



Application for issue of invalidity retirement certificate

All sections to be completed by Employer

SECTION A Member's 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"/> ^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"/>

SECTION B Employer's details

Employer's name	<input type="text"/>
Employer's address	<input type="text"/>
	<input type="text"/>
	SUBURB <input type="text"/> STATE <input type="text"/> POST CODE <input type="text"/>
Case manager surname	<input type="text"/>
Case manager given name(s)	<input type="text"/>
	<input type="text"/>
Email address	<input type="text"/>
	@ <input type="text"/>
Payroll officer	<input type="text"/>
Phone number	BUSINESS HOURS <input type="text"/>
	<input type="text"/>
Email address	<input type="text"/>
	@ <input type="text"/>

SECTION C Employment and superannuation details

Applicant is a member of PSS *Superannuation Act 1990*

Date on which continuous sick/compensation leave commenced.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date on which sick leave payments ceased/will cease.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member is in receipt of compensation benefits in respect of the current condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Member has applied for compensation benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
Date on which compensation payments ceased/will cease.	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Eligibility for preassessment 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

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

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.

Signature and date

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

END FORM