

Application Form for Permanent Impairment Benefit (s.12D)

Applicant's Family Name	Applicant's registered number
<input type="text"/>	<input type="text"/>
Applicant's Given Names	
<input type="text"/>	

Who should use this form?

Please complete this application form if you:

- are a current or former member of the NSW Police Force who joined before 1 April 1988,
- are or were a member of the Police Superannuation Scheme (PSS) administered under the *Police Regulation (Superannuation) Act 1906*, and
- want to apply for a permanent impairment benefit resulting from a hurt on duty (HOD) injury sustained on or after 21 November 1979.

This claim can only be made if the medical condition is stable (for injury received before 1 January 2002), or when maximum medical improvement has been reached, ie the condition has been medically stable for the past 3 months and further recovery or deterioration is not expected in the next 12 months (for injury received on or after 1 January 2002).

However, if you have recovered damages in relation to the HOD injury, you are not eligible for a benefit from the PSS for permanent impairment or medical and related treatment. Please note also that if you recover damages for an HOD injury after you receive a benefit from the PSS for that injury, you must repay the PSS benefit.

If you have received a Victims Compensation payment in relation to the HOD injury, any benefit you receive from the PSS for permanent impairment must be reduced by the amount of the Victims Compensation payment.

You will need to disclose damages and Victims Compensation payments you receive if they relate to the same injury as your PSS benefit claim.

Completing this Form

Unless clearly indicated otherwise, you need to provide all the information sought in this Application Form in order that your entitlement to a benefit can be determined. If you do not answer all the questions, you may not have established an entitlement. You should therefore answer all the questions unless clearly stated otherwise. If you cannot answer any of the questions, please explain why or ask for assistance from Allianz (see contact details below). If it is necessary for Allianz to request further information from you, the processing of your application could be delayed.

Fact Sheet

Fact Sheet PSS 17 provides information about s.12D benefits and is available:

- on the State Super website at www.statesuper.nsw.gov.au;
- from Pillar Customer Service on 1300 130 097;
- on the Allianz website at www.allianz.com.au on the Workers Compensation page; or
- by calling Allianz on 1300 788 946.

Please read the Fact Sheet before submitting your application. In the declaration in Part M of this Application Form you are required to acknowledge that you have read the Fact Sheet.

Privacy and this Form.

Part M of this Application Form explains your rights to privacy. You should read that Part carefully.

Lodging your Application Form

The administration of permanent impairment benefits under s.12D is undertaken for the SAS Trustee Corporation (STC), trustee of PSS, by Allianz Australia Insurance Limited.

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

Allianz Australia Insurance Limited
GPO Box 4056
SYDNEY NSW 2001
Phone: 1300 788 946
Fax: 1300 788 942

A Your personal details

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

2 Family name

3 Given names

5 Date of Birth

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

6 Registered number

B Your contact details

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

11 Attestation date when first joined *Police Force*

12 Are you or have you been a contributor to the PSS?

YES

NO

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

13 Are you still serving in the NSW Police Force?

YES

➤ If yes, go to question 15.

NO

➤ If no, go to question 14.

14 If you answered No to Q13, please provide the following information:

a) The date you left the Police Force

b) Were you medically discharged?

YES

NO

c) If you were medically discharged, please describe the medical conditions claimed at the time of your discharge.

15 Did the injury in respect of which you are making this claim, occur before 21 November 1979?

YES

NO

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

D Injury(ies) claimed

(If you are claiming more than 3 injuries, please photocopy Q16 (before completing the question) to complete for additional injuries, and send them with your application.)

16 Please provide the following details of the injury or injuries (including psychological injuries) you are claiming resulted in the permanent impairment.

Injury 1

a) Date of injury:

>

Clarify date of injury if necessary (for example, if the injury is a disease of gradual process)

b) What part of the body or body system is permanently affected by the injury?



c) Describe the circumstances that caused the injury:



d) If the HOD injury occurred **before 1 January 2002**, what percentage impairment or loss are you claiming in accordance with the Table of Disabilities?



%

e) If the HOD injury occurred **on or after 1 January 2002**, what percentage whole person impairment (WPI) are you claiming?



%

f) Did you notify the NSW Police Force of the injury? YES NO

g) If yes, have you attached a copy of the injury notification to this application? YES NO



If no, please advise the date you notified NSW Police Force of your injury:

h) Do you have written notification from the delegate of the Commissioner of Police that the injury has been accepted as HOD? YES NO



If **yes**, please attach a copy of the notification.



If **no**, Allianz will need to write to the delegate requesting a decision and will let you know when that has been received. Your application cannot proceed unless the delegate determines that your injury was HOD.

i) If you have previously claimed a permanent impairment benefit in respect of a particular body part arising from an HOD injury, and are now claiming a further benefit for that body part, please provide details of the extent your permanent impairment has increased since your earlier application was finalised.



