



CSS spouse (or spouse and children) of a deceased member

Part 1 – Benefit application form and information

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

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.

Temporary absence or hospitalisation

The *Superannuation Act 1976* states that a person may be deemed to be living with another person on a permanent and bona fide domestic basis where ARIA is of the opinion that an absence is a temporary absence or an absence resulting from an illness or infirmity.

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 foster child, a step-child, a ward, or a child within the meaning of the *Family Law Act 1975*) of the member or of the spouse of the deceased 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 or of their spouse (including an adopted child, an ex-nuptial child, a foster child, a step-child, a ward or a child of the deceased member or spouse within the meaning of the *Family Law Act 1975*) 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 (except where the child is a child of a spouse of the deceased person but not of the deceased person)
 - > 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 or of their spouse (including an adopted child, an ex-nuptial child, a foster child, a step-child, a ward or a child of the deceased member or spouse within the meaning of the *Family Law Act 1975*) 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.

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

Explanatory notes

Introduction

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 call 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 give you details of your benefit entitlement and explain the 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

For us to give you with any financial information about 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 call 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. Faxed copies are not acceptable. 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 F**, 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 (AGS) number

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



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Spouse (or spouse and children) of a deceased member

Part 1–Benefit application form: 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 black or blue 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 (AGS) number	<input type="text"/>												
NAME OF DECEASED Surname	<input type="text"/>												
Given name/s	<input type="text"/>												
Date of birth	<table border="0"> <tr> <td></td> <td>DAY</td> <td></td> <td>MONTH</td> <td></td> <td>YEAR</td> </tr> <tr> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		DAY		MONTH		YEAR	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>								
Date of death Attach copy of death certificate	<table border="0"> <tr> <td></td> <td>DAY</td> <td></td> <td>MONTH</td> <td></td> <td>YEAR</td> </tr> <tr> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td>/</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		DAY		MONTH		YEAR	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
	DAY		MONTH		YEAR								
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>								
Name of former employer	<input type="text"/>												
Previous memberships Did the deceased have any other periods of CSS membership? Is so, please list the AGS reference number(s) for each of those memberships.	<table border="0"> <tr> <td>1</td> <td><input type="text"/></td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>3</td> <td><input type="text"/></td> <td>4</td> <td><input type="text"/></td> </tr> </table>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>				
1	<input type="text"/>	2	<input type="text"/>										
3	<input type="text"/>	4	<input type="text"/>										

SECTION B - Your 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"/>
YOUR NAME Surname	<input type="text"/>
Given name/s	<input type="text"/>
YOUR CONTACT DETAILS Postal address	<input type="text"/>
	<input type="text"/>
	STATE <input type="text"/>
	POSTCODE <input type="text"/>
Residential address	<input type="text"/>
	<input type="text"/>
	STATE <input type="text"/>
	POSTCODE <input type="text"/>

Section B continued over page

SECTION D- 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 names	Date of birth	Relationship to deceased

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

(If NO, provide details of dependence separately)

Yes No

Are all of the abovementioned children now living with you?

(If NO, please state separately the name and address of the guardian)

Yes No

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

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DATE

DAY		MONTH		YEAR	

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.

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.

