

Fact Sheet > Super SA > Your Questions Answered

MAKING A TPD CLAIM

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- > Step 1 – Lodging your claim
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THIS PACK INCLUDES...

- ✓ An *Application to claim a Total and Permanent Disablement benefit Part A* to be completed by you.
- ✓ An *Application to claim a Total and Permanent Disablement benefit Parts B and C – Medical Report* to be completed by your treating medical practitioners and specialists.
- ✓ A *Notification of Instructions for Payment of Entitlement* for you to complete.
- ✓ A *Proof of Identity* fact sheet to assist you in providing the appropriate documentation to prove your identity.
- ✓ A *Tax File Number Notification* form for you to complete.

Please note: Parts A, B and C must be forwarded to Super SA as a complete application.

What is TPD?

If you are permanently unable to work due to illness or incapacity, or you are suffering a terminal illness, and you have Total and Permanent Disablement cover through your Flexible Rollover Product or Triple S account you may be eligible to claim a Total and Permanent Disablement (TPD) entitlement.

Your TPD entitlement includes the:

- Balance of your accounts; and
- Value of your TPD Insurance cover (if any), subject to certain conditions.

TPD definition

Total and Permanent Disablement means that the Super SA Board is reasonably satisfied that:

- Your ill health (whether physical or mental) makes it unlikely that you would at any future time engage in gainful employment for which you are reasonably qualified by education, training or experience, or for which you could have been expected to become reasonably qualified following appropriate training or rehabilitation; and
- You are being treated by and following the advice of a medical practitioner for your ill health.

Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment and also

includes any employment that you may be retrained or rehabilitated to perform based on your education, training or experience.

Members of the Pension Scheme, Lump Sum Scheme (and members of Triple S or the Flexible Rollover Product whose employment ceased prior to 3 September 2018) have a different test for Total and Permanent Disability applied to them (ie you must satisfy the Super SA Board that your incapacity for all kinds of work is at least 60% and is likely to be permanent).

Things to consider...

- The Super SA Board must approve the payment of a TPD benefit. Therefore, do not resign until you get written approval from the Super SA Board.
- If you have resigned because of your incapacity, your employment was terminated due to your incapacity, or your employment was terminated due to the expiry of a fixed term contract, a benefit may still be considered. You must be able to prove that the reason for termination is a direct result of your incapacity at the date of termination and for at least six months since terminating employment. Your application must also be lodged within two years of the termination of employment.
- If you are a preserved member (ie you previously terminated employment and you no longer have insurance) you can apply for Early Release of

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Preserved Benefits by ticking the Total and Permanent Disablement box on the attached form.

- A TPD claim will not be approved if you refuse or fail to submit to reasonable medical treatment that would likely assist in your rehabilitation to work.
- Please note that you will have to meet the cost of providing the medical evidence to support your claim.
- If you are claiming through Flexible Rollover Product insurance cover that was transferred from Triple S, and have accepted a Targeted Voluntary Separation Package (TVSP) or a Voluntary Separation Package (VSP), and the incapacity was known to you at the time of accepting the TVSP or VSP, you are not eligible to claim TPD insurance, even under the Terminal Illness provisions.
- If you are claiming through Triple S insurance cover and have accepted a Targeted Voluntary Separation Package (TVSP) or a Voluntary Separation Package (VSP), you are not eligible to claim TPD insurance, even under the Terminal Illness provisions.

claiming a TPD from the date of the termination of your employment the medical practitioners must also be able to comment on your condition at that time. If you need additional medical reports you can make copies or call us on (08) 8207 2094 and we will send you more copies.

- Return all the completed forms together to Super SA along with all your supporting documentation as a complete application.
- If the information you send is incomplete or there is insufficient evidence to support your claim, you will either be asked to provide more information which will delay your claim, or your claim will be declined.

STEP 2 – Preparing your claim

- Super SA will acknowledge that your claim has been received. If you have any questions you can contact a Claims Management Officer.
- Super SA will contact your employer to obtain leave and employment information.
- Additional information may be requested from you, your employer or your treating medical practitioners.

HOW DO I MAKE A CLAIM?

STEP 1 – Lodging your claim

- Complete the enclosed forms (including Part A of the *Claim for Disablement Entitlements* form).
- The Part B: Medical Report is to be completed by your treating medical practitioner.
- The Part C: Medical Report is to be completed by a treating medical practitioner that is a **specialist** in your claimed conditions.
- Parts A, B and C original documents must be forwarded to Super SA as a complete application.
- Medical practitioners should comment on your claimed conditions at the current time. If you are

STEP 3 – Assessing your claim

Based on the information available, your claim will be assessed. The Super SA Board will then decide to either:

- Approve your entitlement to a benefit under the legislation (see **Step 4 Paying your benefit**);
- Request more information from you, your employer or your treating medical practitioner.
- Request that you attend an appointment for you to have a medical examination with one or more independent medical specialists.
- Defer your claim for further review.
- Decline your claim if you are not entitled to a benefit under the legislation.

Please check that you and your doctors have answered every question and all necessary documents are provided.

Last updated April 2022

Sensitive: Medical (when completed) - I2 - A2

ASFS30

To find out more visit supersa.sa.gov.au





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STEP 4 – Paying your benefit

- If your claim is accepted, a Claims Management Officer will contact both you and your employer.
- If you have not already terminated employment, you will need to terminate your employment with the South Australian Government. (This does not apply if you are approved a Terminal Illness benefit.)
- Once all criteria have been met, payment of your benefit will be arranged in accordance with the instructions provided on your *Notification of Instructions for Payment of Entitlement* form.

