



Use BLACK INK and print in BLOCK LETTERS.

Mark boxes with a cross or tick .

Application Form for an increase in a hurt on duty pension (s.10(1A))

Applicants Family Name

Applicants registered number

Applicants Given Names

Who should use this form?

Please complete this Application Form if you wish to apply for an increase to a hurt on duty (HOD) pension.

You can apply for an HOD pension increase if you satisfy all of the following. You:

1. are currently receiving an HOD pension,
2. have not turned 60 years of age or, if you have, it is less than 5 years since your last day of service in the *Police Force*, AND
3. have not commuted the whole amount of any PSS pension into a lump sum.

Completing this Form

This Application Form contains two types of questions:

- the first asks you to mark a box with a cross or tick
- the second asks you to provide short answers in a space on the form.



This sign indicates that if there is insufficient space on the Form for your answer you are asked to provide the rest of your answer on a separate sheet of paper, marking it with the relevant question number.

You do not have to answer all of the questions in this Application Form. The questions you are required to answer will depend on your situation and are indicated below. Where you are required to answer questions, *STC* requires all of the information sought in order to determine your entitlement to an increase in your HOD pension. If you do not answer all of the questions relevant to your situation, you may not have established an entitlement. You should therefore answer all of the questions as indicated below.


- **All applicants** are required to answer the questions in **Parts A, B, C, D, E, H, I and J**.
- If you have previously made an application for an HOD pension increase and are now in receipt of a pension amount of less than 85% of your attributed salary of office, you are **also** required to answer **Part F**.
- If you are applying for an HOD pension increase in respect of the **special risk** element (over 85%), you are **also** required to answer **Part G**.

Please print clearly when completing the Application Form and try to complete all the questions to the fullest extent possible and supply as much of the information as you can. If you cannot answer any of the questions, please explain why or ask for assistance from Pillar (see the Notes that accompany this Application Form). If it is necessary for Pillar to request further information from you, the processing of your application could be delayed.



Notes for PSS Form I4

There are **Notes** that accompany and explain this Application Form and you should read them carefully and refer to them as you fill in this form. The Notes explain in more detail what information is required in your answers.

 **Where this sign is next to a question in the Form, it indicates that there is a note providing more information for that question.**

Some terms in this Application Form are in *italics*. The Notes explain those italicised terms under the heading “**Glossary of Terms**”.

Privacy and this Form.

Part J of the Application Form explains your rights to privacy. You should read this section carefully.

Checklist.

Use this checklist to make sure your Application Form is complete before you lodge it with *Pillar*.

Check that you have . . .

- inserted your name and registered number on the front page of the Application Form.
- completed all the relevant questions.
- read, completed, signed and dated the declaration in Part J.
- attached copies of separate pages providing answers to questions (please mark as appropriate):
 - Q17 Q20 Q23 Q26 Q29 Q31 Q33
 - Q18 Q21 Q24 Q27 Q30 Q32 Q36
 - Q19 Q22 Q25 Q28
- where relevant, attached a copy of:
 - Rehabilitation report (Q19)
 - Vocational or other reports (Q34)
 - Medical report/s (Q35)
 - the authorisation if an authorised person is completing and signing the form (Part I)
- kept copies of your completed Application Form and documents for your own records.

Lodging your Application Form

Send the **original** completed Application Form and **copies** of all other supporting documents to:

Pillar Administration
PSS Team
PO Box 1229
Wollongong NSW 2500

A Your personal details

1 Title (Mr, Mrs, Ms, Miss, Dr or rank if still serving)

3 Family name

2 Given names

5 Date of Birth

4 Family name on your *last day of service* (if different from current family name)

6 Registered number

B Your contact details

i This symbol indicates there is an explanatory note for this question.

7 Address: Street number and name

Suburb/Town

State

Postcode

Postal Address: PO Box/Street number and name (if different)

Suburb/Town

State

Postcode

8 Email address (optional)

9 Telephone number (daytime)

Telephone number (mobile)

10 Alternative contact name (optional)

Alternative contact telephone number (optional)

C Eligibility to apply

Please use crosses or ticks in appropriate boxes

i This symbol indicates there is an explanatory note for this item.

