



# Application for Invalidity benefits

## Benefit application

### 1. Explanatory notes

### 2. Form

#### Important information about this form

##### Who should use this form?

This form is to be used by members of ADF Cover who are being medically transitioned from the Australian Defence Force (ADF). Do not use this form if you have ceased employment with the ADF on grounds other than invalidity.

This form can be completed up to three months before transition and no later than three months after transition. However, it is more usual to complete the application as part of your transition procedures.

##### Before you start

Before completing this benefit application form, we advise you read **ADF Cover Invalidity benefits** factsheet available from [csc.gov.au](https://csc.gov.au). Please ensure you attach all relevant documentation with this application. An incomplete application could result in a delay of classification or payment.

##### Advice and information

If you require further information or assistance completing this form, please contact our Customer Information Centre on **1300 001 977**.

##### 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.

Sign your name where needed, if you do not sign the form it will be returned to you.

##### Submitting your form

Please post your completed, signed application form and attached documents to:

**ADF Cover**  
**GPO Box 2252**  
**Canberra**  
**ACT 2601**  
**AUSTRALIA**

OR

You can fax or email documents to [formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au)



**Australian  
Defence Force  
Cover**



# 1. Explanatory notes start

Following are some notes to assist you in completing each section of the benefit application form.

## Section A – Provide your personal details

Please complete all boxes in this section.

The postal address you provide is where all correspondence will be sent.

A contact phone number and email address is also required in case we need to contact you regarding your application. This will help avoid delays in payment.

## Your Tax File Number (TFN)

CSC are required to deduct PAYG tax at the Top Marginal Rate plus the Medicare levy from benefits if a person does not provide a Tax File Number (TFN).

If you have not been issued a TFN you should lodge an **Australian Taxation Office Application Enquiry** form with the ATO. Forms are available at all ATO offices. You must provide proof of identity at the time you lodge the form.

CSC is authorised to collect your Tax File Number (TFN), which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

## Section B – Exit details

In this section you will need to provide the details of your transition.

## Section C – Payment details

This section is where you nominate the account you want your benefit to be paid.

We can only pay your pension into an Australian bank account held in your name. If it's a joint account, one of the names listed must be yours.

Please ensure the information here is correct, as a delayed payment may result if it is not.

## Section D – Your pre-service skills, qualifications and experience

Please provide the details of any skills qualifications and experience you have had prior to joining the ADF. This information will assist us in making an invalidity classification decision.

## Section E – Your pre-service employment history

In order to make a decision on your classification, we are required to take into consideration any type of employment you may have done prior to joining the ADF.

If you require additional space to provide your employment history, please attach additional pages to this section.

## Section F – In-service education and training

Please provide us with the details of all the training and education you completed while serving in the ADF. This will assist us in making a decision on your invalidity classification.

Ensure you complete this section in addition to providing your ADF Service History documentation.

If you require additional space to provide your education and training details, please attach additional pages to this section.

## Section G – In-service employment history

Please provide us with your in-service employment history.

Ensure you complete this section in addition to providing your ADF Service History documentation.

If you require additional space to provide your in-service employment history, please attach additional pages to this section.



Notes continued on next page



## Section H – Identification requirements

To guard against fraud, money laundering, terrorism financing, you need to provide us with information to verify your identity before your request can be processed. The identification documents you send us will be verified electronically using a Document Verification System, or you can provide certified copies of your documents with your application. If you supply certified documents, the person certifying them must attest that the documents are true copies, and that you are the valid holder of the identification. Copies of your documents will be scanned and stored on our secure document management system.

## Section I – Declaration

If you don't sign this section, your form will be returned to you and your payment may be delayed.

## Section J – Department of Defence Authority

We require your authority for the ADF to provide us with your medical and employment records to assist us in making a decision. You will need to sign this declaration in order for us to assess your invalidity classification.

