



ACCESS-MED
07/12

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 **Product Disclosure Statement (PDS)** for the MSB Scheme, the **MilitarySuper Book** and **Member Investment Choice Guide**. These documents are available from the MilitarySuper website www.militarysuper.gov.au or by phoning **1300 006 727**.

Additional information is also available on the Publications section of the MilitarySuper website.

Who should use this form?

Use this form if you satisfy the following:

- You were a Contributing Member of the Military Superannuation and Benefits Scheme (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 ComSuper at the address shown in **Part J** on page 9 of this form.

Confirming eligibility

Release Criteria: Before your preserved benefit can be paid to you, the Commonwealth Superannuation Corporation (CSC) must first decide that by reason of your physical or mental incapacity, you will be unlikely ever to be able to work again in employment for which you are reasonably qualified by education, training or experience or for which you could reasonably be qualified after retraining.

'Unlikely' has been interpreted to mean that there is more than a 50% chance that you will never be able to work again in an occupation relevant to your education, training or experience or the possibility of retraining.

Meeting the criteria

To establish a case for release of your preserved benefit you will need to provide the following evidence in support of your claim:

Medical Reports: Reports from two legally qualified medical practitioners, at least one of whom is a specialist in the field of medicine relating to the condition that is causing your incapacity. In his or her report the doctor should certify that you meet CSC's criteria and provide reasons, based on medical and other evidence, which support that opinion. Your doctor should also comment on your capacity or otherwise in relation to a range of occupations which you might reasonably be expected to undertake. Your doctor should not only take into account your past training, experience and education, but also your potential for retraining and rehabilitation.

Please note that neither CSC nor ComSuper meet the costs of these reports.

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.

Education, Training and Experience: to assist in determining what employment is reasonable to expect you to undertake please complete Part D of the attached form.

You do not need to return this page with your form.

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Completing this form

Complete:

- **Part A:** About yourself
- **Part B:** Identification requirements
- **Part C:** Your employment history
- **Part D:** Education and training
- **Part E:** Payment options
- **Part F:** Paying your benefit
- **Part G:** Tax File Number
- **Part H:** Document checklist
- **Part I:** Declaration

Please refer to www.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 \$5000. If you are interested in the pension option you should seek further information from ComSuper on **1300 006 727**.

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

Important information regarding an alternative to applying for early release on Medical Grounds

Retrospective Invalidation Benefits

In some cases, the medical condition which is the cause of your current incapacity may have been present at the time of your discharge. Should you believe this to be so, and you believe that the condition was of such severity that you could have been discharged from the Australian Defence Force as medically unfit, you may request CSC to consider whether to exercise a discretion to determine that your discharge (on grounds other than invalidity retirement) be treated as if it were invalidity retirement. Should CSC agree to exercise its discretion you may be entitled to invalidity benefits. More details on the design of invalidity benefits can be found in the leaflet Invalidity Benefits which is available from the MilitarySuper website www.militarysuper.gov.au or by phoning **1300 006 727**.

PLEASE NOTE: 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.

Should you believe that you could have been discharged as medically unfit you should contact ComSuper on **1300 006 727** for further information before proceeding with this application.

Product Disclosure Statement

Before completing this benefit application form, it is recommended that you read the **Product Disclosure Statement (PDS)** package, the **MilitarySuper Book** and **Member Investment Choice Guide**. These documents are available from the MilitarySuper website www.militarysuper.gov.au or by phoning **1300 006 727**.

Tax File Number

In accordance with the *Taxation Laws Amendment (Tax File Numbers) Act 1988*, CSC is required to deduct PAYG tax at the top marginal tax rate plus Medicare levy from benefits if a person does not provide a Tax File Number (TFN) (See Part G).

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

You do not need to return this page with your form.

Privacy

CSC 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/rollover of the benefit
- to record up to date details relating to your spouse (if applicable) for future benefit eligibility
- to pay your benefit or to roll it over
- to contact you.

CSC 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 (for example the Australian Taxation Office, Centrelink or the Department of Veterans' Affairs). We will not disclose your personal information to these agencies unless it is lawful to do so
- it is to an independently commissioned firm who may, on our behalf, invite you to participate in a survey about our service (they are required to protect this information from disclosure to another party). If you do not want your contact details passed to this firm, please put a cross in the box at **Part I** on page 9.

