



Spouse (or spouse and children) of a deceased member

Part 1 - identification

Before completing this benefit application form, you are advised to read the **CSS Product Disclosure Statement** at www.css.gov.au or call **1300 000 277**.

This form is to be completed by any person who considers themselves to be the spouse of a deceased member and who acts on behalf of children who may be eligible for a benefit.

Once the application has been completed it should be forwarded to:

CSS
PO Box 22
Belconnen ACT 2616

Explanatory notes

The CSS pays death benefits to a spouse and any eligible children of a deceased member of the scheme.

Who is a spouse?*

For the purposes of the *Superannuation Act 1976*, a **spouse** is a person who had a marital or couple relationship with a member or a pensioner at the time of their death.

A marital or couple relationship is a relationship between a member or pensioner and a person of the same sex or opposite sex who lived together as husband and wife or partners in a permanent and bona fide domestic relationship for a continuous period of at least three years at the date of death.

To prove eligibility for a spouse benefit you will need to provide the following evidence:

- > a marriage certificate
- > a registered relationship certificate
- or
- > statutory declarations from at least two independent persons having knowledge of the domestic relationship and the length of that relationship.

If the relationship had existed for less than three continuous years at the member or pensioner's death, eligibility can still be determined where ARIA is satisfied that the person ordinarily lived with the member or pensioner as husband and wife or partners.

In making an assessment of eligibility, ARIA may consider the following factors:

- > financial dependence
- > whether you were legally married
- > whether you were in a registered relationship
- > whether you and your partner in the relationship had a child who was:
 - > born of your relationship
 - > adopted by you during the relationship
 - or
 - > where the child is a child of both of you within the meaning of the *Family Law Act 1975*
- > joint ownership of property
- > any other evidence ARIA may consider relevant

Where you previously had a marital or couple relationship but the relationship finished before the date of death, a spouse benefit may still be payable to you if:

- > at the time of the deceased person's death, you were legally married to the deceased person
- and
- > you were wholly or substantially dependent upon the deceased person at the time of the deceased person's death.

Who is a child?*

For the purposes of the *Superannuation Act 1976*, a **child**, in relation to a member who has died, is a child (including an adopted child, an ex-nuptial child, a step-child, a child within the meaning of the *Family Law Act 1975* or any other person whom ARIA determines is to be treated as a child) of the member.

The meaning of child in the *Family Law Act 1975* includes children:

- > born to a woman as the result of an artificial conception procedure while that woman was married to, or was a de facto partner of, another person (whether of the same sex or opposite sex)
- and
- > who are children of a person because of an order of a state or territory court made under a state or territory law prescribed for the purposes of section 60HB of the *Family Law Act 1975*, giving effect to a surrogacy agreement.

Who is an eligible child?*

An **eligible child**, is a child of the deceased member (including an adopted child, an ex-nuptial child, a step-child, a child of the former member within the meaning of the *Family Law Act 1975* or any other person whom ARIA determines is to be treated as a child) who:

- > has not reached age 16
- or
- > is age 16 or more but less than age 25
- and
- > is receiving full-time education at a school, college or university
- and
- > is not ordinarily employed or self-employed
- and
- > immediately before the death of the member:
 - > ordinarily lived with the member
 - > was, in the opinion of ARIA, wholly or substantially dependent upon the member
 - or

- > where the child is born, after the death of the member, and would have, in the opinion of ARIA, ordinarily lived with, or been wholly or substantially dependent on, the member if the child had been born before the death of the member.

Who is a partially dependent child?*

A **partially dependent child** is a child of the deceased member (including an adopted child, an ex-nuptial child, a step-child, a child of the deceased member within the meaning of the *Family Law Act 1975* or any other person whom ARIA determines is to be treated as a child of the member) who:

- > is not an eligible child
 - and
- > is aged less than 16, or is aged 16 or more but less than age 25
 - and
- > is receiving a full-time education at a school, college or university
 - and
- > is not ordinarily employed or self-employed
 - and
- > in respect of whom, immediately before the death of the member:
 - > the deceased member was voluntarily making, or required by a court to make, regular maintenance payments
 - or
 - > in the opinion of ARIA, the member would have been voluntarily making, or required by a court to make, such payments if the child had been born before the death of the member.

* These descriptions paraphrase the definitions in the *Superannuation Act 1976* and the *Family Law Act 1975*.

