



Associate preserved benefit

Terminal medical condition or incapacity information leaflet and benefit claim form

The attached benefit application form should be completed by persons claiming an associate preserved benefit in the Public Sector Superannuation (PSS) Scheme who have **gained approval** to access their associate preserved benefit as a result of a terminal medical condition or incapacity.

Explanatory notes

Read this first!

This information leaflet is intended to assist you to complete the attached benefit application form. It is not intended to provide a detailed explanation of your benefit options. It is suggested that you separate the notes from the form (if joined) so that you can refer to them as you complete the application form.

Where can you find out more about your benefit entitlements?

Our Call Centre can provide details of your benefit entitlement, explain the benefit options and provide information on the value of your prospective benefits. For more information:

Telephone	1300 000 377
Fax	(02) 6272 9613
Email	members@pss.gov.au

It is in your interest to seek professional advice before you make a decision on a benefit. We cannot provide you with financial advice.

Forms you need to complete when claiming your PSS associate preserved benefit

- > The attached **Benefit Application** form;
- > If you have chosen to receive all or part of your associate preserved benefit as a pension and you wish to claim the tax free threshold and/or any available rebates and deductions against your pension benefit, you should complete a **Tax File Number Declaration** form, obtainable from the Australian Taxation Office (ATO), or designated Newsagents that distribute ATO forms.

The Benefit Application form

Your accurate completion of the **Benefit Application** form allows us to process the application as soon as possible after a claim has been made. Take care when completing this form. If you do not complete the Benefit Application form correctly, the processing of your benefit will be delayed, or may be paid incorrectly.

Section A – Personal details

Please complete all the boxes in this section. It enables us to identify you and tells us where we can contact you.

Contact details

The postal address you provide is where all correspondence will be sent. A contact phone number is also required in case we need to contact you regarding the payment of your benefit.

If you have an email address, inclusion of your current email address will be helpful.

Section B – Information acknowledgment

Please complete this acknowledgement that you have received and understood sufficient information to be able to make an informed choice of how you would like your benefit paid before completing this form.

You are making a formal election under the provisions of the *Superannuation Act 1990*. This election is binding and cannot normally be changed, although ARIA may, at its absolute discretion, agree to cancel an election in certain exceptional circumstances.

Information sources are shown at the start of this information leaflet and it is strongly recommended that you make use of them before proceeding to complete this application form. You should also note that, if your benefit has been paid and you then change your mind about the benefit payment arrangements, a fee will be charged by us for the re-issuing of the payment.

Section C – Identification requirements

To guard against fraud, money laundering, terrorism financing and to protect your benefit, we require you to provide us with enough identification to verify your identity before your benefit request can be processed.

You are required to provide certified copies of four identifying documents. Faxed copies are unacceptable. The person certifying the documents 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 managements system. The electronic copies will be used only to confirm your identity. The original copies will be securely destroyed. Please do not supply original documents.

To further safeguard your privacy, any personal financial information should be blacked out on the copy that you send to us.

Section D – Confirming eligibility

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

- > 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.

You may also be eligible for release of your associate preserved benefit as a result of a terminal medical condition. A '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 this definition, you should forward the following documents:

- > medical questionnaire (attached) completed by your treating doctor
 - > completed authorities
 - > copies of other medical reports in your possession which would support your application
- and
- > this application form.

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 automatically mean that you will satisfy the above definition of 'totally and permanently incapacitated'.

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 with Health Services Australia.
- > 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 phone 1300 000 377.

Section E – Benefit options

This section contains the benefit options that are available to PSS associate preserved benefit members who are claiming their benefit as a result of a terminal medical condition or incapacity. Each option requires a signed election by the applicant for the benefit choice to be valid.

Only make one choice, otherwise your benefit application will be invalid and payment will be delayed.

Full benefit preserved in the PSS

Option 1—pension only, no lump sum (only available if all of your benefit remains preserved in the PSS)

If you want to receive your entire benefit as a pension, select this option.

Your benefit will be paid into the bank account nominated by you in **Section E**. You should also complete and forward a **Tax File Number Declaration** form (see **Section G**).

Option 2—part pension – part lump sum (only available if all of your benefit is preserved in the PSS)

If you want to receive your benefit as a combination of pension and lump sum, select this option.

You may only elect for this option if:

- > 50% or more is converted to a pension
- and
- > the portion converted to a pension consist of all of the funded component

Your benefits will be paid in accordance with your instructions at **Section F**. You should also complete a **Tax File Number Declaration** form (see **Section G**).

Option 3—lump sum only, no pension

If you want to take your entire benefit as a lump sum, either in cash or as a rollover to another fund or Retirement Savings Account (RSA), select this option.

The benefit will be paid in accordance with your instructions in **Section F**.

