
Canberra ACT 2601



Web
csc.gov.au



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