

# Privacy disclosure consent form for PSAC determined benefits under the *Police Regulation (Superannuation) Act 1906*

## Notes for member

### What is this form used for?

This form is to be used in conjunction with an application for any of the following benefits under the *Police Regulation (Superannuation) Act 1906* that are to be determined by the Police Superannuation Advisory Committee (PSAC). **Please indicate which benefit is being applied for.** You may be applying for more than one benefit.

- A benefit payable following determination of incapacity under section 8.
- A hurt on duty pension payable following certification as a disabled member of the police force under section 10B(1).
- A hurt on duty pension payable following certification as a disabled former member of the police force under section 10B(2).
- A hurt on duty pension increase under section 10(1A).
- A gratuity payable under section 12D, including payment for loss of limbs, medical expenses and pain and suffering.
- A redemption under section 10C of a superannuation allowance granted to a disabled member.

### Privacy information

The information you provide to support the application or applications indicated above is collected and held for State Super by the fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) and the *Health Records and Information Privacy Act 2002* (NSW), under which you have rights of access and correction. The information will be used for the purpose of determining your application and possibly any related application under the *Police Regulation (Superannuation) Act 1906*.

To assist State Super to determine your application, we may need to disclose certain personal and health information to, and collect personal and health information from, certain third parties. Third parties include NSW Police, medical practitioners, rehabilitation providers, investigators and legal officers who may assist in the determination of your application.

Before your application can be progressed, we require your consent for us to collect and disclose your personal and health information.

For further information about privacy, contact Pillar Administration by writing to PO Box 1229, Wollongong NSW 2500 or visit [www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au) for State Super's Privacy Statement.

## 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

Registered number

## Consent

I consent to Pillar Administration, on behalf of State Super, collecting, using and disclosing my personal and health information in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* and, in particular:

- a. collecting personal and health information about me and using it for the purposes of assessing my application/s; and
- b. disclosing my personal and health information to third parties who may assist in determining my application/s.

Signature

Date

DD	MM	YY
/	/	

### What to do next

Send the completed form to Pillar Administration, PSS Team, PO Box 1229, Wollongong NSW 2500.