Payment options

Should your claim be accepted, you have three options for the payment of your entitlement:

Option 1:

Have your TPD entitlement paid to you as a lump sum payment.

Option 2:

Roll over your TPD entitlement to the Super SA Flexible Rollover Product or the Super SA Income Stream. More information about these products is available on the Super SA website. You can also roll over your TPD entitlement to another complying super fund. If you are approved a Terminal Illness benefit this cannot be rolled over.

Option 3:

Have some of your TPD entitlement paid to you as a lump sum and roll over the balance.

Please note that TPD benefits may receive concessional tax treatment, however some tax may still be payable. You are strongly advised to seek advice from a professional financial adviser before you make any decisions about your payment.

Frequently asked questions

Will it cost anything to lodge a claim?

You will have to pay the cost of providing any medical evidence to support your claim, such as

obtaining the Medical Reports from your treating doctors and any supporting documentation.

Where you attend an appointment with an independent medical examiner arranged by Super SA, the medical examiner's costs will be covered by Super SA. However, if an appointment is arranged and you do not attend the appointment, you will need to pay the cost of any non-attendance fee incurred.

What if my condition is terminal?

If you have been diagnosed with a terminal illness, you can receive your TPD entitlement without having to terminate your employment.

To be eligible, you must satisfy the Super SA Board that you have an illness or condition that is likely, in the opinion of two medical practitioners (one being a specialist in the relevant field), to result in your death within 24 months of the day on which the opinion is given.

If you receive a Terminal Illness entitlement, you will not be entitled to any further insurance cover through a Super SA product, including Death, TPD and Income Protection Insurance.

How long will the claim take?

The time taken to assess your claim depends on the conditions you have and the information that's available. A claim can take anywhere from a few weeks to several months, particularly if we have to wait for information from doctors. We will keep you informed of progress and how you may be able to help us if there are any delays outside of Super SA's control.

If you have Triple S Income Protection (IP) Insurance, you could consider also lodging an IP claim. If you are eligible, you may be entitled to regular income payments while your TPD claim is being assessed.

What if I also have Triple S IP Insurance?

If you have Triple S IP Insurance and are unable to



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work due to temporary or permanent incapacity, you may be eligible to claim an IP benefit.

Triple S IP Insurance provides a fortnightly benefit of up to 75% of your notional salary, plus an additional 9.5% of your fortnightly IP benefit paid to your Triple S account (known as a Contribution Replacement Benefit). Conditions apply. The IP benefit is payable for a maximum period of 24 months (12 months for casuals) or to age 65, whichever occurs first.

If you have Triple S IP Insurance, you may be eligible for a Triple S IP benefit after your waiting period of either 30 or 90 days from the date you last worked due to your incapacity. During the waiting period, you can use sick leave or other forms of paid or unpaid leave.

No Triple S IP payments are made during the waiting period, or in respect of periods you are in receipt of paid leave, or workers' compensation (or similar).

It is important to note that Triple S IP benefits cease to be payable once you terminate employment with the SA Government (for any reason) or a terminal illness benefit is approved.

If you wish to claim Income Protection, you must apply for Income Protection within six months of the date you last worked, prior to your incapacity.

For more information on lodging a Triple S IP claim, see the *Making an IP Claim* fact sheet available from the Super SA website or your Super SA Claims Management Officer.

Is there a timeframe to lodge a claim?

If you are claiming through Triple S insurance cover, you can lodge anytime while still employed, but if your employment is terminated and you wish to lodge a TPD claim, you must do so within two years of terminating employment. If you are claiming through Flexible Rollover Product insurance cover you must have worked in paid employment for an average of 9 or more hours per week in any 6 month period in the 2 years prior to lodging a claim.

What if my employment is terminated by resignation, retirement or the expiry of a fixed term contract?

You must be incapacitated for all kinds of work for a period of six months before you are able to claim a TPD benefit if you resign, retire or your employment is terminated by the expiry of a contract. The six month period must follow on from the end of your employment.

What TPD benefits are excluded?

Some members are not eligible for TPD Insurance, or may have been eligible to apply for TPD Insurance but did not apply to take out cover. These members may still be able to claim the balance of their accounts under TPD or Early Release of Preserved Benefits. Limitations and conditions may also apply to TPD Insurance.

TPD Insurance may not be payable in the following circumstances:

- You refuse to submit to reasonable medical treatment that would likely aid in your return to work.
- Where employment is terminated in connection to a Voluntary Separation Package.
- If you are a member of Triple S and you have been employed for less than six months and you are claiming for a medical condition that existed prior to commencing Triple S membership.

If you or your employer do not advise Super SA of your resignation or termination of employment, there is a likelihood that the cost of your insurance will continue to be deducted from your account. Any insurance fees deducted after you have ceased employment will be reimbursed once we have been advised of your final date of employment.

What if my claim is declined?

If your TPD claim is declined, you will be advised in writing the reason why.



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If you do not agree with any decision in relation to your claim you can provide additional information to support your claim. You can also lodge a complaint in writing to Super SA. Super SA aims to resolve all matters through its internal enquiry and dispute resolution process.

Written complaints, together with any information to support your claim not previously considered by Super SA, should be addressed to the Complaints Officer:

**The Complaints Officer
Super SA
GPO Box 48, Adelaide SA 5001**

Email supercomplaints@sa.gov.au

The Complaints Officer will investigate the matter thoroughly and provide you with a written response within 45 days of receiving the complaint.