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:

Visit

Unit 4 Cameron Offices
Chandler Street
Belconnen ACT 2617

Phone

1300 006 727
for the cost of a local call

Mail

GPO Box 2252
Canberra ACT 2601

Fax

(02) 6272 9617

Internet

www.militarysuper.gov.au

Email

members@enq.militarysuper.gov.au

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PART A

About yourself

1. Service Navy Army RAAF
 Service number/Employee ID

2. Title Mr Mrs Ms Miss Other
 Surname
 Given name(s)

3. Former surname (if applicable)
 If you have changed your name, please provide documents that confirm both your previous and current name, such as Marriage Certificate, Birth Certificate, or Deed Poll (name change) Certificate. Certified copies are acceptable.

4. Date of birth / /
D D / M M / Y Y Y Y

5. Address
 RESIDENTIAL ADDRESS

 SUBURB STATE POST CODE

 POSTAL ADDRESS

 SUBURB STATE POST CODE

6. Contact details
 BUSINESS HOURS
 AFTER HOURS
 MOBILE NUMBER

E-mail
 @

7. Please state your medical condition that makes you totally and permanently incapacitated

Part A continued on next page

8. Name of General Practitioner
9. Name of your treating specialist

PART B

Identification requirements

10. To protect against fraud, safeguard your benefit and comply with the Government's Anti-Money Laundering and Counter Terrorism Financing Legislation, we need you to provide documentation to prove your identity. Please be aware that under some circumstances we may request further information from you. If you are unable to provide documentation of the type set out below you should speak to a Customer Information Representative on **1300 006 727**.

All documents provided to confirm your identity must be certified.

You will need to provide certified copies of

- one document from **column A** in the table below, OR
- one document from **column B** AND one document from **column C**

For example, you could provide a certified copy of your driver's licence (from **column A**) OR a certified copy of your birth certificate AND a certified copy of your tax return with your current residential address.

Birth certificate or birth extracts are required to support all applications for children's benefits and where the person is over the age of 18 for identity purposes they must also supply a document from **column A, column C** or **photographic ID from the school or college**. Where a child is under school age the claimant must also provide a medicare card or other documentation listing both the caregiver and child.

These documents may be the same as provided to confirm the eligibility of a child of the deceased, and need to be certified.

A	B	C
Driver's licence or permit issued by State or Territory or foreign government	Birth Certificate or Birth Extract, issued by an Australian or foreign Government (either in English or accompanied by English translation prepared by an accredited translator)	Copy of a rates bill with the same address and name as on the application
Passport (current or expired by less than two years)	Australian Citizenship certificate	Copy of an electricity or gas bill with the same address and name as on the application
An identification or proof of age card issued by a State or Territory, containing a photograph	Citizenship certificate issued by a foreign country (either in English or accompanied by an English translation prepared by an accredited translator)	Copy of a tax return letter from the ATO with the same address and name as on the application
A national identity card, containing a photograph, issued by a foreign government (either in English or accompanied by an English translation prepared by an accredited translator)	Pension or other social security/ DVA benefit card	A letter from Centrelink or DVA with the same address and name as on the application
	ADF Discharge papers or an ADF ID card	For a person under the age of 18, a letter from a school principal, within three months of application, stating the name of the student, residential address and period of time the student attended the school

All copies of documents provided to MilitarySuper must be certified as true and correct copies of the original by one of the persons listed in the section **Attachment Reference** at the end of this form.

The person certifying your documentation must confirm in writing that you are the valid holder of the ID that you are presenting and that any copies are true copies of the original.

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

Part B continued on next page

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. Copies of identification provided will be stored electronically in a secure environment. The paper copies will be securely destroyed. All copies will only be used for the purpose of confirming your identity.

List the documents you have attached to prove your identity:

1. _____
2. _____
3. _____

PART C

Your employment history (including self-employment for the last 10 years)

11. Name of employer
12. Duration of employment

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

 /

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

 /

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

 to

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

 /

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

 /

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Nature of work/duties of position

NATURE OF WORK/DUTIES OF POSITION

If insufficient space please attach additional details

PART D

Education and training

14. What grade/level of schooling did you complete before leaving school?
- Date of leaving school

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

 /

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

 /

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. What was the highest/last public examination you passed at school?

