



Applications for issue of invalidity retirement certificate

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, 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 [here](#).

A Member's details

Scheme CSS PSS PSSap

AGS/PSSap member number

Title Mr Mrs Ms Miss Other

Given name(s)

Surname

* Date of birth / /

Address

SUBURB **STATE** **POSTCODE**

Phone **BUSINESS HOURS** **AFTER HOURS**

MOBILE NUMBER

Email
@

* For **PSS** and **PSSap** members, we cannot issue an invalidity retirement certificate to those over age 60.
For **CSS** members, we cannot issue an invalidity retirement certificate for those over age 65.

B Employer's details

Employer's name

Case manager's full name

Case manager's email
@

Case manager's phone number

Payroll officer's full name

Payroll officer's email
@

Payroll officer's phone number

C Employment and superannuation details

Date member started leave for a continuous period because of a serious medical condition ^D^D / ^M^M / ^Y^Y^Y^Y

Super salary on the above date that continuous leave commenced



Only for CSS and PSS members.

Date on which sick leave payments ceased/will cease ^D^D / ^M^M / ^Y^Y^Y^Y

D Declaration by payroll officer

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



Sign

SIGNATURE

Date signed

^D^D / ^M^M / ^Y^Y^Y^Y

We will use the information in Sections C and E to determine if a CSS or PSS member is eligible for pre-assessment payments (PAPs). If so, we will let you know when PAPs are payable from and the amount per fortnight. Errors in Sections C and E may cause under or overpayments. PAPs are not applicable to PSSap members.



It's not necessary for payroll officers to complete the following sections.

E

Compensation information

Has the member applied for compensation benefits? Yes No

If so, is the member receiving compensation benefits for the condition(s) causing them to be permanently incapacitated? Yes No

For CSS and PSS members, is the compensation being received in the form of compensation leave? Yes No

F

Checklist of attachments

Required for **ALL** schemes:

- Any medical records
- Duty statement
- Any other relevant medical documents, including rehabilitation reports, graduated return to work reports, and any other treating doctor or independent specialist reports

Required for **CSS** and **PSS**:

- Treating doctor's report dated within last 6 months
- AMP report dated within last 6 months
- Recommendation by compensation provider

Required for **PSSap**:

- Reports from at least two registered medical practitioners dated within the last 12 months
- Employee's resume
- Documents related to compensable conditions (e.g. Comcare decisions or medical reports)

Important: Member **MUST** be provided with information about invalidity retirement. Information is [available here](#).



Declaration by case manager

I certify that the above information is correct and that the member:

- has been provided with information about invalidity retirement and
- has been advised that pre-assessment payments will be recovered if compensation payments are granted.

For CSS and PSS members only.



Sign

CASE MANAGER'S SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y



Where can I get more information?

EMAIL employer.service@csc.gov.au

PHONE 1300 338 240

FAX (02) 6275 7010

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