

ACCESS-MED 07/15

# **Application for Early Release of Preserved Benefit on Medical Grounds**

# Before you use this form

Before completing this benefit application form, it is recommended that you read the **MilitarySuper Product Disclosure Statement (PDS)** which is available from the MilitarySuper website **militarysuper.gov.au** or by phoning **1300 006 727**.

# Who should use this form?

Use this form if you satisfy the following:

- > You were a contributing member of MilitarySuper and were discharged on non medical grounds.
- You have a preserved employer based benefit in MilitarySuper and have not attained your preservation age.
- You are claiming that benefit on the grounds that you are unlikely to work again.

After completing this form please forward it to MilitarySuper at the address shown in **Part J** on **page 12** of this form. If you are seeking a release of funds for a terminal condition, please contact us for further information.

### **Confirming eligibility**

Before your preserved benefit can be paid to you, you must satisfy the **release criteria**. Commonwealth Superannuation Corporation (CSC) must decide that because of incapacity:

- you are unlikely to ever be able to work again in employment for which you are reasonably qualified by education, training or experience
- you are unlikely to ever be able to work again in employment for which you could reasonably be qualified after retraining.

## Meeting the criteria

To have your preserved benefit released, you will need to provide two or more medical reports regarding your condition/s. At least one of these should be from a specialist. **The medical reports should address both parts of the release criteria.** 

Please note the cost of these reports is not covered by us.

Determinations under other legislation: Any medical information held by Centrelink, the Department of Veterans' Affairs (DVA) or Defence Compensation, which specifies the medical condition causing incapacity, and any statement of reasons for the decision may be of assistance in determining your claim.

These documents may be provided in support of the required medical reports.

# Completing this form

#### Complete:

- > Part A: About yourself
- > Part B: Identification requirements
- > Part C: Medical evidence
- > Part D: Payment options
- > Part E: Surcharge
- > Part F: Paying your benefit
- > Part G: Tax File Number
- Part H: Document checklist
- > Part I: Declaration

Please refer to militarysuper.gov.au and then lodge with MilitarySuper at the address in Part J.

#### **Benefits**

Your benefit may consist of one or both of the following:

- > Member Benefit your contributions and interest preserved after 1 July 1999.
- > Employer Benefit.

If your application is approved the total of your benefit will be released. There is no provision for partial release.

### **Payment**

If your application is approved, your benefit will normally be paid as a cash lump sum only. There is a pension option available provided that your employer benefit is more than \$5,000. If you are interested in the pension option you should seek further information from MilitarySuper on 1300 006 727.

Lump sum payments are normally paid within 15 working days after the date the Delegate approves an application.

# Retrospective medical retirement

#### **Retrospective Invalidity Benefits**

In some cases, the medical condition which is the reason for this application may have existed at the time of discharge. If you were not medically discharged and believe this condition could have caused a medical discharge at that time, you may request CSC to consider whether to exercise discretion, so that you can be considered for an invalidity retirement.

Should CSC agree to exercise its discretion, you may be entitled to invalidity benefits. Please refer to the **Invalidity Benefits** factsheet for further information and how to apply at **militarysuper.gov.au** or by phoning **1300 006 727**.

You should be aware that if you apply for and receive your preserved employer benefit, you will no longer be eligible to make an application for retrospective invalidity benefits.

# Product Disclosure Statement

Before completing this benefit application form, it is recommended that you read the **PDS** which is available from the MilitarySuper website **militarysuper.gov.au** or by phoning **1300 006 727.** 

#### Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, we are required to deduct PAYG tax at the Top Marginal Rate plus the Medicare levy from benefits if a person does not provide a Tax File Number (TFN).

We are required to validate your TFN with the Australian Tax Office's (ATO) records to confirm the TFN provided is yours and is correct. Your TFN can be validated using the SuperTICK validation service at any time during your MilitarySuper membership. For example, validation may occur upon entry or re-entry to the scheme and must be validated before your benefit can be rolled over to another fund. If you do not provide your TFN, the processing of your benefit payment may be delayed.

If you have not been issued a TFN you should lodge an **Australian Taxation Office Application/Enquiry** form with the ATO. Forms are available at **ato.gov.au**. You must provide proof of identity at the time you lodge the form.

### **Privacy**

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via militarysuper.gov.au or by contacting us on 1300 006 727, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.

#### **Contact**

We must provide you with any information you need to understand your benefit entitlements.