If you believe that your complaint has not been resolved satisfactorily through our complaints process or you wish to review a decision made by Super SA, you can have the matter reviewed by the Super SA Board. An application to the Super SA Board to review a decision must be made within three months of receiving notice of the decision.

If your complaint relates to a decision made by the Super SA Board (or a delegate of the Board), in respect of an entitlement under the governing rules of your superannuation fund, you may make an application for the decision to be reviewed by the South Australian Civil and Administrative Tribunal (SACAT) or by the Super SA Board. Applications for review must be made within three months of receiving notice of the decision.

Refer to the *Resolving Your Complaint* fact sheet for further information.

Need more information?

If you have any questions about TPD entitlements or the information in the pack, contact Super SA on (08) 8207 2094.

Alternatively, there are fact sheets on a range of topics relating to your super available at www.supersa.sa.gov.au.

For the complete rules of Triple S or Flexible Rollover Product, please refer to the *Southern State Superannuation Act 2009* and *Southern State Superannuation Regulations 2009*. The Act and accompanying Regulations set out the rules under which Triple S and Flexible Rollover Product are administered and entitlements are paid.

You can access a copy from the Super SA website.



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Contact us

Address

Ground floor,
151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney St)

Postal

GPO Box 48,
Adelaide, SA 5001

Call

(08) 8207 2094 or
1300 369 315

Email

supersa@sa.gov.au

Website

supersa.sa.gov.au

Disclaimer

The information in this document is intended to help you understand your entitlements in Triple S and Flexible Rollover Product. Super SA does its best to make sure the information is accurate and up to date. However, you need to be aware that it may not include all the technical details relevant to the topic. For the complete rules of Triple S and Flexible Rollover Product, please refer to the *Southern State Superannuation Act 2009* and *Southern State Superannuation Regulations 2009*. The Act and accompanying Regulations set out the rules under which Triple S and Flexible Rollover Product are administered and entitlements are paid. You can access a copy from the Super SA website.

Triple S is an exempt public sector superannuation scheme and is not regulated by the Australian Securities and Investments Commission (ASIC) or the Australian Prudential Regulation Authority (APRA). Super SA is not required to hold an Australian Financial Services Licence to provide general advice about Triple S. The Flexible Rollover Product administered by Super SA is part of an exempt public sector superannuation scheme and is not regulated by the Australian Securities and Investments Commission (ASIC) or the Australian Prudential Regulation Authority (APRA). Super SA is not required to hold an Australian Financial Services (AFS) licence to provide general advice about this product.

The information in this document is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Super SA recommends that before making any decisions about Triple S you consider the appropriateness of this information in the context of your own objectives, financial situation and needs, read the Product Disclosure Statement (PDS) and seek financial advice from a licensed financial adviser in relation to your financial position and requirements.

Super SA and the State Government disclaim all liability for all claims, losses, damages, costs or expenses whatsoever (including consequential or incidental loss or damage), which arise as a result of or in connection with any use of, or reliance upon, any information in this document.

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To find out more visit supersa.sa.gov.au



CLAIM FOR DISABLEMENT ENTITLEMENTS



Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

Personal Details

Account ID

--	--	--	--	--	--	--	--	--	--	--	--

Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Residential Address _____

Postcode _____

Postal Address (if different from above) _____

Postcode _____

Date of birth / /

Email* _____

Telephone* (M) _____

(W) _____

(H) _____

Employer _____

Your occupation _____

Current Salary \$ _____

Status Full Time Part time Casual

*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, announcement, 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 any important account information from us.

If all sections are not completed and returned together as a complete package, processing of this claim will be delayed.

Part A: Member Statement

1. Type of entitlement being applied for:

Total & Permanent Disablement (TPD)

- Please note that any claim for total and permanent disablement will, after approval by the Board, be subject to you terminating your employment on the grounds of invalidity.
- Preserved members, following approval from the Board, can receive their account balance.

Terminal Illness

- To be eligible for a terminal illness entitlement, two medical practitioners (one being a specialist in the relevant field) must certify that your illness or condition is likely to result in your death within the next 24 months.
- Lump Sum and Pension Scheme members are not eligible to claim a terminal illness benefit. These members can claim a TPD benefit and may be eligible for a terminal illness tax concession.

Please complete Personal Details, Part A, Part B & Part C.

Income Protection (temporary disability)

Have you taken paid leave? Yes No

What date will approved paid leave cease? / /

Please complete Personal Details, Part A & Part B.

2. Scheme

Pension

Lump Sum

Triple S

Flexible Rollover Product

Contact Us

In person:

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal: GPO Box 48, Adelaide, SA 5001

Call: (08) 8207 2094 or 1300 369 315

Email: supersa@sa.gov.au

Website: supersa.sa.gov.au



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CLAIM FOR DISABLEMENT ENTITLEMENTS

Part A: Member Statement



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Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

3. Manager's name (current/former) _____

4. Manager's title _____ Manager's contact phone number _____

5. What date did you last work? / / _____

6. Have you terminated employment? Yes No

7. If yes, on what date did you terminate employment? / / _____

8. Have you received, applied for, or are you entitled to receive, weekly workers' compensation payments? Yes No

If yes, please give details:

9. Injury Manager's name _____

10. Injury Manager's contact phone number _____

11. Have you received, or are you entitled to receive, a workers' compensation redemption ie under the *Return to Work Act*? Yes No

If yes, please give details:

12. Have you received, applied for, or are you entitled to receive, any other entitlements (eg TVSP)? Yes No

If you are claiming through your **Triple S account** and have terminated employment as a result of accepting a Targeted Voluntary Separation Package or Voluntary Separation Package (TVSP or VSP), you **are not** eligible to claim for TPD insurance, including Terminal Illness.

