



Application for Reconsideration of a Decision

Important information about this form

This form is to be used to apply for **reconsideration** of a Decision made by a Delegate of Commonwealth Superannuation Corporation (CSC).

What is a reconsideration?

A person who is affected by a Decision of a Delegate of CSC may apply for reconsideration of that Decision. This means that the Decision which has been made by a Delegate will be reviewed by a Reconsideration Committee/Panel. The Committee/Panel will either:

- **affirm/vary** the Decision
or
- **set aside** the Decision and **substitute** another Decision for it.

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.

Submitting your form

You can lodge your application via post or email reconsideration@csc.gov.au

A Personal details

Reference/service number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Your name	GIVEN NAME(S) <input type="text"/> <input type="text"/> SURNAME <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

➡ Section A continued on next page

D Declare and sign this form

I declare that:

- the information I have provided is true and correct to the best of my knowledge;
- I acknowledge it may be a criminal offence to knowingly provide false or misleading information or documents;
- I have read the relevant PDS for my scheme and I understand the options available for my retirement;

I understand that if I have not provided all the required information, this application may be returned to me for completion.

Your name

FULL NAME																								



Sign

SIGNATURE											

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

E Completing this form

If you need help completing this form, or you need further information about the reconsideration process, please contact us using the details provided below.

Important note: there are time limits for lodging an application for review of a Decision. Your full appeal rights would have been set out in your **Advice of Decision** documentation. Please contact us on the numbers provided below if you are uncertain about the time limits.

F Do you have a representative?

If you have a representative you would like us to send letters and other documentation to about your case, please make sure you have completed the **Third Party Authority** form located at the web addresses provided below or provide a written signed authority for your representative to act on your behalf.

G Lodgement

You have now completed this form.

Send your completed application to:

You can lodge your application via post or email reconsideration@csc.gov.au

How can I get more information?



**Commonwealth
Superannuation
Scheme**

EMAIL members@csc.gov.au

PHONE 1300 000 277

FAX (02) 6275 7010

MAIL CSS
GPO Box 2252,
Canberra ACT 2601

WEB csc.gov.au



**Public Sector
Superannuation
Scheme**

EMAIL members@pss.gov.au

PHONE 1300 000 377

FAX (02) 6275 7010

MAIL PSS
GPO Box 2252,
Canberra ACT 2601

WEB csc.gov.au