11 Attestation date when first joined *Police Force*

12 *Last day of service.*

13 Rank

14 Are you currently receiving an HOD pension?

 YES
 NO

If yes, from when was it paid?

If no, are you should **not** be completing this form.

15 Have you commuted the whole amount of any PSS pension into a lump sum?

 YES
 NO

If yes, you should **not** be completing this form.

D Education, skills and work history

Please use crosses ☒ or ticks ✓ in appropriate boxes

i This symbol indicates there is an explanatory note for this item.

16 Please provide the following information in relation to your education, skills, training and qualifications.

Education (including school and post-secondary), training, skills, qualifications	Year acquired
1.	
2.	
3.	
4.	
5.	
6.	

17 Did you work or were you employed, including self-employed, either paid or unpaid **before** you joined the *Police Force*? YES NO **i** If yes, please provide details.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

18 Did you work or were you employed in any other employment while you were in the *Police Force*? YES NO **i** If yes, please provide details.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

19 Have you participated in any rehabilitation or injury management program either during your service in, or since you left, the *Police Force*? YES NO **i** If yes, please provide details and enclose a copy of any report from your rehabilitation.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

20 Since leaving the *Police Force*, have you: YES NO **i** a) regularly participated in any interests, hobbies, pastimes or pursuits? **a)** If yes, please list the activities and the frequency and period (approximate dates are sufficient) over which you participated in them.

Activity	Frequency, Period and Dates
_____	_____
_____	_____
_____	_____

b) given up any interests, hobbies, pastimes or pursuits? YES NO **b)** If yes, please list the activities you have given up and say why and when you gave them up.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

I Authorised Person

Please use crosses ☒
or ticks ☑ in boxes

i This symbol indicates there is an
explanatory note for this item.

i If you are not the applicant but are completing **and signing** this form **on behalf of** the applicant, please provide the following information about you.

Title (Mr, Mrs, Miss, Dr)

Family name

Given Name/s

Date of Birth

Postal Address: Street number and name

Suburb/Town

State

Postcode

Email address

Telephone number (daytime)

Please indicate and attach the relevant authorisation:

A **certified** copy of the power of attorney

A **certified** copy of the guardianship order

Other statement/details of authorisation

J Privacy statement and Declaration

i This symbol indicates there is an
explanatory note for this item.

For the purposes of section 10 of the *Privacy and Personal Information Protection Act 1998*, STC is required to inform you of the following:

- When you provide STC with the information requested on this Form, STC is collecting your personal information. That information will be held for us by Pillar Administration. The address of Pillar is:

Pillar Administration
PSS Team
PO Box 1229
Wollongong NSW 2500
- The supply of the information requested on this Form to STC is required by law.
- You have a right to access, and correct, the personal and health information supplied by you. If you wish to access your information, or make changes to that information please contact Pillar Administration at the address stated above.
- STC has collected the information on this Form for the purpose of determining your entitlement to be paid a benefit under the *Police Regulation (Superannuation) Act 1906*.

In order for us to determine your entitlement, we may need to disclose certain personal and health information to, and collect personal and health information from, third parties including the NSW Police Force, medical practitioners and specialists, rehabilitation providers, vocational and other assessors, investigators and legal officers for that purpose.

- Where STC requests you to provide information in the Application Form, you are required by law to supply the information requested under clause 27 of the *Police Regulation (Superannuation) Regulation*.

i Declaration (by applicant or authorised person)

I, _____,
(print name)

- declare that I have read and understood the information relevant to this application as outlined in the Notes relating to this Application Form and the privacy statement set out in Part J to this form,
- declare that the information that I have provided in this Application Form is, to the best of my knowledge, true and complete,
- understand that giving false or misleading information is a serious offence,
- consent to STC collecting, using and disclosing personal and health information as described in the privacy statement set out in Part J,
- consent to STC obtaining any medical or other reports I have identified in this Application Form or referred to in any other medical reports provided to STC by me, and
- authorise any doctor or other person who has treated or examined me/the applicant to give to STC any information or medical reports relating to the medical condition or injuries described in this Application Form.

Signature

Date

Please return to Page 2 for instructions on lodging this Form.