If you are claiming through your **FRP account** and have terminated employment as a result of accepting a Targeted Voluntary Separation Package or Voluntary Separation Package (TVSP or VSP) and the incapacity was known to you at the time of accepting the TVSP or VSP, you **are not** eligible to claim for TPD Insurance, including Terminal Illness.

If yes, please give details

13. Are you receiving a Disability Support Pension (DSP) or Veterans Affairs Pension (VAP)? Yes No

If yes, state type DSP or VAP

Pension no _____ Date granted / / _____

Important information

Return to work entitlement: If you have received, or are entitled to receive, weekly workers' compensation payments, this may affect your entitlement.

Medical costs: You will have to pay the cost of providing any medical evidence to support your claim, such as obtaining the Medical Reports from your treating doctors and any supporting documentation. Where you attend an appointment with an independent medical examiner arranged by Super SA, the medical examiner's costs will be covered by Super SA. However, if an appointment is arranged and you do not attend the appointment, you will need to pay the cost of any non-attendance fee incurred.

Important:

– Please return the **original signed form and supporting information** to Super SA by post:

Super SA, GPO Box 48, Adelaide, SA 5001

CLAIM FOR DISABLEMENT ENTITLEMENTS



Please complete this form in BLOCK LETTERS using a BLACK PEN and return all the signed ORIGINAL forms to Super SA.

14. What is the exact nature of your medical condition(s)?

15. If an injury, how did your injury occur?

16. Please provide the date of any surgery/procedures / /

17. Provide details of surgery/procedures

18. When did you first suffer from the above condition(s)?

19. Please give details of all doctors, specialists etc. consulted in relation to the condition(s)

Condition(s)	Doctor's name	Doctor's address	Date of first consultation	Date of last consultation
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /

(If you require more space, please attach a separate sheet.)

20. Have you been able to perform any work (paid or unpaid) since you were disabled? Yes No

If yes, please provide details:

21. Please list the work duties that you are not able to perform

22. Please list any alternative work duties that you think that you may be able to do (if applicable)

23. Other comments/additional information (which you believe may be relevant in the assessment of this claim)

CLAIM FOR DISABLEMENT ENTITLEMENTS



Please complete this form in BLOCK LETTERS using a BLACK PEN and return all the signed ORIGINAL forms to Super SA.

24. To assist with the assessment of your claim, please provide copies of the following (if applicable)

- | | | | | | |
|---------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------------|--------------------------|
| • List of Current Medications | <input type="checkbox"/> | Health Care Plans | <input type="checkbox"/> | Orthopaedic Assessments | <input type="checkbox"/> |
| • Specialist Reports | <input type="checkbox"/> | X-Ray/MRI/Radiological Reports | <input type="checkbox"/> | Hospital or Separation Reports | <input type="checkbox"/> |
| • Test Results (eg blood tests) | <input type="checkbox"/> | Biopsy Reports | <input type="checkbox"/> | Return to Work Reports | <input type="checkbox"/> |

25. Is any further medical evidence/information attached? Yes No

Before posting in your form, please ensure the following sections have been completed and signed:



- All questions under Part A: Member Statement
- Part B: Medical Report (to be completed by your medical practitioner)
- Part C: Medical Specialist Report (to be completed by your medical specialist)
- Copies of any supporting documentation is attached

Please send all parts of this form together, to ensure we are able to process your claim.

Declaration

- I declare that all the information supplied by me is true and correct.
- 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 authorise Super SA to gain access to any Return to Work reports (if applicable).
- Super SA may provide a copy of this declaration to the 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 I will have to pay the cost of providing any medical evidence to support my application.

Signature:

Date: / /



Important:

- Please return the **original signed form and supporting information** to Super SA by post:

Super SA, GPO Box 48, Adelaide, SA 5001



EDUCATION TRAINING & EXPERIENCE QUESTIONNAIRE



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This questionnaire is to be completed by members claiming Permanent Disability benefits to assist in the assessment of their claim. Please complete this form and return it to Super SA.

Member Details

Name

Client ID

1) What was your occupation prior to your incapacity?

Please provide details of all duties of your occupation including percentage of time spent in each.

Duties	Percentage
<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) How long have you been in this occupation?

3) What level of education have you completed?

Level	Name	Year completed
Secondary School (eg Year 12)	<input type="text"/>	<input type="text"/>
Tertiary Courses (eg Diploma / Degree)	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

4) Please specify your qualifications. List any courses attended, skills and trade qualifications:

Qualifications	Year completed
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



EDUCATION TRAINING & EXPERIENCE QUESTIONNAIRE

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This questionnaire is to be completed by members claiming Permanent Disability benefits to assist in the assessment of their claim. Please complete this form and return it to Super SA.

5) Are you attending any rehabilitation programmes or have you commenced any study?

Programme or Study	Year started

6) Provide details of any previous occupations. If you have a CV or Resume with this information, please attach.