If you have any further questions about your benefit entitlements or investment options you can contact us in the following ways:

(02) 6272 9617

Mail **Email** Fax members@enq.militarysuper.gov.au

GPO Box 2252 Canberra ACT 2601

1300 006 727

**Phone** Internet

for the cost of a local call

militarysuper.gov.au

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# **Application for Early Release of Preserved Benefit on Medical Grounds**

PART A	<b>About yourself</b>																					
1.	Service	$\bigcirc$	Na	vy				$\subset$	) Ar	my				(	$\supset$ R	RAAF	:					
	Service number/Employee ID																					
2.	Title	$\overline{\bigcirc}$	Mr		$\bigcirc$	Mr	S	C	) M	S		) M	iss	(	) c	Othe	r [					
	Surname																					
	Given name(s)																					
3.	Date of birth	D	D	/	M	М	/	Y	Y	Y	Y											
		RESI	DENT	IAL AD	DRES	S																7
4.	Address																					
		SUBI	URB											9	STATE	:	$\neg$	Ī	POSTC	ODE		7
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		SUBI	URB											9	STATE		_		POSTC	ODE		
		BUSI	INESS	HOUR	:S				1										,		·	,
5.	Contact details																					
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	E-mail																					
		@																				

#### **PART B**

### **Identification requirements**

6. To protect your benefit against fraud, money laundering and terrorism financing, under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* you must prove your identity. To do this you can either: Choose to have documents verified electronically by completing the section **Verify my identity electronically**.

OR

Provide certified hard copy documents by completing the section **Verify my identity using certified documents**.

An electronic copy of documents will be stored in a secure environment and hard copies will be securely stored off-site. All copies will only be used for the purposes of confirming your identity.

#### Verify my identity electronically

Your documents will be verified electronically using Document Verification Service (DVS), a national online system that allows approved government agencies and organisations to compare a member's identifying information with a government record. It is not a database and does not store any personal information. Requests to verify a document are encrypted and sent via a secure communications pathway to the document issuing authority for checking.

I agree to the use of DVS to verify my documents

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You need to provide the requested details of documents (exactly as they appear on the documents) which **total at least 100 points.** For example your birth certificate and driver's license total 110 points.

#### 70 points

You can only provide the details of one document valued at 70 points.

Australian Birth Certificate																
Family name:																
Given name(s):																
	D	D	1	М	М	1	Υ	Υ	Υ	Υ	1					
Birth date:			/			/										
Registration State:																
Registration No:																
	D	D	1	М	М	1	Υ	Υ	Υ	Υ	1					
Registration date:			/			/										
	D	D	1	М	М	1	Υ	Υ	Υ	Υ	1					
Date printed:			/			/										
Certificate No:																

Note that if you do not agree, you will need to provide certified hard copy documents and complete the section 'Verify my

identity using certified

documents.'

OR

State of issue:

Australian Citizenship Certificate																					
Family name:																					
		1		1			1	1													
Given name(s):																		L			
		D		М	М		Υ	Υ	Y	Υ			ļ				!				
Date of birth:			/			/															
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Stock No:																					
	D	D	1	М	М	1	Υ	Υ	Υ	Υ	1										
Acquisition date:			/			/															
OR																					
Current Australian Passport																					
Family name:																					
·																					
Given name(s):																					
	_								.,	.,											
Date of birth:	D	D	,	M	M	,	Y	Y	Y	Y											
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Document No:																					
Gender:	$\bigcirc$	Mal	^				Fen	مام													
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40 points																					
Australian Driver's Licence of a state or territory	or ar	oth	er l	icen	ce o	or p	erm	it is	sue	d uı	ndei	r a l	aw	of t	he (	Com	mor	ıwe	alth,	,	
Family name:																					
Circum mana																					
Given name:																					
Middle name:																					
	D	D		М	М		Υ	Υ	Υ	Υ											
Date of birth:			/			/															
										·		1	1								
Licence No:																					

### 25 points

You can provide the details of more than one document valued at 25 points and points will accumulate.

Marriage Certificate or Change of Name Certificate									
Type of Certificate	○ Marriage ○ Change of Name								
Family name (new):									
Given name(s) (new):									
Family name (old):									
Given name(s) (old):									
Date of event: (Date of Birth or Date of Marriage)	D D M M Y Y Y Y Y Y								
Registration No:									
Spouse's Family name:									
Spouse's Given name(s):									
Registration State:	D D M M Y Y Y								
Registration date:									
Registration year:									
Date printed:									
Certificate No:									
Medicare Card									
Card No:									
Reference No:									
Family name:									
Given name(s):									
Card colour:	○ Green ○ Blue ○ Yellow								
Expiry date:	D D M M Y Y Y Y								

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Note that if you have completed the section 'Verify my identity electronically', you do not need to complete this section and can go to Part C.

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#### **Examples**

Your birth certificate + driver's licence = 110 points ✓

Your current passport + Medicare card + marriage certificate = 120 points •

Your birth certificate + Medicare card = 95 points 🗶

#### Verify my identity using certified documents

I wish to verify my identity using certified documents



You need to provide clear and legible, validly certified documents, as outlined below, which **total at least 100 points**.

#### 70 points (you can only provide one certified document valued at 70 points)

- Australian birth certificate
- > Australian citizenship certificate
- Current Australian passport
- Birth card issued by the NSW Registry of Births, Deaths and Marriages
- Another document of identity having the same characteristics as a passport (eg diplomatic documents or some documents issued to refugees)

#### 40 points

- Australian driver's licence or another licence or permit issued under a law of the Commonwealth, a state or territory
- Student ID card issued by a tertiary education institution
- Identification card issued by the Commonwealth, a state or territory as evidence of your entitlement to a financial benefit
- ADF ID card/pass
- > Identification card issued to a public employee

You can provide more than one of these documents, but only one will be valued at 40 points. Additional documents will only be valued at 25 points each.