These **Explanatory notes** are intended to assist you to complete the attached benefit application form.

Before completing this benefit application form, you are advised to read the **CSS Product Disclosure Statement** at www.css.gov.au or by calling 1300 000 277.

It is suggested that you separate the notes from the form so that you can refer to them as you complete the application form.

We can provide details of your benefit entitlement and explain benefit options. For more information:

Phone: 1300 000 277

Fax: 02 6272 9612

Email: members@CSS.gov.au

The Benefit application form

The benefit application is in two parts.

Part 1–Identification

In order for us to provide you with any financial information in relation to the benefit we must first establish your entitlement to receive a benefit. You will need to complete all sections of the Part 1 application form and return to us.

Part 2–Benefit options

We will confirm your eligibility by sending you an estimate of entitlements together with Part 2 of the application. You will need to complete all sections of Part 2 to claim your benefit.

Your accurate completion of the benefit application forms allows us to process the application as soon as possible after it is received. Take care when completing these forms. If you do not complete the benefit application forms correctly, the processing of your benefit will be delayed, or may be paid incorrectly.

Section A – About the deceased

Please complete all the boxes in this section.

Please also attach a copy of the full death certificate.

Section B – Your details

Please complete all the boxes in this section. It allows 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.

Contact phone numbers are also required, in case we need to contact you regarding the payment of your benefit.

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

Section C – Relationship details

Complete all the boxes in this section and provide any necessary certificates or statutory declarations as required.

Section D – Children’s details

Please complete all the boxes in this section. It enables us to identify any eligible children or students.

Attach the birth certificates for all children mentioned and **Review of student pension** forms (SC3) for all students aged 16 years and over. If you need full-time student form(s) please go to www.css.gov.au or phone 1300 000 277.

Section E – Declaration

You must sign the **Declaration** in all cases. Note: There are penalties for making false declarations in respect of claims for benefits.

Section F – Identification requirements

To protect against fraud, money laundering, terrorism financing and safeguard your benefit, we need you to provide documentation to prove your identity before we can process your benefit request.

You need to provide certified copies of four identifying documents listed in **Section F** on the application form. The person certifying the documents must attest that the documents are true copies, and that you are the valid holder of the identification.

We will store copies of identification electronically in a secure environment and securely destroy the paper copies. We will use all copies only for the purpose of confirming your identity.

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.

What next?

When you have completed **Sections A to G**, you should give your benefit application form to your spouse’s personnel section (if your spouse was a contributing member) so that they can complete the **Departmental report** and **Checklist**. The personnel section will, in turn, forward your completed benefit application form to us.

If your spouse was a preserved benefit member, please return this application form to us at the postal address shown on page 1 of this form.

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

ARIA and its administrator, ComSuper, are collecting the information on this form for the following reasons:

- > to confirm your identity
- > to assess your eligibility for payment of the benefit
- > to pay your benefit
- > to contact you.

ARIA and ComSuper are committed to protecting any personal information we hold about you. Your information will not be used for any other purpose or disclosed to another party unless:

- > you authorise us to do so
- > the disclosure is authorised by law. This may include disclosing your personal information to other government agencies that have specific legislative authority to collect this information as required by policy and legislation. We will not disclose your personal information to these agencies unless it is lawful to do so.

Reference number (AGS)

Please keep a record of the deceased member’s Reference number (AGS) for any future contact with the CSS.



Spouse (or spouse and children) of a deceased member

Part 1 - identification

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 blue or 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 About the deceased

Reference number (AGS)	<input type="text"/>																																								
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Previous memberships Have you had any other periods of CSS membership? If so, please list the Reference number (s) (AGS) for each of those memberships.	<table border="1"> <tr><td>1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	1	<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"/>	2	<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"/>	3	<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"/>	4	<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"/>
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SECTION B Your details

Salutation Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Address

RESIDENTIAL ADDRESS

SUBURB STATE POST CODE

POSTAL ADDRESS

SUBURB STATE POST CODE

Phone number

BUSINESS HOURS

AFTER HOURS

MOBILE NUMBER

Email address

@

SECTION C Relationship details

Were you legally married to the deceased at the time of death?

Yes—Complete **Sections A and B** below

No—Complete **Section B** below

A. Marriage

Please include a copy of your marriage certificate.

Date of marriage / /

Note: If the period between the date of marriage and the date of death is less than three years, please provide details of the date the relationship started at **Section DC** through to **DH** inclusive to support your claim and provide relevant evidence.