## Section K – Department of Veterans' Affairs (DVA) and/or MRCC Authority

We require your authority for DVA and MRCC to provide us with any medical records, determinations, correspondence and other records they may have which will assist us in making a decision for your invalidity classification.

## Section L – Member checklist

Use this member checklist to ensure you have completed all sections of this form.

## Privacy

Protecting your privacy is important to Commonwealth Superannuation Corporation (CSC). CSC collects personal information for the purposes of providing superannuation products and information to members, including the administration of superannuation legislation and rules, and for any other directly relatable purposes.

Your personal information will be disclosed to Superannuation Administration Corporation, trading as Pillar Administration (Pillar) ABN 80 976 223 967, AFSL 245591 for the purposes of establishing, administering and releasing your account. CSC may also disclose your personal information to the extent that it is required or permitted to do so by law.

A full copy of our privacy policy is available at [csc.gov.au](https://www.csc.gov.au)

End of  
explanatory  
notes



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ADFC40  
02/23

# Application for Invalidity benefits

## Benefit application

## 2. Form start

**Read the Explanatory notes and each section of the form carefully before filling it in.**



## Provide your personal details

☐ Navy    ☐ Army    ☐ RAAF

[illegible][illegible]

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other 

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[illegible][illegible][illegible][illegible]

D	D	M	M	Y	Y	Y	Y

BUSINESS HOURS		MOBILE NUMBER	

[illegible][illegible][illegible]

SUBURB											STATE			POSTCODE		



**Australian  
Defence Force  
Cover**

 Section A continued on next page



[illegible]

POSTCODE

[illegible]

POSTCODE

## WORK

[illegible]

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1

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## Exit details

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		/			/				

[illegible]

## Payment details

9

7

7

7

7

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## Your pre-service skills, qualifications and experience

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[illegible]

Y	Y	Y	Y

[illegible]

Y	Y	Y	Y

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Y	Y	Y	Y

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Y	Y	Y	Y

, 

Y	Y	Y	Y

[illegible]

Y	Y	Y	Y

Y	Y	Y	Y

Y	Y	Y	Y

Y	Y	Y	Y

**If insufficient space, please attach additional details.**





# Your pre-service employment history

Includes self-employment and periods of unemployment

Name of employer	<input type="text"/>
Employed as	<input type="text"/>
Brief description of duties undertaken	<input type="text"/>
Duration	from <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup> to <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup>
Name of employer	<input type="text"/>
Employed as	<input type="text"/>
Brief description of duties undertaken	<input type="text"/>
Duration	from <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup> to <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup>
Name of employer	<input type="text"/>
Employed as	<input type="text"/>
Brief description of duties undertaken	<input type="text"/>
Duration	from <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup> to <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup>
Name of employer	<input type="text"/>
Employed as	<input type="text"/>
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Duration	from <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup> to <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup>
Name of employer	<input type="text"/>
Employed as	<input type="text"/>
Brief description of duties undertaken	<input type="text"/>
Duration	from <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup> to <input type="text"/> <input type="text"/> <sup>D D</sup> / <input type="text"/> <input type="text"/> <sup>M M</sup> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <sup>Y Y Y Y</sup>
Name of employer	<input type="text"/>



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M	M
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Y	Y	Y	Y
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 to 

D	D
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 / 

M	M
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 / 

Y	Y	Y	Y
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**If you require additional space, please attach extra pages.**

F

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Y	Y	Y	Y

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Y	Y	Y	Y

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Y	Y	Y	Y

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Y	Y	Y	Y

[illegible][illegible]

Y	Y	Y	Y

, 

Y	Y	Y	Y

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Y	Y	Y	Y

, 

Y	Y	Y	Y

**If you require additional space, please attach extra pages.**

## G

[illegible][illegible]

from 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

 to 

D	D

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M	M

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Y	Y	Y	Y

[illegible][illegible]

from 

D	D

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M	M

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Y	Y	Y	Y

 to 

D	D

 / 

M	M

 / 

Y	Y	Y	Y





**If you require additional space, please attach extra pages or the information obtained from your service records.**

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*.