E Previous injury(ies) or pre-existing conditions

(Do not complete in relation to a claim for noise induced hearing loss, which is dealt with in Part F)

17 Have you had any other injury(ies) (whether or not work related) to the same body part for which you are now making a claim? YES NO **>** If yes, please give details of such injury(ies), including the dates of injuries:

18 Have you any pre-existing condition(s) in respect of the body part for which you are now claiming a benefit? YES NO **>** If yes, please give details of such pre-existing conditions.

19 Is there any other employment to which any proportion of the impairment may be due? YES NO **>** If yes, please give details of such employment

Employer's name	Address	Occupation	Period of employment

20 Have you regularly participated in any interests, hobbies, pastimes or pursuits (which could include walking, card games or social activities)? YES NO **>** 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

F Hearing loss claims

(Complete this Part if you are making a claim for noise induced hearing loss)

21 Please give details of any noisy work environment in the NSW Police Force, including the dates or periods when you did that work. **>**

22 Please give details of any noisy work environment **outside** the NSW Police Force. You should include any work as an employee, in self-employment, partnership, military service or otherwise. Even if you are unsure how noisy the work may have been, include these details:

Employer/business/other name	Address	Occupation	Period of employment

G Psychological Injury

(Complete this Part in respect of any psychological injury you have claimed in Q16)

23 Please summarise or note, and give the dates of, the incidents giving rise to your psychological injury, if they occurred over a period of time.

Incident	Dates

H Pain and suffering benefit

You are eligible to be considered for a separate payment for pain and suffering where:

- an injury received between 1 July 1987 and 31 December 2001 results in a permanent loss or losses of 10% or more of the maximum amount for a single loss. The maximum amount for a single loss is \$100,000 for an injury received between 1 February 1992 and 31 December 2001, so you would need to be awarded at least \$10,000 for a loss to be eligible for a pain and suffering benefit;
- an injury received on or after 1 January 2002 results in a level of whole person impairment of 10% or more (or 15% for a primary psychological injury).

24 If you are claiming a pain and suffering benefit, please provide details of the pain and suffering resulting from the permanent impairment or treatment.

➤ a) Actual pain (including impact on work, domestic and leisure activities):

➤ b) Distress and anxiety (including impact on work, domestic and leisure activities):

➤ c) Amount claimed for pain and suffering \$

which is % of the maximum amount claimable for a most extreme case.

I Previous Claims

25 Have you made any previous applications for a permanent impairment benefit for an HOD injury? YES NO **➤** If yes, please give details of such applications.

Benefit applied for	Date of Application	Outcome (including any amount paid)

26 Have you been paid damages or compensation or any other amounts (including any payment from the Victims Compensation Tribunal), or made a claim for such payment, arising out of the injury/ies for which you now claim a benefit under s.12D? YES NO **➤** If yes, please provide the following details.

a) Who the claim was made against:

b) The date you made the claim:

c) The amount(s) paid to you, and the date(s) paid:

d) Nature of injury/ies claimed:

e) Dates of injury/ies relied upon:

(f) Claim / reference number (if known):

g) Type of claim:
 Motor Accident Act
 Common Law Action
 Other (please provide details:

M Privacy statement and Declaration

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

1. When you provide STC with the information requested in this form, STC is collecting your personal information. That information will be held for us by Allianz. The address of Allianz is:

Allianz Australia Insurance Limited
GPO Box 4056
Sydney NSW 2001

2. The supply of the information requested on this form to STC is required by law under clause 27 of the *Police Superannuation Regulation*.
3. 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, whose address is:

Pillar Administration
PSS Team
PO Box 1229
Wollongong NSW 2500
4. 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, Pillar Administration, medical practitioners and specialists, rehabilitation providers, vocational and other assessors, investigators and legal officers for that purpose.

Declaration (by applicant or authorised person)

I, _____,
(print name)

- a) declare that I have read and understood the information relevant to this application as outlined in the Fact Sheet relating to this Application Form and the privacy statement as set out in Part M of this Form,
- b) declare that the information I have provided in this Form is, to the best of my knowledge, true and complete,
- c) understand that giving false or misleading information is a serious offence,
- d) consent to STC collecting, using and disclosing personal and health information as described in the privacy statement set out in Part M,
- e) consent to STC obtaining any medical reports referred to in any medical reports provided to STC by me or any information relating to any claims I have identified in this Application Form,
- f) 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, and
- g) authorise any entity to give to STC any information or reports relating to any claim I have identified in this Application Form.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Checklist and how to lodge this Form.

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

Check that you have ...

- inserted your name and registered number on the front page of the Application Form,
- completed all the questions that are relevant to your claim,
- read, completed, signed and dated the declaration in Part M,
- attached medical reports (Part K),
- where relevant, attached the authorisation if an authorised person is completing and signing the Form (Part L),
- kept copies of your completed Application Form and documents for your own records.