B. Living arrangements

- (a) Were you living with the deceased on a permanent and bona fide domestic basis at the time of death?*

Section C continued next page

Yes—When did you start living with the deceased?

D D
M M
Y Y Y Y

/

 /

No—Go to next question

(b) Were you wholly or substantially dependent upon the deceased at the time of the death? **

Yes

No

* If you answered Yes to this question, please attach either:

- > statutory declarations completed by two persons outside the immediate family (one should preferably be completed by a professional or business person) who can provide a statement that the relationship existed on a permanent and bona fide domestic basis for the required period (refer to descriptions on the information cover sheets)

or

- > a registered relationship certificate

** Include full details of your financial dependence upon the deceased with the application and include any documents which will support your claim. This should also include a detailed household income and expenditure statement in the form of a statutory declaration.

Please note that further information may be requested before your eligibility for benefit is determined.

SECTION D Details of children

Provide details of children less than 16 years of age and full-time students less than 25 years of age.

Include copies of birth certificates for all children that are mentioned. Attach a **Review of student pension (SC3)** form for any full-time students, aged 16 years or more that are mentioned. The form is available at www.css.gov.au or phone 1300 000 277.

SURNAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO DECEASED*
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Were all of the abovementioned children living with the deceased at the time of death?

Yes

No - provide details of dependence separately

Are all of the abovementioned children now living with you?

Yes

No - please state separately the name and address of the guardian

Section D continued next page

Details of children less than 16 years of age and full-time students less than 25 years of age

Include copies of birth certificates for all children that are mentioned. Attach a **Review of student pension (SC3)** form for any full-time students, aged 16 years or more that are mentioned. The form is available at www.css.gov.au or phone 1300 000 277.

	SURNAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO DECEASED*
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
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5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Were all of the abovementioned children living with the deceased at the time of death?

Yes

No - provide details of dependence separately

Are all of the abovementioned children now living with you?

Yes

No - please state separately the name and address of the guardian

SECTION E Declaration

I declare that the information provided in **Sections C and D** is to the best of my knowledge true and correct and that I have been advised to read the **CSS Product Disclosure Statement** before completing this form.

Signature and date

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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SECTION F 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** certified copies of **three** documents from **column B**.

A	B
Passport (current or expired by less than two years)	Medicare card
Birth certificate or extract, issued by an Australian or foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	A current statement from a financial institution with the same address and name as on the application and not more than three months old. This statement must be the account that you are requesting payment into
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 or permit issued by state or territory or foreign government	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
Proof of age card issued by a state or territory, containing your photograph	Copy of a tax return letter from the Australian Taxation Office with the same address and name as on the application
A national identity card, containing your photograph, issued by a foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	A letter from Centrelink or Department of Veterans' Affairs with the same address and name as on the application
Citizenship certificate issued by a foreign country (either in English or accompanied by an English translation prepared by an accredited translator)	

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**).

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. We will store copies of identification electronically in a secure environment and securely destroy the paper copies. We will use all copies only for the purpose of confirming your identity.

Section F continued next page

All copies of documents provided 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 a permanent employee of the Australian Postal Corporation with two or more years of continuous service in an office supplying postal services to the public
- > an Australian consular officer or an Australian diplomatic officer
- > a finance company officer with two or more years of continuous service with one or more finance companies
- > a person employed by, or an authorised representative, of the holder of an Australian financial services licence with two or more continuous years of service
- > a member of the Institute of Chartered Accountants of Australia (ICA), Certified Practising Accountants (CPA Australia) or National Institute of Chartered Accountants (NIA) with two or more years of continuous membership.

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

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

SECTION G Member checklist

Have you:

- read all the **Explanatory notes**, received a benefit estimate, and any other information you require to make an informed decision
- filled in all the sections applicable to you
- attached a copy of the death certificate
- completed the relationship details questionnaire and provided your marriage certificate or a registered relationship certificate and/or any statutory declarations at **Section C**
- completed the details regarding any children and/or students, and provided birth certificates and student forms at **Section D**
- signed the Declaration at **Section E**
- attached certified copies of documents request at **Section F** to prove your identity

You have now completed this form.

If the deceased was a contributing member, return this form, with any attachments, to the deceased member's personnel section or pay office for completion of the **Departmental report** and forwarding to us.

If the deceased was a preserved benefit member, return this form direct to us.