Occupation	Period	Employer Name	Duties
	to		
	to		
	to		
	to		
	to		

7) On a scale of 1 to 5 rate your ability with the following:

Skill	Basic		Intermediate	Advanced	
	1	2	3	4	5
Reading and Writing	1	2	3	4	5
Speaking and Understanding English	1	2	3	4	5
Using Numbers and Mathematical Skills	1	2	3	4	5

8) Tick and provide details of any computer packages you are able to use:

- Internet Browsers (eg Internet Explorer)
- Database tools (eg MS Access)
- Word processors (eg MS Word)
- Social Media (eg Facebook, Twitter)
- Publishing Software (eg Powerpoint)
- Programming Software (eg Visual Basic)
- Spreadsheet tools (eg MS Excel)
- Other (please list below)



EDUCATION TRAINING & EXPERIENCE QUESTIONNAIRE



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This questionnaire is to be completed by members claiming Permanent Disability benefits to assist in the assessment of their claim. Please complete this form and return it to Super SA.

9) Provide details of the domestic duties you currently undertake:

10) Provide details of your interests, hobbies and pastimes:

(eg cooking, reading, fishing, sporting organisations, memberships etc)

Activity	Frequency

Member Declaration

- > I declare that all the information supplied by me is true and correct.
- > I acknowledge it is an offence to provide false or misleading information.
- > I understand that Super SA and its medical advisers will use this information for the purpose of considering my application.

Signature

Date

x

Contact Us

In person:

Ground floor, 151 Pirie Street
Adelaide SA 5000 (enter from Pulteney Street)

Postal: GPO Box 48, Adelaide, SA 5001

Call: (08) 8207 2094

1300 369 315 (for regional callers)

Fax: (08) 8115 1297

Email: supersa@sa.gov.au

Website: www.supersa.sa.gov.au

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part B: Medical Report (To be completed by the claimant's medical practitioner)



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Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

1. **Name of claimant** _____ Date of Birth / / _____
2. From what date have you been the claimant's treating doctor? / / _____
3. On what date did you first see the claimant in connection with his/her condition(s)? / / _____
4. Does the claimant have an appointment to see you again? Yes No If yes, please give date / / _____
5. Please complete the following in respect of the claimant's medical condition(s)

Medical Condition	Date first suffered
1.	/ /
2.	/ /
3.	/ /
4.	/ /
How do these conditions affect the claimant's ability to perform work duties?	
Provide details of investigations or tests performed (Please attach results).	
Provide details of treatments, current and trialed.	
What is the prognosis, including the likely outcome of any treatments?	

(If you require more space, please attach a separate sheet.)

6. Is the claimant's condition terminal? Yes No
 If yes, is the condition likely to be terminal within: 12-24 months 2-5 years 5-10 years
7. Any other comments which you believe may be relevant in the assessment of this claim

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part B: Medical Report (To be completed by the claimant's medical practitioner)



SUPER SA
contributing to your future

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

Based on your professional medical opinion:

8. Is the claimant fit for his/her **usual work**?

- Full time (>30 hrs) Yes No
- Part time (15-30 hrs) Yes No
- Nature of work – please indicate Light Moderate Heavy Other

Please provide details:

9. Is the claimant fit for **any other alternative work** including sedentary work?

- Full time (>30 hrs) Yes No
- Part time (15-30 hrs) Yes No
- Nature of work – please indicate Light Moderate Heavy Other

Please provide details:

10. If the claimant is currently not fit for his/her usual work or alternative work, please estimate when, in your opinion, the claimant is likely to be able to return to **any** form of work.

11. Please indicate if there is any type of work the claimant may be able to perform in the future. If so, what medical treatment, rehabilitation, training or other steps may be required?

12. If it is premature to express an opinion about when the claimant could return to work, please provide an estimate as to when an opinion could be expressed.

13. Please estimate the claimant's overall level of incapacity for all kinds of work.

%

Note 100% incapacity means that the claimant is completely unable to perform any type of work.

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part B: Medical Report (To be completed by the claimant's medical practitioner)



SUPER SA
contributing to your future

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

14. To assist with the assessment of this claim, please provide copies of the following (if applicable)

- | | | | | | |
|-------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------------|--------------------------|
| List of Current Medications | <input type="checkbox"/> | Health Care Plans | <input type="checkbox"/> | Orthopaedic Assessments | <input type="checkbox"/> |
| Specialist Reports | <input type="checkbox"/> | X-Ray/MRI/Radiological Reports | <input type="checkbox"/> | Hospital or Separation Reports | <input type="checkbox"/> |
| Test Results (eg blood tests) | <input type="checkbox"/> | Biopsy Reports | <input type="checkbox"/> | Return to Work Reports | <input type="checkbox"/> |

15. Is any further medical evidence/information attached? Yes No

Declaration (By medical practitioner completing this form)

- I hereby certify that I have personally attended the claimant and that all the information supplied by me on this form is true and correct.
- I understand that Super SA and its medical adviser(s) will use this information and
- Super SA may provide copies of this report to the claimant or to any medical practitioner, or to any other person deemed necessary to assist in the assessment of this claim.

Name

Name of Practice

Address

Postcode

Telephone

Registration and/or provider number

Qualifications Medical Specialty

Signature

Date / /



Please Note

If all sections are not completed the processing of this claim will be delayed.

