



Australian
Reward
Investment
Alliance

CSS 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"/>							
	<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"/>							
	STATE	POSTCODE						
	<input type="text"/>	<input type="text"/>						

Section B continued over page

Section B continued

Case manager	<input type="text"/>																							
Contact number/s	TELEPHONE												FAX											
	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>																							
Payroll officer	<input type="text"/>																							
Contact number/s	TELEPHONE												FAX											
	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>																							

SECTION C - Employment and superannuation details

Applicant is a member of CSS *Superannuation Act 1976*

Date on which continuous sick/compensation leave commenced

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date on which sick leave payments ceased/will cease

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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		

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

DATE

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

END FORM