#### 25 points

- > Marriage certificate (for maiden name)
- Medicare card
- > Change of name certificate
- Credit card (one per financial institution)
- Rates notice
- Telephone account
- Foreign driver's licence

You can provide more than one of these documents and points will accumulate. 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.

#### **Certifying your documents**

The following sample of certifying authorities can certify your documents:

- Justice of the Peace (JP)
- Pharmacist
- > Police officer
- Medical practitioner
- > Legal practitioner enrolled on the roll of a supreme court or the High Court of Australia
- Bank officer with two or more continuous years of service
- Permanent employee of Australia Post with two or more years of continuous service
- > Member of the Australian Defence Force who is:
  - an officer or a non-commissioned officer within the meaning of the *Defence Force Discipline Act* 1982 with two or more years of continuous service; or
  - > a warrant officer within the meaning of that Act

For a full list of certifying authorities refer to the *Statutory Declarations Regulations 1993* available at **comlaw.gov.au** 

The certifying authority 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, telephone number, registration number of the certifying authority (if applicable) and the date of the certification.

If you live overseas and need to have documents certified or make a statutory declaration, it needs to be done by a person who is on a list of persons before whom a statutory declaration may be made and who has a connection to Australia. For example a doctor who is registered in Australia and working overseas or an Australian Consular Officer. Refer to **ag.gov.au** and **dfat.gov.au** for more information.

PART C		Medical evidence											
		Please ensure you attach at least two medical reports to this form, one of which should be from a specialist, detailing that because of incapacity:  you are unlikely to ever be able to work again, in employment for which you are reasonably qualified by education, training or experience and											
		you are unlikely to ev qualified after retraini	ver be able to work again, in employment for which you could reasonably being.										
PART D		Payment options											
	7.	Please choose your option	◯ Take as a lump sum										
	·	for your employer benefit.	Convert all or a portion of the employer benefit to a pension (refer to payment information page 2)										
PART E		Surcharge											
	8.	If you have a Superannua (Note: Choose one option	ation Contributions Surcharge debt, do you want it:										
		Retained as a debt against your preserved benefit											
			Note: The debt will attract interest but you can make payments against the debt at any time										
			O Deducted from your Member Benefit lump sum										
			O Deducted from any Ancillary Benefit you are claiming										
PART F		Paying your bene	fit										
	9.	Your benefits will be paid	I to an account you choose.										
		Type of financial institution	$\bigcirc$ Savings bank $\bigcirc$ Building Society $\bigcirc$ Trading bank $\bigcirc$ Credit union										
		Name of institution											
		Branch location											

Branch (BSB) number

Account in name(s) of (must include your name)

Account number

#### **PART G**

#### **Tax File Number**

10. Under the *Superannuation Industry (Supervision) Act 1993*, we are authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. We may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving us your TFN will have the following advantages (which may not otherwise apply):

- we will be able to accept all types of contributions (subject to scheme rules)
- > the tax on contributions to your superannuation account/s will not increase
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits
- > it will make it much easier to trace difference superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

We are required to validate your TFN with the ATO's records to confirm the TFN provided is yours and correct. Your TFN will be validated before your benefit can be rolled over to another fund or paid using the SuperTICK validation service. If you do not provide your TFN, the processing of your benefit payment may be delayed.

If you have already provided your TFN to us, you are under no obligation to provide it again in this application.

Your Tax File Num	ıber
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Your Tax File Number remains confidential.

Please check this box if you do not want MilitarySuper to give your TFN to the Rollover Fund(s)/RSA(s) nominated above.

certified copies of documents requested to prove your identity.

#### **PART H**

#### Document checklist

11.	this application:	ve completed all sections of this application and have attached to
		<ul> <li>a medical report from your legally qualified treating specialist in a relevant field of medicine</li> </ul>
		a medical report from another legally qualified medical practitions
		any relevant determination under other legislation

#### **PART I**

PART J

#### **Declaration**

I declare that: 12.

13.

- The information I have provided is true and correct to the best of my knowledge. I acknowledge that it may be a criminal offence to knowingly provide false or misleading information or documents.
- I have read the MilitarySuper PDS and I understand the options available for my benefit entitlement
- I have read and understood the information set out in Part G I understand that supplying my Tax File Number (TFN) is optional and that if I have not provided my TFN, tax will be deducted at the highest marginal tax rate
- The TFN I have provided is the same number advised to me by the Australian Taxation Office

SIGNATURE

END FORM

I understand that, if I have not completed all the required information, this application may be returned to me for completion and payment may be delayed.

Signature and date	I do not want my co	Date signed  Description of the property of th
Lodgement	research firm for the provided by Military	ne purpose of participating in research on the service rySuper.
	;2	hments to:

