Income protection extension form

Super SA

Government of South Australia

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

Client ID:

Note: You may include any relevant correspondence that you believe will support your application.

1. Personal details

Title

If your name differs from what is recorded in our system, you must submit a Change of Details form along with certified copies of Proof of Identity (POI)

Date of birth D D / M M / Y Y Y Y

Given Name(s)

Family Name

Email address*

Mobile phone

Work phone

Home phone

Street address

Suburb

State

Postcode

Postal address *(if different from above)*

Suburb

State

Postcode

*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

Checklist

Please ensure you have reviewed previous Super SA correspondence outlining what is required in order for your Income Protection extension application to be assessed. Following is a checklist of items you are required to provide:

- ☐ Medical Practitioner report
- ☐ Medical Specialist report (if required)
- ☐ Copies of any recent relevant medical documentation
- ☐ Any relevant correspondence with your employer or Rehabilitation or Return to Work Agreement (if required)

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2. Member Statement

Has your employment been terminated? ☐ Yes ☐ No

If yes, please provide the date: D D / M M / Y Y Y Y

Have you taken or applied for paid leave? ☐ Yes ☐ No

If yes, please provide the date(s):

Have you received, applied for, do you intend to apply for or are you entitled to receive Workers' Compensation or any other payments? ☐ Yes ☐ No

If yes, please provide details including any upcoming tribunal hearing if currently in dispute:

Have you received, applied for, do you intend to apply for, or are you entitled to receive, any other entitlements? (e.g. temporary income replacement benefits under an industrial agreement or award) ☐ Yes ☐ No

If yes, please provide details:

Note: Income Protection is not payable for periods during which you are on recreation leave, long service leave, paid sick leave or any other form of paid leave.

IP benefit payments may not be payable for a number of reasons, including but not limited to circumstances where the member:

- Is no longer medically incapacitated for work
- Has ceased employment
- Reaches 65 years of age
- Is in receipt of salary exceeding their Income Protection benefit
- Has made a Fund Selection to a fund other than Triple S or Super SA Select.
- Is in receipt of paid leave entitlements
- Is entitled to or is in receipt of weekly payments of workers' compensation under the *Return to Work Act 2014* or similar income replacing benefits under an industrial agreement or award.
- Has received a Terminal Illness Benefit or died

For more information regarding IP insurance and eligibility, you may refer to the Income Protection Insurance Fact Sheet, available at supersa.sa.gov.au.

3. Member declaration

- I declare that all the information supplied by me is true and correct.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I acknowledge it is an offence to provide false or misleading information.
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness or injury, medical history, consultations, prescriptions or treatment.
- I understand Super SA (with authority under the *Southern State Superannuation Act 2009*) can gain access to any information held by Return to Work SA or workers' compensation authority (or any provider of these services) to assess my claim.
- I understand that if I have been overpaid an Income Protection benefit by Super SA, Super SA is required to recover the overpayment. I acknowledge that any such overpayment may be recouped through future benefit payments or other means as authorised by Super SA under the relevant Act and Regulations.
- Super SA may provide a copy of this declaration to a third party to obtain necessary information.
- I authorise Super SA to provide information to any other medical practitioner for the purpose of assessing my claim.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application.
- I understand that Super SA will obtain information from my employer and may provide my medical details to my employer, which it is authorised to do under the relevant Act and Regulations.
- I understand that my personal information will be used by Super SA and/or its authorised service providers to assist with processing my request and will be handled as per Super SA's Privacy Policy.

Signature ✘

Date D D / M M Y Y Y Y