



Application for an invalidity benefit

Notes for member

Use this form ...

- if you are a member of the Police Superannuation Scheme (PSS), *and*
- you are applying for an invalidity benefit, *and*
- the NSW Police Service has confirmed your infirmity as either *hurt on duty* or *not hurt on duty*.

Options for payment of benefits

If your application is granted you will receive either a lump sum or a pension depending on your circumstances.

- If the NSW Police Service has confirmed your infirmity as *hurt on duty*, you will receive a pension.
- If the NSW Police Service has confirmed your infirmity as *not duty related*:
 - if you have been in the service for less than 20 years you will receive a lump sum, or
 - if you have been in the service for 20 years or more you will receive a pension.

Before you fill in this form

Please read PSS fact sheets 5, *Invalidity retirement (medical discharge)*, 9, *Taxation*, and *STC Fact Sheet 10, Basic Benefit*.

How to apply

You must fill in sections 1 and 10 of this form, together with the other sections relevant to you.

These sections tell the administrator, Pillar Administration, and the Police Superannuation Advisory Committee:

- what they need to know to determine the type of benefit and the extent of the benefit payable, *and*
- what you want to do with any benefit.

Basic Benefit

The Basic Benefit is a lump sum and is payable in addition to the PSS benefit. It can be paid as a direct payment to you (subject to Commonwealth preservation rules) or it can be rolled over.

In accordance with the Commonwealth preservation rules, a certain part of your superannuation benefits ie. the Basic Benefit in the case of PSS members) must be preserved — kept within the superannuation system — until you cease employment from age 60 or retire permanently from the work force at or after reaching your *preservation age* (between 55 and 60 — see your annual benefit statement).

However, earlier payment of your Basic Benefit is available in certain circumstances, one of which is permanent incapacity. You can satisfy the condition for receiving immediate payment of your Basic Benefit on this basis if you have 2 certificates from qualified medical practitioners stating that you are unlikely to ever be employed in a capacity for which you are reasonably qualified because of education, training or experience.

Giving your tax file number

If you have not already supplied us with your tax file number (TFN), you should consider doing so now, before your benefit is paid out or rolled over. You do not have to supply your TFN, but if you don't supply it then Pay As You Go (PAYG) tax will be deducted from your benefit at a higher rate than is otherwise necessary. (Any additional tax that is initially deducted may be refunded by the Australian Taxation Office (ATO) when they assess your next tax return.)

To supply your TFN to us, ask Customer Service for a *Tax file number collection* form to complete and send it to us along with this form.

Your privacy

The information you provide in this form is collected by and held for State Super by the fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998*, under which you have rights of access and correction. For further information about privacy, contact Pillar Administration by writing to PO Box 1229, Wollongong DC NSW 2500 or visit www.statesuper.nsw.gov.au

If you need help with this form

Contact Customer Service

phone: **1300 130 097**

(for the cost of a local call unless you are calling from a mobile or pay phone)

email: enquiries@stc.nsw.gov.au

1 Your personal details

Title (*Mr Mrs Ms Miss Dr*)

Birth date

DD	MM	YY
/	/	

Family name

Given name/s

Postal address (*please include postcode*)

Suburb, Town, City

Postcode

Daytime contact telephone number

Email address

Superannuation number

Registered number

please turn over ►

2 Spouse/de facto partner details (where applicable) *

Please complete this section **only** if you are married or living in a de facto relationship. Partner may include a partner of the same sex.

Spouse's/partner's family name

Spouse's/partner's given name/s

Spouse's/partner's address (if different from yours)

Suburb, Town, City

Postcode

Spouse's/partner's date of birth

Spouse's/partner's place of birth

Date of marriage

Place of marriage

If you are not married but are living together in a de facto relationship:

Date of commencement

* These details may help Pillar Administration to determine if any spouse entitlement exists if you die, but any such determinations will be made in accordance with scheme legislation at the time.

3 For payment of a PSS lump sum: How do you want your PSS benefit to be paid?

If your infirmity is not duty related and you have been in the service for less than 20 years you will receive a lump sum.

Direct cash payment details †

How do you want us to pay you the money?

Post a cheque to my home address.

or

Pay direct into this account †:

Account name

BSB number

Account number

Name of bank/building society/credit union

Address of bank/building society/credit union

Suburb, Town, City

Postcode

4 What do you want to do with your Basic Benefit?

mark one box with a cross

Pay the whole amount directly to me
(I have provided the 2 medical certificates required to enable immediate payment of my benefit or have otherwise satisfied the Commonwealth requirements for immediate benefit release — please provide details), or

Roll over my benefit
(complete section below).

5 Rollover details

Who do you want to roll over your benefit to?

Name of chosen rollover fund

Cheque payee (if different from fund name)

Postal address of chosen rollover fund

Suburb, Town, City

Postcode

Contact name at chosen rollover fund (if known)

Membership number of chosen rollover fund (if known)

Amount to be rolled over (write ALL if applicable)

If you want to roll over to more than one superannuation fund, approved deposit fund, annuity organisation or retirement savings account, please attach a list showing the name, address, and details as set out above for the other/s, and give amount/s to be rolled over to each.

† Direct crediting is not available on a full range of accounts, or for all building society and credit union accounts. To confirm whether this facility is available, please check with your financial institution.

5 Rollover details cont.

Please provide the following details about your chosen rollover fund.

- a) i) Superannuation Product Identification Number (SPIN)

or

- ii) Your Member Account Number (in your rollover fund)

And

- b) i) Australian Business Number (ABN) of chosen rollover fund

or

- ii) Superannuation Fund Number (SFN) of chosen rollover fund

To avoid delay in the payment of your benefit please complete a box in **both** (a) and (b) above. This information is required under Commonwealth tax provisions. It can be obtained directly from your chosen rollover fund. The SFN or ABN may also be obtained from the Australian Prudential Regulation Authority (APRA) web site www.apra.gov.au

6 How do you want to pay your Surcharge Debt Account (if applicable)?

If you have a Surcharge Debt Account, you have three options of how to pay this amount:

- you can have the amount of the Surcharge Debt Account deducted from your Basic Benefit (before payment), or
- it can be deducted from your PSS Benefit, whether pension or lump sum (before payment), or
- you can pay the amount of the Debt Account to the scheme as a voluntary payment.

The Surcharge Debt Account must either be deducted from a benefit or a voluntary payment made before any benefit is paid from the scheme.

Please note that if you do not select any of the three options, the amount of the Surcharge Debt Account will be deducted from your Basic Benefit (before payment).

Please select one of the following options. mark one of the boxes with a cross



- Please deduct the amount of my Surcharge Debt Amount from my Basic Benefit (before payment).
- Please deduct the amount of my Surcharge Debt Account from my PSS Benefit (before payment).
- I wish to pay the amount of my Surcharge Debt Account to the scheme as a voluntary payment. I have attached a cheque for the required amount to this form.

7 For payment of a pension: account details

If your infirmity is confirmed hurt on duty you will receive a pension.

If your infirmity is confirmed not duty related **and** you have been in the service for 20 years or more you will receive a pension.

Pension payments can only be made by direct credit † to an account you nominate at a financial institution.

Account name

BSB number

Account number

Name of bank/building society/credit union

Address of bank/building society/credit union

Suburb, Town, City

Postcode

† Direct crediting is not available on a full range of accounts, or for all building society and credit union accounts. To confirm whether this facility is available, please check with your financial institution.

8 Authority for deductions from pension

Please deduct the following payments from my pension payments until further notice in writing.

Health insurance premiums

Pillar Administration can forward payments to **one** of the following: Australian Health Management Group, HCF, MBF, Manchester Unity Health Fund, Medibank Private, NIB, R & T Health Fund.

I authorise Pillar Administration to deduct health insurance contributions from my pension each fortnight and to forward deductions to my health fund:

Name of fund (must be from the list above)

Registered no.

Table (plan)

Fortnightly amount

Subscriptions

Police Association of NSW (Associate Member)
fortnightly amount

Retired Police Association
fortnightly amount

Police Credit Union

Credit my account at the Police Credit Union

Account name

BSB number

Account number

Fortnightly amount

9 Dependants at last day of service

Complete this section **only** if you have been discharged due to a hurt on duty injury.

Date of last day of service

Subject to certain conditions, an option to commute the prescribed component of a hurt on duty pension may be offered, on application, to former members who have been discharged due to a hurt on duty injury sustained on or after 21 November 1979.

DD	MM	YY
/	/	

The prescribed component is calculated according to workers compensation rates applicable at your date of discharge in relation to any person who was totally or mainly dependent on you at that time.

To enable your prescribed component to be calculated, please complete the following information about anyone dependent on you at the date of your discharge from the NSW Police Service.

Spouse

Family name

Given name/s

Other person (if you have no dependant spouse)

If you have no dependant spouse, another family member may be claimed as a dependant. They must be over 16 years of age and may include:
father, mother, grandfather, grandmother, stepfather, stepmother, grandson, granddaughter, brother, sister, half-brother, half-sister.

Family name

Given name/s

Relationship to you

Date of birth

DD	MM	YY
/	/	

Reason for dependency

Children

The definition of child includes your child or stepchild, or a person to whom you stand in the place of a parent, who is:

- under 16 years of age, or
- over 16 but under 25 years of age and receiving full-time education at a recognised school, college or university.

Children under 16 years of age

Family name	Given name/s	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Children (students) over 16 but under 25 years of age

Family name	Given name/s	Birth date	School/College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Brothers and sisters (where no dependant children)

If you have no dependant children, your brothers and sisters under 25 years of age may be claimed as dependants subject to the conditions given for Children above.

Family name	Given name/s	Birth date	School/College/University (if 16 to 25yrs)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10 Your signature

I declare that the information I have given is correct.

Signature

Date

DD	MM	YY
/	/	

What to do next

Send the completed form to:
Pillar Administration
PO Box 1229
Wollongong DC NSW 2500