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.

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

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.

**Please 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.
- Midwife
- Notary Public
- Nurse
- Occupational therapist
- Physiotherapist
- Psychologist.

For a full list of certifying authorities refer to **Schedule 2** of the *Statutory Declarations Regulations 2018* available at [www.legislation.gov.au/Details/F2018L01296](http://www.legislation.gov.au/Details/F2018L01296)

## How can I meet 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 provide authorisation by placing a check in the box 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.



**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. **For 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. **For 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](http://ag.gov.au) and [dfat.gov.au](http://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.**



## Declaration

I declare that:

- the information I have provided on this form is true and correct
- I have read the **ADF Cover Invalidity benefits** factsheet and this application is made subject to the terms and conditions of that information
- I have read all the **Explanatory notes** on this form
- I have filled in all sections applicable to me
- I have provided my correct bank account details at **Section C**

I have signed the declarations/authorities at **Sections I, J and K.**



Sign

SIGNATURE

Date signed

D	D			/	M	M			/	Y	Y	Y	Y





Service number

[illegible]

1,

[illegible]

of

[illegible]

I understand that any information relating to my medical history collected under this authorisation may be liable to release to other Australian Government agencies in accordance with the disclosure provisions of the *Australian Privacy Principles contained in the Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with the provisions of financial benefit which may be affected by your entitlements under the **ADF Cover Act**.



## Sign

**SIGNATURE**

**SIGNATURE**

Date signed

D	D	M	M	Y	Y	Y	Y

DVA/MRCC  
reference number[illegible]

1,

[illegible]

of

[illegible]

authorise the department of Veterans' Affairs (DVA) and/or the Military Rehabilitation and Compensation Commission (MDCC) to make available to CSC on presentation of a copy of this authority, any medical reports, determinations, correspondence and other records and/or advice pertinent to those matters which they may request from time to time for the purpose of the administration of the **ADF Cover Act**.



Section K continued on next page



I also authorise CSC to release copies of the documents obtained under this authority to its medical advisers where such release is necessary for the administration of the above mentioned legislation.

I understand that, whilst the information will be subject to standard confidentiality requirements, CSC may be obliged, under the legislative provisions that have application to it, to release the information provided, in whole or in part, to the tribunal or court. I understand that any information relating to my medical history collected under this authorisation may be liable to release to other Australian Government agencies in accordance with the disclosure provisions of the Australian Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies (such as the Department of Veterans' Affairs) concerned with the provisions of financial benefit which may be affected by your entitlements under the **ADF Cover Act**.

This authorisation is to remain in force until revoked by me in writing.



SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

The information is 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 **ADF Cover Act**.



## Member checklist

- ☐ A Marriage Certificate or Registered Relationship Certificate.
- ☐ **Medicare levy variation declaration** (if you are claiming a Medicare levy exemption against a pension entitlement) – the form is available from your local Taxation Office.
- ☐ **Print from Department of Defence showing In-service Education Training** (you must provide this document if possible).
- ☐ **Print from Department of Defence showing In-service Employment History** (you must provide this document if possible).
- ☐ **Certified copies of documents requested to prove your identity.**
- ☐ Attached my completed **Tax File Number declaration** form.



## Lodgement

**You have now completed this form.**

Please post your completed, signed application form and attached documents to:

**ADF Cover  
GPO Box 2252  
Canberra  
ACT 2601  
AUSTRALIA**

OR

You can fax or email documents to **formsandapplications@csc.gov.au**

**End Form**



**Need assistance?  
Call us on the phone  
numbers below**



**Email**  
members@adfcover.gov.au



**Phone**  
1300 001 977



**Fax**  
(02) 6275 7010



**Post**  
ADF Cover  
GPO Box 2252  
Canberra ACT 2601



**Web**  
csc.gov.au



**Overseas Callers**  
+61 2 4209 5401