



# Application for Retrospective Invalidity

## Application form and information

### Before you use this form

If you are applying for Retrospective Invalidity there are eligibility requirements. MilitarySuper members must have a MilitarySuper preserved Employer Benefit. For clarification of the Retrospective Invalidity Claim, please contact our Claims Support Team on **(02) 6192 9530**.

It is recommended you visit [csc.gov.au/adf-medical-transition](http://csc.gov.au/adf-medical-transition) and read the MilitarySuper Product Disclosure Statement (PDS) found on our website [csc.gov.au](http://csc.gov.au) (MilitarySuper) or the information found at [csc.gov.au/Members/Insurance-and-cover/Invalidity/adf-super/](http://csc.gov.au/Members/Insurance-and-cover/Invalidity/adf-super/) (ADFcover).

DFRDB members should visit [www.defence.gov.au/adf-members-families/transition/preparation/finance](http://www.defence.gov.au/adf-members-families/transition/preparation/finance) to start the application process for DFRDB retrospective assessment.

### Who should use this form

Use this form if you satisfy the following:

- you were formerly a contributing member of MilitarySuper or a covered Australian Defence Force (ADF) member under ADF Cover; and
- you transitioned from the ADF for reasons other than invalidity or medical separation; and
- you are seeking to apply to be treated as if you had transitioned from the ADF for reasons of invalidity or medical separation.

### What to submit with this form?

- Supporting medical reports. See **Part B**
- Your CV. See **Part C**
- Identification. See **Part D**
- TFN declaration [www.ato.gov.au/Forms/TFN-declaration/](http://www.ato.gov.au/Forms/TFN-declaration/)



### What is Retrospective Invalidity?

Rule 30 of the *Military Superannuation and Benefits Trust Deed* and Section 31A of the *Australian Defence Force Cover Act 2015* allows Commonwealth Superannuation Corporation (CSC) to consider whether former ADF members who retired for reasons other than invalidity or medical separation, may be treated as though they had retired from the ADF on invalidity grounds or had been medically separated, respectively.

### Meeting the criteria

To approve your application CSC must be satisfied that grounds existed on which the you could have been retired on the ground of invalidity (for MilitarySuper) or medically separated because of a physical or mental impairment (for ADF Cover), having regard to all relevant circumstances.

To assist us in making a decision, CSC will generally request a full copy of your in-service medical file from the Department of Defence (Defence) and a full copy of the your file from the Department of Veterans' Affairs (DVA). Please complete our consent form which you can find at [www.csc.gov.au/Members/Advice-and-resources/Forms/](http://www.csc.gov.au/Members/Advice-and-resources/Forms/)

CSC also accepts medical evidence that has been obtained independently, at or around the date of transition. This evidence should relate to diagnosed conditions and indicate your medical situation and restrictions.

Please note any claims accepted by DVA or the Military Compensation and Rehabilitation Service (MCRS), will not necessarily be assessed as part of your MilitarySuper or ADF Cover Retrospective Invalidity claim. CSC will assess all available evidence regarding diagnosed conditions to confirm if a medical condition was present and causing symptoms or restrictions at the time of your transition from the ADF. These conditions do not need to be service related.

Any advice 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 adviser. 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 | Australian Defence Force Superannuation (ADF Super) ABN: 90 302 247 344 RSE: R1077063 USI: 90302247344001 | Military Superannuation and Benefits Scheme ABN: 50 925 523 120 RSE: R1000306 | Australian Defence Force Cover ABN: 64 250 674 722

## Invalidity Classification

If CSC is satisfied that grounds existed and you are approved for Retrospective Invalidity, you will then be assessed in terms of the level of your incapacity. Please note this is a separate process and decision. Further information may be requested by CSC at this time. During this assessment the applicant will be classified as either a Class A, Class B or Class C. If you are classified as Class A or Class B you will be entitled to an invalidity pension. Applicants who are classified as Class C won't be entitled to an invalidity pension. Further information about the invalidity classification process and possible benefits can be found at [www.csc.gov.au/adf-medical-transition](http://www.csc.gov.au/adf-medical-transition)

## Impact on eligibility for lifePLUS Protect auto for ADF Super members

If you are an ADF Super member and hold lifePLUS Protect auto cover from the day after your separation from the ADF, approval for retrospective invalidity will deem you no longer an *Eligible Member* from the date your lifePLUS Protect auto cover commenced.