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CLAIM FOR DISABLEMENT ENTITLEMENTS

Part C: Medical Report (To be completed by a **medical specialist in the relevant field**)



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Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

1. **Name of claimant** _____ Date of Birth / /
2. From what date have you been the claimant's treating doctor? / /
3. On what date did you first see the claimant in connection with his/her condition(s)? / /
4. Does the claimant have an appointment to see you again? Yes No If yes, please give date / /
5. Please complete the following in respect of the claimant's medical condition(s)

Medical Condition	Date first suffered
1.	/ /
2.	/ /
3.	/ /
4.	/ /

How do these conditions affect the claimant's ability to perform work duties?

Provide details of investigations or tests performed (Please attach results).

Provide details of treatments, current and trialed.

What is the prognosis, including the likely outcome of any treatments?

(If you require more space, please attach a separate sheet.)

6. Is the claimant's condition terminal? Yes No
 If yes, is the condition likely to be terminal within: 12-24 months 2-5 years 5-10 years
 7. Any other comments which you believe may be relevant in the assessment of this claim
-
-

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part C: Medical Report (To be completed by a medical specialist in the relevant field)



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Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

Based on your professional medical opinion:

8. Is the claimant fit for his/her **usual work**?

- Full time (>30 hrs) Yes No
 - Part time (15-30 hrs) Yes No
 - Nature of work – please indicate Light Moderate Heavy Other
- Please provide details

9. Is the claimant fit for **any other alternative work** including sedentary work?

- Full time (>30 hrs) Yes No
 - Part time (15-30 hrs) Yes No
 - Nature of work – please indicate Light Moderate Heavy Other
- Please provide details

10. If the claimant is currently not fit for his/her usual work or alternative work, please estimate when, in your opinion, the claimant is likely to be able to return to **any** form of work

11. Please indicate any work the claimant may be able to perform in the future. If so, what medical treatment, rehabilitation, training or other steps may be required?

12. If it is premature to express an opinion about when the claimant could return to work, please provide an estimate as to when an opinion could be expressed

13. Please estimate the claimant's overall level of incapacity for all kinds of work.

%

Note 100% incapacity means that the claimant is completely unable to perform any type of work.

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part C: Medical Report (To be completed by a medical specialist in the relevant field)



SUPER SA
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Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

14. To assist with the assessment of this claim, please provide copies of the following (if applicable)

- | | | | | | |
|-------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------------|--------------------------|
| List of Current Medications | <input type="checkbox"/> | Health Care Plans | <input type="checkbox"/> | Orthopaedic Assessments | <input type="checkbox"/> |
| Specialist Reports | <input type="checkbox"/> | X-Ray/MRI/Radiological Reports | <input type="checkbox"/> | Hospital or Separation Reports | <input type="checkbox"/> |
| Test Results (eg blood tests) | <input type="checkbox"/> | Biopsy Reports | <input type="checkbox"/> | Return to Work Reports | <input type="checkbox"/> |

15. Is any further medical evidence/information attached? Yes No

Declaration (By medical specialist completing this form)

- I hereby certify that I have personally attended the claimant and that all the information supplied by me on this form is true and correct.
- I understand that Super SA and its medical adviser(s) will use this information and
- Super SA may provide copies of this report to the claimant to any medical practitioner, or to any other person deemed necessary to assist in the assessment of this claim.

Name _____

Name of Practice _____

Address _____

Postcode _____

Telephone _____

Registration and/or provider number _____

Qualifications _____ Medical Specialty _____

Signature: _____

Date / / _____

Please Note

If all sections are not completed the processing of this claim will be delayed.

Important:

- Please return the **original signed form and supporting information** to Super SA by post:

**Super SA, GPO Box 48,
Adelaide, SA 5001**

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NOTIFICATION OF INSTRUCTIONS FOR PAYMENT OF ENTITLEMENT



SUPER SA
contributing to your future

Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

1. Personal Details

Account ID

--	--	--	--	--	--	--	--	--	--	--	--

Mr Ms Miss Mrs Dr Prof

Surname _____

Given name(s) _____

Residential address _____

Postcode _____

Postal address (if different from above) _____

Postcode _____

Date of birth / /

Email* _____

Telephone* (M) _____

(W)

(H)

Name of agency _____

Employee number _____

*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, announcement, 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 any important account information from us.

Contact Us

In person:

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal: GPO Box 48, Adelaide, SA 5001

Call: 08 8207 2094 or 1300 369 315

Website: www.supersa.sa.gov.au

Please return the completed form to:

Claims Management
Super SA
GPO Box 48, Adelaide SA 5001

Please pay my lump sum entitlement as follows:

Payment by electronic funds transfer (less tax). I have provided the required proof of identity documents as I am applying for my entitlement to be paid directly to me.

(For more information please see the *Proof of Identity* fact sheet.)

Electronic transfer of funds (EFT)

Complete this section if you wish to have all or part of your entitlement paid directly to you via electronic funds transfer.

Complete the following:

Name of financial institution _____

Branch _____

Account name (account holder name) _____

BSB number (compulsory) -

Account number - -

When completing your account details, please use numbers only. Characters and symbols will not be recognised. For more information, contact your financial institution.

Important

If you wish to nominate a bank account for your benefit to be paid to, we require you to provide a bank statement (eg printed statement or online statement from a bank or credit union) for the account. These statements need to be current (ie less than 12 months old) and must show your BSB, account number and your full name on the account.

Please note payments cannot be made to third party accounts, credit cards or overseas accounts. Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you.

Roll over to nominated fund. This option is not available for payment of a Terminal Illness benefit

Combine rollover and payment by EFT (less tax). I have provided the required proof of identity documents as I am applying for part of my entitlement to be paid directly to me.

