



Australian
Reward
Investment
Alliance

PSS Application for issue of invalidity retirement certificate

All sections to be completed by Employer

SECTION A - Member's details

Title (please tick one)	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
MEMBER'S NAME	<input type="text"/>					
Surname	<input type="text"/>					
Given name/s	<input type="text"/>					
Reference (AGS) number	<input type="text"/>					
Position title (in full)	<input type="text"/>					
Date of birth	DAY	MONTH	YEAR			
	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Residential address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	STATE	POSTCODE				
	<input type="text"/>	<input type="text"/>				
Postal address (if different)	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	STATE	POSTCODE				
	<input type="text"/>	<input type="text"/>				
Contact phone number/s	HOME		WORK			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email	<input type="text"/>					

SECTION B - Employer's details

Employer's name	<input type="text"/>
Employer's postal address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	STATE
	<input type="text"/>
	POSTCODE
	<input type="text"/>

Section B continued over page

Section B continued

Case manager

Contact number/s

TELEPHONE

FAX

Email

Payroll officer

Contact number/s

TELEPHONE

FAX

Email

SECTION C - Employment and superannuation details

Applicant is a member of PSS *Superannuation Act 1990*

Date on which continuous sick/compensation leave commenced

DAY MONTH YEAR

Date on which sick leave payments ceased/will cease

DAY MONTH YEAR

Member is in receipt of compensation benefits in respect of the current condition

YES NO

Member has applied for compensation benefits

YES NO

Date on which compensation payments ceased/will cease

DAY MONTH YEAR

Eligibility for **PRE-ASSESSMENT PAYMENTS** will be determined routinely on receipt of complete application for IRC.
IMPORTANT: Member MUST be advised that pre-assessment payments will be recovered if compensation payments are granted.

SECTION D - Checklist of attachments to this form SPC

Sick leave records	<input type="checkbox"/> Attached	Independent specialists' reports	<input type="checkbox"/> Attached
Duty statement	<input type="checkbox"/> Attached	AMP reports	<input type="checkbox"/> Attached
Rehabilitation reports	<input type="checkbox"/> Attached	Form SM2	<input type="checkbox"/> Attached
Treating doctors' reports	<input type="checkbox"/> Attached	Comcare recommendation (for all compensation cases)	<input type="checkbox"/> Attached
CMAPS (less than 3 yrs contributory service)	<input type="checkbox"/> Attached	Written confirmation from payroll section regarding Section C	<input type="checkbox"/> Attached

IMPORTANT: Member MUST be provided with information about invalidity retirement. Information leaflets are available from the Scheme website at www.pss.gov.au

SECTION E - 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.

CASE MANAGER'S SIGNATURE

[Signature box]

DATE

DAY MONTH YEAR

END FORM