Where it is identified that you are not eligible for lifePLUS Protect auto cover because you are a *Retrospective Class A or B Invalid* then premiums paid for lifePLUS Protect auto cover will be refunded (to your ADF Super account) for the period of time you are not eligible.

## Completing the Application for Retrospective Invalidity

- **Part A:** About yourself
- **Part B:** Medical conditions
- **Part C:** Employment history and qualifications
- **Part D:** Payment details and identification
- **Part E:** Declaration
- **Part F:** Lodgement

## Do you have a personal representative or advocate?

If you have a representative or advocate you would like to act on your behalf, please complete the Third Party Authority (AUTH) form available at [csc.gov.au](http://csc.gov.au), or provide a written signed authority for your representative to act on your behalf: [www.csc.gov.au/Members/Advice-and-resources/Forms/](http://www.csc.gov.au/Members/Advice-and-resources/Forms/)

## Impact on DVA payments

If you are approved for Retrospective Invalidity and classified as either Class A or Class B, CSC notifies DVA of the assessment outcome so DVA can determine if they have any claim on your arrears. DVA incapacity payments are offset (reduced) by superannuation payments you receive through CSC for the same period of time.

If you have been in receipt of incapacity payments from DVA and are later paid Invalidity Benefits retrospectively from CSC for the same period, you may have an overpayment of incapacity payments. This happens because the offset (reduction) was not applied to the DVA incapacity payments at the time you were receiving them.

### Privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep 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 [www.csc.gov.au/privacy/](http://www.csc.gov.au/privacy/)

***You do not need to return this page with your form.***



# Application for Retrospective Invalidity

## A About yourself

1. Service

☐ Navy ☐ Army ☐ RAAF

Service number/Employee ID

2. Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

4. Date of birth

D D

M M

Y Y Y Y

5. Residential address

Street address

Suburb/town

State

Postcode

6. Date of transition from the ADF

D D

M M

Y Y Y Y

7. Preferred contact method

Phone number

Email address

8. Are you currently in receipt of DVA payments?

☐ Yes ☐ No

If **Yes**, specify the type:

## B Incapacity information and separating conditions

### Conditions resulting in your retirement from the Australian Defence Force

Note: For a condition to constitute a separating condition, the evidence must demonstrate it was present and causing restriction for civilian employment at the time of your transition from the ADF. The cause of the condition is not a factor for consideration and may differ to your DVA accepted conditions.

Were you receiving treatment outside of the ADF for these conditions at the time of your transition? For example, were you seeing a General Practitioner, a specialist, Open Arms (previously known as Veterans and Veterans' Counselling Service (VVCS))?

☐ Yes ☐ No

If **Yes**, list the treatment you were receiving, including medication, rehabilitation, specialist etc.



Continued on next page

You also need to attach medical reports to support the medical conditions you have listed above. See Medical information factsheet for information relevant to medical reports. Please note we will generally obtain your full in-service medical and service files from the Department of Defence and your file from the Department of Veterans' Affairs.

Please provide details of all employment and qualifications pre-service, in-service and post-service. You can either use this section of this form to provide your employment and qualification history or attach your CV when submitting the form.

**Note:** the invalidity classification process looks at what you are reasonably qualified for in relation to your skills qualification and experience at the time of your separation from the ADF.

 Continued on next page

Pre-service employment history

Employer's name	Role/Title	Full time	Part time	Period of employment		Duties
				Start date	End date	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	

In-service employment history

Employer's name	Role/Title	Full time	Part time	Period of employment		Duties
				Start date	End date	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	

Post-service employment history

Employer's name	Role/Title	Full time	Part time	Period of employment		Any time absent due to conditions	Duties
				Start date	End date		
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>		
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>		
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>		
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>		
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>		
		<input type="checkbox"/>	<input type="checkbox"/>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>	<div><div>M</div><div>M</div></div> <div><div>Y</div><div>Y</div></div>		

Study and qualifications

Course 1

Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	

Course 2

Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	

Course 3

Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	

Course 4

Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	

Course 5

Title of course	
Name of school/college/university/TAFE	
Dates course undertaken	Date enrolled:
	Date of completion or anticipated completion:
Qualifications gained	

D Payment details (if applicable)

If you are approved for Retrospective Invalidity and are classified as a **Class A** or **Class B**, you will be entitled to receive an Invalidation Benefit. You may also be entitled to an arrears amount. Provide your bank account details for any payments below.