(For more information please see the *Proof of Identity* fact sheet.)



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NOTIFICATION OF INSTRUCTIONS FOR PAYMENT OF ENTITLEMENT



SUPER SA
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Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

2. Rollover payment details

Amount to be rolled over	\$
<hr/>	
Amount to be paid to me by EFT (less tax)	\$
<hr/>	

3. Request to roll over an entitlement

Please complete this section if you want to roll over any part of your entitlement into another complying super fund. All rollover payments will be forwarded direct to the fund you nominate below.

Note that Super SA is unable to rollover a Terminal Illness benefit. If you are eligible for a Terminal Illness benefit, you must take this as a bank transfer.

Name of rollover fund

New policy/member number

Postal address of rollover fund

USI of rollover fund

ABN of rollover fund

If you wish to roll over your entitlement to more than one fund, please attach the relevant documentation to this application.

For further information, please contact a Super SA Claims Management staff member.

4. Member Declaration

I certify that the details above are true and correct. I understand that once my payment has been made I will not be able to change my instructions.

Signature: **Date:** / /


IN THIS FACT SHEET

- > Accepted documents
- > Primary photographic identification documents
- > Primary non-photographic identification documents
- > Secondary identification documents
- > Providing the documents to Super SA
- > Who can certify a copy of your identification documents?



A 'certified copy' is a copy of an original document that has been signed and certified by an authorised person (see list on page 2).

The authorised person must see the original document and certify that the copy is a 'certified true copy' of the original document.

All pages of the document need to be certified as a true copy of the original by writing 'certified true copy' on each page. The certification must contain an original signature. Faxed copies cannot be accepted.

Documents must be certified within the last six months.

Identification documents can be provided either as original documents or as certified copies of original documents.

Among the reforms introduced by the Commonwealth Government in relation to anti-money laundering and counter-terrorism financing (AML/CTF) is the requirement for those claiming super entitlements to provide proof of identity.

This means that you or your representative (if applicable), are required to provide proof of identity when applying for the payment of a cash entitlement. For any exceptions to this requirement refer to the boxout section opposite.

Accepted documents

Super SA must be able to verify your name, date of birth and residential address from:

- an original document or
- a certified copy or
- a certified extract from an original document.

The source documents may be either:

- a primary photographic identification document (your name and either your date of birth or residential address)

or

- both a primary non-photographic identification document and a secondary identification document (your name, date of birth and residential address).

The documents must be valid and not have expired. The only exception to this is a passport issued by a Commonwealth country, providing it expired less than two years ago.

Primary photographic identification documents

A primary photographic identification document is one of the following:



Exceptions

Post-retirement products

Proof of identity documents are required for Super SA's Income Stream and Flexible Rollover Product only in the following situations:

- opening a Flexible Rollover Product or Income Stream account (provision of a designated service)
- payment of a death benefit on commencing a reversionary pension
- full or partial cash payments (unless proof of identity documents are already held in the member's current name).

Note: if Super SA holds a member's current proof of identity documents then they can be used to verify a withdrawal application.

Division 293 tax payment

To make a Division 293 tax payment directly to the ATO from a Super SA account, proof of identity documents are *not* required. If the payment is made to you proof of identity documents *are* required.

- a driver's licence containing your photograph
- a passport issued by the Commonwealth of Australia
- a passport or similar document issued for international travel purposes by a foreign government, the United Nations or an agency of the United Nations, which contains your photograph and signature. If necessary, you must also provide an English translation prepared by an accredited translator
- a proof of age card containing your photograph
- a national identity card issued for the purpose of identification by a foreign government, the



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IN THIS FACT SHEET

- > Accepted documents
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- > Who can certify a copy of your identification documents?

United Nations or an agency of the United Nations, which contains your photograph and signature. If necessary, you must also provide an English translation prepared by an accredited translator.

Primary non-photographic identification documents

A primary non-photographic identification document is one of the following:

- a birth certificate or birth extract issued by an Australian State or Territory
- a citizenship certificate issued by the Commonwealth Government
- a citizenship certificate issued by a foreign government. If necessary, you must also provide an English translation prepared by an accredited translator, unless the person who sights the document understands the language it is written in
- a birth certificate issued by a foreign government, the United Nations or an agency of the United Nations. If necessary, you must also provide an English translation prepared by an accredited translator
- a pension card issued by Centrelink that entitles you to financial benefits.

Secondary identification documents

A secondary identification document is one of the following documents containing your name and residential address:

- a notice issued to you by the Commonwealth, or a State or Territory government within the preceding 12 months, that shows you have received financial benefits from that government
- a notice issued to you by the Australian Taxation Office within the preceding 12 months which records details of a Commonwealth tax debt or rebate

- a notice issued by a local government body or utilities provider within the preceding three months which records the provision of services to you or your address.

If you do not have any of the documents listed above, please contact Super SA to discuss your options.

Providing the documents to Super SA

Identification documents can be provided either as original documents or as certified copies of original documents.


If you provide original documents please bring them to the Super SA Member Centre, Ground Floor 151 Pirie Street (enter from Pulteney Street), Adelaide. A Super SA staff member will sight the documents and take a photocopy for our records and return the originals to you immediately.

If you provide certified copies then you can post the documents or deliver them in person to Super SA when you apply for payment of your cash entitlement. Super SA will retain these documents.

Who can certify a copy of your identification document(s)?

Under AML/CTF rules, the following people are able to certify that copies of your documents are true extracts of the originals:

- 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
- a person who is currently licensed or registered to practise one of the following occupations:
 - Chiropractor
 - Dentist
 - Legal practitioner
 - Medical practitioner
 - Nurse
 - Optometrist

 A certified copy is a copy of an original document that has been signed and certified by an authorised person.

The authorised person must see the original document and certify that the copy is a certified true copy of the original document.

All pages of the document need to be certified as a true copy of the original by writing 'certified true copy' on each page.

The certification must contain an original signature. Faxed copies cannot be accepted.



IN THIS FACT SHEET

- > Accepted documents
- > Primary photographic identification documents
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- > Providing the documents to Super SA
- > Who can certify a copy of your identification documents?



You cannot certify your own documents, even if you fall under one of the accepted categories.

- Patent attorney
- Pharmacist
- Physiotherapist
- Psychologist
- Trademarks attorney
- Veterinary surgeon
- an officer or authorised representative of a holder of an Australian financial services licence, with two or more continuous years of service with one or more licensees
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- an Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- a bailiff
- a chief executive officer of a Commonwealth court
- a clerk of a court
- a commissioner for Affidavits
- a commissioner for Declarations
- an employee of the Australian Trade Commission who is:
 - in a country or place outside Australia and
 - authorised under paragraph 3 (d) of the *Consular Fees Act 1955* and
 - exercising his or her function in that place
- an employee of the Commonwealth who is:
 - in a country or place outside Australia and
 - authorised under paragraph 3 (c) of the *Consular Fees Act 1955* and
 - exercising his or her function in that place
- a fellow of the National Tax Accountants' Association
- a finance company officer with two or more years of continuous service
- a holder of a statutory office
- a judge of a court
- a Justice of the Peace
- a magistrate
- a marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
- a master of a court
- a member of Chartered Secretaries Australia
- a member of Engineers Australia, other than at the grade of student
- a member of the Association of Taxation and Management Accountants
- a 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
- a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants (IPA)
- a member of:
 - the Parliament of the Commonwealth or
 - the Parliament of a State or
 - a Territory legislature or
 - a local government authority of a State or Territory



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- a minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
- a notary public
- a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public
- a permanent employee of:
 - the Commonwealth or a Commonwealth authority or
 - a State or Territory or a State or Territory authority or
 - a local government authority
 with two or more years of continuous service who is not specified in another item in this Part
- a person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- a police officer
- a registrar, or Deputy Registrar, of a court
- a Senior Executive Service employee of:
 - the Commonwealth or a Commonwealth authority or
 - a State or Territory or a State or Territory authority
- a sheriff
- a sheriff's officer
- a teacher employed on a full-time basis at a school or tertiary education institution
- a member of the Australasian Institute of Mining and Metallurgy.

Except where stated, the categories above relate to positions and offices held within Australia. If you are overseas for any reason, you need to have your documents certified by an Australian consular officer, an Australian diplomatic officer or you should contact Super SA for alternative arrangements. You cannot certify your own documents, even if you fall under one of the above categories.

Further information

To find out more about the AML/CTF reforms visit the Commonwealth Government Attorney-General's Department website at www.ag.gov.au/aml or the Australian Transaction Reports and Analysis Centre, (AUSTRAC) website at www.austrac.gov.au. If you have any general enquiries about accessing your super entitlement, contact Super SA.

Contact us

Address

Ground floor,
151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal GPO Box 48, Adelaide, SA 5001

Call (08) 8207 2094 or 1300 369 315 (for regional callers).

Email supersa@sa.gov.au

Website www.supersa.sa.gov.au



Please complete this form in **BLOCK LETTERS** using a **BLACK PEN** and return all the signed **ORIGINAL** forms to **Super SA**.

1. Personal Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (M)

(W)

(H)

Name of employer

Employee number

* 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, announcement, 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 any important account information from us.

Contact Us

In person:

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal: GPO Box 48, Adelaide, SA 5001

Call: 1300 369 315

Website: www.supersa.sa.gov.au

2. Superannuation Scheme Details

Please tick your scheme(s)

- | | |
|--|--|
| <input type="checkbox"/> Triple S | <input type="checkbox"/> Income Stream |
| <input type="checkbox"/> Lump Sum Scheme | <input type="checkbox"/> Flexible Rollover Product |
| <input type="checkbox"/> Pension Scheme | <input type="checkbox"/> Select |

3. Tax File Number

My tax file number is:

4. Declaration

Signature: **X**

Date: / /



This form will only be used to provide the Super SA Board with your tax file number (TFN).

Your TFN will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The Board may disclose your TFN to another super fund when your entitlements are being transferred, unless you request the Board in writing that your TFN may not be disclosed to any other trustee.

- Providing your super fund with your TFN will have the following benefits:
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your super entitlement.
 - It will make it much easier to trace different accounts in your name so that you receive all your super when you retire.

Triple S, Super SA Select, Lump Sum and Pension Scheme members and investors will also enjoy the following benefits:

- Additional contributions tax will not apply.
- Your super fund will be able to accept payment of your Government co-contribution to your account.
- Your super fund will be able to accept all types of contributions to your account(s)

For Flexible Rollover Product investors, providing your TFN will also have the following benefits:

- Additional contributions tax will not apply.
- Your super fund will be able to accept payment of your Government co-contribution to your account, as well as any after-tax member contributions.



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