



CSS Application to ARIA for approval of release of deferred benefit on medical grounds

To be used by DEFERRED BENEFIT MEMBERS of the Commonwealth Superannuation Scheme (CSS) who are seeking release of their deferred benefits on grounds of total and permanent incapacity.

Please read this first

Your deferred benefit can only be released on medical grounds if ARIA is satisfied that, at the time of your application, you have, because of invalidity or physical or mental incapacity, become totally and permanently incapacitated within the meaning of the CSS Rules.

To be totally and permanently incapacitated means that, because of a mental or physical condition, it is unlikely that you will ever be able to work again in any employment for which you are reasonably qualified by education, training or experience or could be reasonably qualified after retraining.

If you think you meet this 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 000 277**.

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Australian
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Alliance

Access to deferred superannuation benefits on medical grounds

Application Form

- > Complete the form in black ink or ballpoint pen.
- > Use block letters or tick boxes for your answers as appropriate.
- > After completing the form, attach your supporting documents and forward to CSS, PO Box 22, Belconnen ACT 2616

SECTION A - About yourself

AGS/Reference number	<input type="text"/>						
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"/>						
Surname	<input type="text"/>						
Given name/s	<input type="text"/>						
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Contact phone number	<input type="text"/>						
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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:

STATE POSTCODE

I

of

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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*.

Dated this day of 20

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*.

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