Type of financial institution	<input type="checkbox"/> Savings bank	<input type="checkbox"/> Building society	<input type="checkbox"/> Trading bank	<input type="checkbox"/> Credit union																				
Name of institution	<div></div>																							
Name of account holder (must include your name)	<div></div>																							
	<div></div>																							
Branch location	<div></div>																							
Branch (BSB) number	<div></div>																							
Account number	<div></div>																							

## E Identification requirements

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*.

### Verifying your documents


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.

 If you don't provide authorisation to have documents verified electronically or your documents are incompatible with DVS, you will need to provide certified copies of required documents.\* Please also refer to the section Certifying your documents.

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

An electronic copy of your identification documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purpose of confirming your identity. You need to send in identification with every application.

 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).


 **If you would like us to use DVS to verify your identification, please check both boxes 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.
- ☐ I have attached identification for DVS verification.

**If you do not have any of the identification set out above, you can contact us for additional identification options.**

### Consent to release information


CSC collects your medical, employment and personnel information for the purpose of assessing your benefit eligibility. This may include personal information held by the Department of Defence (Defence), the Department of Veterans' Affairs (DVA), the Military Rehabilitation and Compensation Commission (MRCC), employers, medical professionals and Open Arms. When requesting this information, CSC is seeking to understand the roles you undertook and qualifications you obtained during your time in service, what your medical conditions were or are at transition, and how those conditions may impact, or have impacted your ability to work following your transition from the ADF.

 ☐ I authorise Defence, DVA, MRCC, employers, medical professionals and/or Open Arms to release medical, employment and personnel information to CSC and for CSC to hold and use that information for the purpose of assessing my eligibility for an invalidity benefit and/or any invalidity benefit review.

### Consent for CSC to share your information

CSC sometimes needs to share your personal information with Defence, DVA, its medical advisers and/or its legal representatives for the purpose of determining and managing your benefits.

CSC may also be required by legislation to release the information held, in whole or in part, to a tribunal or Court.

 ☐ I consent to CSC disclosing my medical, employment and personnel information to Defence, DVA and CSC's medical advisers and/or its legal representatives for the purpose of determining and managing my benefit. I also consent to CSC disclosing my benefit entitlement and/or payment details to DVA for the purpose of managing financial benefits across both CSC and DVA.

### Limitation

Use this section if you want to limit the consent to collect, hold, use or disclose of your personal information. Please note that CSC only collects the information it needs to make a decision, so any limitation might impact CSC's ability to assess your eligibility for a benefit.

The above consent is limited by the following (leave blank if there is no limitation):

### Duration of consent

This consent will continue until revoked. You can revoke the consent at any time by calling (02) 6192 9530 or emailing [casework.services@contact.csc.gov.au](mailto:casework.services@contact.csc.gov.au)

## F Declaration

I declare that:

- the information I have provided is true and correct to the best of my knowledge
- I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents
- I have read the MilitarySuper PDS found on the CSC website [csc.gov.au](http://csc.gov.au) or the information found at [csc.gov.au/Members/Insurance-and-cover/Invalidity/adf-super/](http://csc.gov.au/Members/Insurance-and-cover/Invalidity/adf-super/) and I understand the options available for my benefit entitlement
- I understand that if I have not completed all the required information, this application may be returned to me for completion.
- I understand that if my application is approved, I will be deemed no longer eligible for lifePLUS Protect cover from the date cover started and premiums paid will be refunded to my ADF Super account for the period of time I was not eligible (ADF Super members only).



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"/>

- ☐ I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by CSC.

## G Lodgement

You have now completed this form.

Please take a copy for your records and email your completed original application and attachments to [formsandapplications@csc.gov.au](mailto:formsandapplications@csc.gov.au) or post it to:

**CSC**  
**GPO Box 2252**  
**Canberra ACT 2601**

### You are reminded to submit the following documents with this form:

- Supporting medical reports for your conditions – see **Part B**
- Your CV if you are submitting it instead of completing **Part B**
- Evidence from your employers/ previous employers if your conditions have impacted your employment – see **Part C**
- Identification – see **Part D**
- TFN declaration – [www.ato.gov.au/Forms/TFN-declaration/](http://www.ato.gov.au/Forms/TFN-declaration/)

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

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