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

 Year of completion
16. What tertiary study or technical training have you completed?
Name of first course

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

 Year of completion
Name of second course

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

 Year of completion

Part D continued on next page

17. What professional, technical or trade qualifications did you gain?

18. What tertiary study or technical training have you partially completed?

Year(s) of study

If insufficient space please attach additional details

PART E

Payment Options

19. Please choose your option for your employer benefit. Take as a lump sum Convert all or a portion of the employer benefit to a pension (refer to payment information page 2)

PART F

Paying your benefit

20. Your benefits will be paid to an account you choose.

Type of financial institution Bank Building Society Credit union

Name of institution

Branch location

Branch (BSB) number -

Account number

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

PART G

Tax File Number

21. 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; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Part G continued on next page

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

Your Tax File
Number

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Your Tax File Number remains confidential

PART H

Document checklist

22. Please ensure that you have completed all sections of this application and have attached to this application:
- a medical report from your legally qualified treating specialist in a relevant field of medicine
 - a medical report from another legally qualified medical practitioner
 - any relevant determination under other legislation.
 - certified copies of documents requested to prove your identity

PART I

Declaration

23. I declare that:
- 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 **Product Disclosure Statement** (PDS) for the Military Superannuation and Benefits Scheme 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

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 of cardholder

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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Privacy

- I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by ComSuper.

PART J

Lodgement

24. Send your completed application and attachments to:

MilitarySuper
GPO Box 2252
Canberra ACT 2601

END FORM

Attachment reference

Persons before whom documents may be certified

1. A person who is currently licensed or registered under a law to practise in one of the following occupations:
 - Chiropractor
 - Dentist
 - Medical practitioner
 - Nurse
 - Optometrist
 - Patent attorney
 - Pharmacist
 - Physiotherapist
 - Trademarks attorney
 - Veterinary surgeon
 - Legal Practitioner.

2. A person who is enrolled on the roll of the Supreme Court of a State or Territory or the High court of Australia, as a legal practitioner (however described).

3. **A person who is in the following list**
 - Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
 - Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
 - Authorised representative or officer of an Australian Financial Services licensee having 2 or more years of continuous service with one or more licensee
 - Bailiff
 - Bank officer with 2 or more continuous years of service
 - Building society officer with 2 or more years of continuous service
 - Chief executive officer of a Commonwealth court
 - Clerk of a court
 - Commissioner for Affidavits
 - Commissioner for Declarations
 - Credit union officer with 2 or more years of continuous service
 - Employee of the Australian Trade Commission who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Employee of the Commonwealth who is:
 - (a) in a country or place outside Australia; and
 - (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
 - (c) exercising his or her function in that place
 - Fellow of the National Tax Accountants' Association
 - Finance company officer with 2 or more years of continuous service
 - Statutory Office holder not otherwise listed

Attachment reference (continued)

- Judge of a court
- Justice of the Peace
- Magistrate
- Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- Master of a court
- Member of Chartered Secretaries Australia
- Member of Engineers Australia, other than at the grade of student
- Member of the Association of Taxation and Management Accountants
- Member of the Australian Defence Force who is:
 - (a) an officer; or
 - (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 2 or more years of continuous service; or
 - (c) a warrant officer within the meaning of that Act
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Member of:
 - (a) the Parliament of the Commonwealth; or
 - (b) the Parliament of a State; or
 - (c) a Territory legislature; or
 - (d) a local government authority of a State or Territory
- Minister or religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- Notary public
- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Permanent employee of:
 - (a) the Commonwealth or a Commonwealth authority; or
 - (b) a State or Territory or a State or Territory authority; or
 - (c) a local government authority;with 2 or more years of continuous service who is not specified in another item in this Part
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Police officer
- Registrar, or Deputy Registrar, of a court
- Senior Executive Service employee of:
 - (a) the Commonwealth or a Commonwealth authority
 - (b) a State or Territory or a State or Territory authority
- Sheriff
- Sheriff's officer
- Teacher employed on a full-time basis at a school or tertiary education institution
- Member of the Australasian Institute of Mining and Metallurgy.

You do not need to return this page with your form.

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