Section F – Benefit payment arrangements

This section allows you to nominate how your lump sum will be paid.

All rollovers must be made to a complying super fund, rollover fund, Retirement Savings Account (RSA), or be used to purchase an annuity.

We will not deduct tax from any amount rolled over to a rollover fund. The rollover fund will deduct 15% tax from any 'post-30 June 1983 untaxed component' of the lump sum at the time of rollover. Payment of the 15% tax will change the nature of this amount from an 'untaxed amount' to a 'taxed amount' in the rollover fund.

Taxation legislation provides that, once an amount has been paid to you or deposited in your bank account, it cannot be subsequently rolled over.

Lump sum payments

Lump sum cash payment

This section allows you to advise what portion of your lump sum is to be paid in cash. You are able to select a gross dollar amount, a percentage of the lump sum amount, or if you have selected a rollover in **Section 6B**, the balance of the lump sum benefit.

You can choose to be paid a cash lump sum of your Undeducted Contributions. These are contributions paid into the PSS by your former spouse after 1 July 1983. These are tax free.

You also have to complete bank account details in **Section F** to advise us where the cash payment is to be made.

Rollover fund nominations

You can nominate two rollover funds or RSA's to receive all or part of your lump sum benefit.

Complete one nomination if you are going to roll over your complete benefit to one fund. Complete both nominations to provide details of a second fund if you are going to split the amount.

All rollover cheques will be made payable to your nominated rollover fund(s) and, unless you specify otherwise, sent c/- you at your home address.

When completing this section you must include the name and Australian Business Number (ABN) for the nominated rollover fund or RSA. The provision of the Superannuation Fund Number (SFN) is optional.

You must also provide your membership number for the rollover fund or RSA or, if you have not yet been issued with a membership number, a Superannuation Product Identification Number (SPIN). These details can be obtained from the rollover fund or RSA concerned. Failure to provide these details will result in delays in the payment of your benefit.

Which part of the benefit should be rolled over first?

It is strongly recommended that you seek financial advice before making a decision on the break up of your rollover nomination.

If you have elected for a lump sum benefit, your benefit will contain monies that are both 'taxed' and 'untaxed'.

Generally speaking, the part of your benefit which is 'taxed' usually comprises the fund earnings on the funded component of your separation amount. These amounts are subject to contributions tax while in the Fund and are taxed separately at the time of payment.

The part of your benefit that is generally 'untaxed' is the unfunded component of your Separation amount which is paid direct from Commonwealth Revenue and has not been reduced by the contributions tax. When paid as a cash benefit the 'untaxed' amount attracts a higher rate of tax than the 'taxed' amount. If rolled over, the gaining fund will deduct the 15% contributions tax from the untaxed amount.

The default arrangement is for us to roll over your benefit in the following sequence:

- > First, any apportioned pre-July and post-June 1983 untaxed element
- > Second, any apportioned pre-July and post-June 1983 taxed element
- and
- > Third, non-concessional contributions.

Bank account details

Complete this section if you are electing to receive a cash lump sum or a pension as all or part of your benefit.

Name of financial institution

What is the name of your Bank/Building Society/Credit Union?

Address of bank

What is the branch address?

BSB number

Please ensure that you include your financial institution's Bank and State Branch (BSB) code, otherwise your payment may be delayed. If you do not know the BSB code, ask your financial institution.

Account number

Please ensure that you use a correct account number. Note that it has a maximum of nine (9) digits and is not necessarily the same as your Automatic Teller Machine (ATM) access card number.

It is very important that these details are correct and legible, as incorrect BSB or account numbers can lead to payments going astray or being returned to us.

Return of payment from the banking system and reissue can take a minimum of two weeks to finalise.

Account names

Benefit payments can only be made to an account that is in your name. The account can be in your name alone, or in joint names. If it is a joint account one of the names must be yours.

Section G – Taxation matters

Your tax file number

Completing this section is optional. It allows you to provide your tax file number (TFN). Your TFN is used both in determining the tax rate to apply when calculating the tax payable on your benefit, and for superannuation purposes.

ComSuper, acting on behalf of ARIA, is authorised to collect your TFN under the provisions of the *Superannuation Industry (Supervision) Act 1993*.

If you do provide your TFN, we will only use it for legal purposes, which currently include:

- > finding or identifying your superannuation benefits where other information is insufficient
 - > calculating tax on any Superannuation Lump Sum Payment you may be entitled to
 - > providing information to the Commissioner of Taxation
- and
- > we may provide it to the trustee of another superannuation fund to which your benefits are transferred in the future, unless you specifically instruct us not to. We will not pass your TFN to any other fund if you tell us, in writing, not to do so.

Note: *These purposes may change in the future.*

Otherwise we will treat your TFN as confidential.

It is not an offence if you do not provide your TFN but you may pay more tax on your benefits than you would otherwise, we will be obliged to deduct tax at the highest Marginal Tax Rate plus the Medicare Levy. Of course, this additional tax may be reclaimed through the income tax assessment process when you lodge your tax return for the year of payment.

It may also be more difficult to find your benefits in future in order to pay you any other superannuation benefits you are entitled to, or to amalgamate any other benefits for you. The consequences of not providing your TFN may change in the future.

Approval to advise your TFN to rollover funds

This is where you authorise us to provide your TFN to those rollover funds you have nominated in **Section G**.

Tax File Number declaration

If you have chosen to receive all or part of your benefit as a pension (**Section E**) and you wish to claim the tax free threshold and/or available rebates and deductions against your pension benefit, you should complete this ATO Declaration form and attach it to your benefit application.

Documents you may receive from us

After your benefit is paid you will receive some documents associated with your entitlements. Depending on which benefit you choose, these documents may include:

- > a benefit payment letter, advising you of your benefit entitlement and when your payment will be made
- > a Rollover Benefits Statement, in duplicate for each rollover nominated in **Section F**, which shows the breakup, for taxation purposes of each rollover you nominate
- > a PAYG Payment Summary, in duplicate, for any lump sum cash payment paid to you
- > a rollover payment cheque (or cheques), made payable to your nominated rollover fund(s) and
- > a pension Payment Summary and bi-annual pension increase advices (which are sent to you in January and July each year if you are receiving a pension).

Do NOT lose these documents. They may be required to complete tax returns, lodge rollovers, or apply for Centrelink benefits, etc. It will take some time to issue replacements.

Rollover requirements

Rollover cheques are sent to you at the postal address you nominate on your Benefit Application form. It is your responsibility to lodge them with the rollover fund with a copy of the Rollover Benefits Statement.

Note: *Do not send any rollover forms to us.*

Interest on your lump sum

Your lump sum will be credited with additional interest, from the date the benefit becomes payable through to the date the benefit is paid.

What next?

When you have completed your benefit application form, the completed form should be sent to us.

Note: *We cannot process the payment of your benefit until after the date you have nominated as the date from which your preserved benefit is to be paid. You may, however, submit your application form before this date. This will allow us to check that all documentation and information has been provided.*

Remember, the sooner we get your correctly completed application form, the less likelihood there is of any delay in the processing of your benefit.

Privacy

We are collecting the information on this form to determine your entitlement to benefits under the legislation governing the PSS. Where applicable, identifying information will be passed on to the rollover institutions you nominate.

Information about your PSS entitlements is also passed to the Australian Taxation Office, Centrelink and the Department of Veterans' Affairs.

We are committed to protecting your privacy and your personal information is not disclosed to another party without your consent, or unless required by law.

ARIA will from time to time send you news and information about new products or services you might be interested in, or invite you to participate in member research. If you would prefer not to receive information about new products and services or participate in member research, simply tick the appropriate box in the Personal Details section of this form (**Section A**) or call an Information Officer on 1300 000 377.

Change of address

If you receive a pension it is very important that you advise us of any change in your postal address or your bank account details. This will enable us to forward information to you each year regarding your benefit.

All enquiries 1300 000 377



Associate preserved benefit

Approved invalidity benefit claim form

Hints for using this form

- > read the Explanatory notes and each section of the form carefully before filling it in
- > use CAPITAL LETTERS and a black pen
- > sign your name where needed. If you don't sign the relevant sections of the form, it will be returned to you.

SECTION A Personal details

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"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	RESIDENTIAL ADDRESS <input type="text"/> <input type="text"/> SUBURB STATE POST CODE <input type="text"/> <input type="text"/> <input type="text"/> POSTAL ADDRESS <input type="text"/> <input type="text"/> SUBURB STATE POST CODE <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	BUSINESS HOURS <input type="text"/> <input type="text"/> AFTER HOURS <input type="text"/> <input type="text"/> MOBILE NUMBER <input type="text"/> <input type="text"/>
Email address	<input type="text"/> @ <input type="text"/>

SECTION B Information acknowledgement

Benefit processing may be delayed if this acknowledgment is NOT completed.

I have been given enough information to make an informed decision about how I would like my associate preserved benefit to be paid.

I understand that, by choosing a benefit option in Section E, I am making a formal election under the provisions of the PSS legislation and this benefit election cannot be changed except in certain circumstances approved by ARIA.

I also acknowledge that I am aware that reversionary benefits will not apply upon my death in respect of my PSS associate preserved benefit.

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

If you need more information, or would like to talk about the options you have, please call our Call Centre on telephone **1300 000 377**, facsimile (02) 6272 9613, or email **members@pss.gov.au**.

You should also note that, if after your benefit has been paid, you wish to change your mind about the payment arrangements, a fee will be charged by us to re-issue the payment.

SECTION C Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you.

To do this, you will need to provide certified copies of one document from **column A** in the table below AND three documents from **column B**.

For example, you could provide a copy of your birth certificate (from **column A**) and copies of your Medicare card, a phone bill and an electricity bill (from **column B**).

Faxed copies of documents are not acceptable.

A	B
Passport (current or expired by less than 2 years)	Medicare card
Birth Certificate	A current statement from a financial institution with the same address and name as on the application
Birth Card issued by a State Registry of Births, Deaths and Marriages	Copy of an electricity bill with the same address and name as on the application
Australian Citizenship certificate	Copy of a telephone bill with the same address and name as on the application
Current drivers licence	Copy of a gas bill with same address and name as on the application
Current identification card issued to a public sector employee	Copy of a rates bill with same address and name as on the application
An identification card issued to a student at a tertiary education institution	Valid credit card
Pension or other social security benefit card	A document from column A not yet provided

If you are providing copies of bills or statements, you should black out any personal financial information or details of transactions in order to protect your privacy. Copies of identification will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purpose of confirming your identity.

Section C continued on next page

All copies of documents provided to ComSuper must be certified as true and correct copies of the original by one of the following:

- > a legal practitioner enrolled on the roll of a supreme court or the high court of Australia
- > a judge or magistrate of a court
- > a chief executive officer of a Commonwealth court
- > a registrar or deputy registrar of a court
- > a Justice of the Peace (JP)
- > a notary public
- > a police officer
- > an agent or permanent employee of the Australian Postal Corporation in an office supplying postal services to the public
- > an Australian consular officer or an Australian diplomatic officer
- > a finance company officer with 2 or more years of continuous service with one or more Finance Companies
- > a person employed by or an authorised representative of the holder of a financial services licence with two or more continuous years of service
- > a member of the Institute of Chartered Accountants (ICA), Certified Practising Accountants (CPA Australia) or National Institute of Chartered Accountants (NIA) with 2 or more years of continuous membership.

For a full list of certifying authorities, visit the Comlaw website at www.comlaw.gov.au.

The certifying authority also must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original

The certification must include the name, address, occupation, telephone number and registration number (if applicable) of the certifying authority.

SECTION D Confirming eligibility

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.

A. Member's details

Reference number (AGS)

Name

GIVEN NAME(S)

SURNAME

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"/>	<input type="text"/>	<input type="text"/>

B. Please provide a brief history of the condition or conditions:

HISTORY OF CONDITION(S)

C. What are the patient's current symptoms?

CURRENT SYMPTOMS

Section D continued on next page

D. What is your diagnosis?

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

DIAGNOSIS

E. What treatment is the patient undergoing?

Please include details of medication.

TREATMENT AND MEDICATION

F. What is the prognosis?

PROGNOSIS

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

Could the patient be rehabilitated back into the workforce?

ABILITY TO WORK/REHABILITATION

H. For terminal conditions only, what is the life expectancy?

weeks months

I. Doctor's details

Name

GIVEN NAME(S)

SURNAME

Qualifications/
Speciality

Address

SUBURB

STATE

POST CODE

SIGNATURE

Date signed

/ /

Signature

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

You have now completed this section. You must now go to **Section G**, to tell us your taxation information.

SECTION G Taxation matters

A. Tax file number (TFN)

Tax file number

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ComSuper, acting on behalf of ARIA, is authorised to collect your tax file number (TFN) under the provisions of the *Superannuation Industry (Supervision) Act 1993*. The legal uses of your TFN are summarised in **Section G** of the Explanatory notes.

Important! If you have already provided your TFN to us you are under no obligation to provide it again when making an application for benefits. However, if your TFN is NOT recorded by us, payment of your benefits may be delayed.

- Check this box if you permit is to pass your TFN on to the Rollover Fund(s)/RSA(s) nominated **Section F** above.

B. Tax File Number Declaration

Pension recipients should also obtain and complete a Tax File Number Declaration form (obtainable from the ATO or your Personnel Section) in order to claim any available tax offsets and deductions. **Attach the completed Declaration to this application form.**

SECTION H Member checklist

Have you:

- read all the explanatory notes, received a benefit estimate, and any other information you require to make an informed choice?
- filled in all the sections applicable to you?
- attached certified copies of documents requested in **Section C** to prove your identity?
- signed the Information acknowledgment at **Section B**?
- signed an election option in **Section E**?
- completed any rollover details in **Section F**?
- completed the bank account details in **Section F**?
- provided your TFN in **Section G**?
- attached your completed Tax File Number Declaration form (for pension recipients only)?

You have now completed this form.

Return it, with any attachments, to:

PSS
PO Box 22
Belconnen ACT 2616

..... END FORM