



Application to ARIA for approval of early access to preserved superannuation benefits on medical grounds

To be used by preserved benefit members of the Public Sector Superannuation (PSS) Scheme who are seeking approval for early access to their preserved benefits on grounds of total and permanent incapacity.

Explanatory notes

Please read this first

For an application for release of your preserved benefit to be successful, it is necessary to establish that you are now totally and permanently incapacitated. This is defined as:

- i) a person suffering from a terminal medical condition;*
- or
- ii) a person who is unlikely, because of a physical or mental incapacity, ever to be able to work again in a job for which he/she is reasonably qualified by education, training or experience or could reasonably be qualified after retraining.

*terminal medical condition means a condition(s) suffered by an affected person that has been certified by two or more medical practitioners, at least one of whom is not treating the affected person, who have experience in the condition(s), as being of either a terminal nature or of such severity that within two years of the date of their certificate the affected person would need assistance with personal or nursing care on a daily basis.

If you think you meet the terminal or TPI definition, you should forward the following documents:

- > medical questionnaire (attached) completed by your treating doctor;
- > completed authorities (attached);
- > copies of other medical reports in your possession which would support your application;
- > evidence of cessation of employment with your most recent employer;*
- > evidence of eligibility for payment of lump sum entitlement tax free;**
- and
- > this application form.

* The evidence you provide to show whether you have ceased employment should be a document from your employer, such as their acceptance of your cessation or a final Group Certificate, and should include the date and reason of cessation.

** You may be eligible to be paid any lump sum portion of your entitlement tax free, if you are able to provide documents to show that you meet the Australian Taxation Office definition of a terminally ill payee, which is:

A payee will be taken to be terminally ill if it is certified by two medical practitioners (at least one of whom is a specialist) that they are suffering from an illness which in the normal course would result in death within a period of 12 months.

Please note that medical evidence provided or obtained for the purpose of assessing your claim may be referred to any doctors or service providers considered necessary.

You should also note that, even if you are receiving a disability pension from any other agency, this does not mean that you will automatically satisfy the above definition of total and permanent incapacity.

Once your application has been received by us:

- > The medical evidence you have provided will be examined and more medical information sought from your treating doctor if necessary.
- > An appointment will then be made for you to be examined by an Occupational Physician.
- > You may also be referred for independent specialist examination.
- > All medical reports will then be sent to an independent Invalidity Assessment Panel. The Panel provides recommendations to ARIA regarding whether or not you can be considered to be totally and permanently incapacitated.

Please note that this process may take some months, unless you are suffering from a terminal condition, in which case the application will be handled urgently.

If you have questions about any of the above, please call 1300 000 377.

Retrospective invalidity pension

If you were totally and permanently incapacitated on the day you ceased to be a contributor to the PSS, you may be entitled to a retrospective invalidity benefit.

In order to apply for a retrospective benefit you must have a preserved benefit, so please do not apply for early release of your preserved benefit if you think a retrospective benefit might be an option. Please call us on 1300 000 377 if you need more information about this.

Financial hardship

If you have been receiving government benefits (for example a disability support pension from Centrelink) continuously for more than six months, you may be entitled to claim up to \$10 000 of your preserved benefit on the grounds of financial hardship. To find out more about this, please call 1300 000 377.

Medical questionnaire to be completed by your doctor

When you next attend your doctor, please ask him/her to answer the following questions in support of your application for release of your preserved superannuation benefits on medical grounds.

Applicant's Details

Reference number
(AGS)

Salutation

 Mr
 Mrs
 Ms
 Miss
 Other

Surname

Given name(s)

Date of birth

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"/>

1. Please provide a brief history of the condition or conditions.

2. What are the patient's current symptoms?

3. What is your diagnosis?

Please include the severity of condition and whether the condition is transitory or long term.

4. What treatment is the patient undergoing? Please include details of medication.

5. What is the prognosis?

6. What is the effect of the condition on the patient's ability to work?

Could the patient be rehabilitated back into the workforce?

7. For terminal conditions only, what is the life expectancy in months/weeks?



Early access to preserved superannuation benefits on medical grounds

Application Form

Hints on completing this form

- > complete the form in black ink or ballpoint pen
- > use CAPITAL LETTERS or tick boxes for your answers as appropriate
- > after completing the form, attach your supporting documents and forward to
PSS
PO Box 22
Belconnen ACT 2616

SECTION A About yourself

Reference number (AGS)	<input type="text"/>
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Surname	<input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> ^D <input type="text"/> ^D / <input type="text"/> ^M <input type="text"/> ^M / <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/> ^Y <input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	SUBURB <input type="text"/> STATE <input type="text"/> POST CODE <input type="text"/>
Phone number	BUSINESS HOURS <input type="text"/>
	AFTER HOURS <input type="text"/>
	MOBILE NUMBER <input type="text"/>
Email address	<input type="text"/>
	@ <input type="text"/>

Authority to provide medical records and/or advice

Please complete this authority with name and address of treating doctor so that additional information can be requested if necessary. If you have more than one treating doctor, please complete an authority for each doctor. Three blank authorities are provided. Please photocopy this blank authority if more are required.

(Insert name and address of practitioner)

To:	<input type="text"/>
	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	SUBURB <input type="text"/>
	STATE <input type="text"/>
	POST CODE <input type="text"/>
I,	GIVEN NAME(S) <input type="text"/>
	<input type="text"/>
	SURNAME <input type="text"/>
	<input type="text"/>
of	RESIDENTIAL ADDRESS <input type="text"/>
	<input type="text"/>
	SUBURB <input type="text"/>
	STATE <input type="text"/>
	POST CODE <input type="text"/>

authorise you to furnish to the Commissioner for Superannuation, the Chairman of ARIA, and/or their medical advisers, your records, and/or advice on matters pertinent to my health which the Commissioner or the Chairman and/or their medical advisers may, from time to time, request for the purposes of the *Superannuation Acts 1922, 1976 or 1990*.

Signature and date

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"/>

The information 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 the *Superannuation Acts 1922, 1976 or 1990*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Information Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies concerned with either your employment and/or with the provision of financial benefits which may be affected by your entitlements under the *Superannuation Acts 1922, 1976 or 1990*.

Authority to provide medical records and/or advice

Please complete this authority with name and address of treating doctor so that additional information can be requested if necessary. If you have more than one treating doctor, please complete an authority for each doctor. Three blank authorities are provided. Please photocopy this blank authority if more are required.

(Insert name and address of practitioner)

To:

Address

SUBURB STATE POST CODE

I,

GIVEN NAME(S)

SURNAME

of

RESIDENTIAL ADDRESS

SUBURB STATE POST CODE

authorise you to furnish to the Commissioner for Superannuation, the Chairman of ARIA, and/or their medical advisers, your records, and/or advice on matters pertinent to my health which the Commissioner or the Chairman and/or their medical advisers may, from time to time, request for the purposes of the *Superannuation Acts 1922, 1976 or 1990*.

Signature and date

SIGNATURE

Date signed / /

D D / M M / Y Y Y Y

The information 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 the *Superannuation Acts 1922, 1976 or 1990*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Information Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies concerned with either your employment and/or with the provision of financial benefits which may be affected by your entitlements under the *Superannuation Acts 1922, 1976 or 1990*.

Authority to provide medical records and/or advice

Please complete this authority with name and address of treating doctor so that additional information can be requested if necessary. If you have more than one treating doctor, please complete an authority for each doctor. Three blank authorities are provided. Please photocopy this blank authority if more are required.

(Insert name and address of practitioner)

To:

Address

SUBURB STATE POST CODE

I,

GIVEN NAME(S)

SURNAME

of

RESIDENTIAL ADDRESS

SUBURB STATE POST CODE

authorise you to furnish to the Commissioner for Superannuation, the Chairman of ARIA, and/or their medical advisers, your records, and/or advice on matters pertinent to my health which the Commissioner or the Chairman and/or their medical advisers may, from time to time, request for the purposes of the *Superannuation Acts 1922, 1976 or 1990*.

Signature and date

SIGNATURE

Date signed / /

The information 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 the *Superannuation Acts 1922, 1976 or 1990*. Any information collected under this authorisation may be liable to release to other Commonwealth agencies under the disclosure provisions of the Information Privacy Principles contained in the *Privacy Act 1988*, in particular, to those agencies concerned with either your employment and/or with the provision of financial benefits which may be affected by your entitlements under the *Superannuation Acts 1922, 1976 or 1990*.