

# Application for Additional Benefit cover

## Notes for applicants

### How Additional Benefit cover works

The Additional Benefit is payable on top of the standard benefit available to all contributors (which includes the Basic Benefit where death or retirement due to total and permanent invalidity occurs before early retirement age).

The purpose of the Additional Benefit is to make up the difference between this standard benefit and the benefit you would receive if you were able to continue in your current employment until you reached early retirement age.

Calculation of the Additional Benefit is based on the extra benefits points which it is assumed you would have accrued (based on your average contribution rate so far) by early retirement age, had total and permanent invalidity or death not occurred.

Benefit points are further explained in Fact Sheet No 3, *Benefits Points System*. Contact Customer Service on 1300 130 095, for a copy of this fact sheet.

### The cost of cover

The levy you pay is based on your age and on your amount of cover. This levy is deducted from your SASS account each month (after interest has been credited) which means that no extra deductions are made from your pay. This levy and the levies paid by others covered for the Additional Benefit go into a pool to meet 25% of the cost of the benefit. Your employer pays the rest!

### About your application

Most SASS members can apply for, and retain, Additional Benefit cover any time up to the age of 58. However, different age limits apply for certain members who were transferred into SASS from older schemes.

Most applications for cover will be assessed on the information provided on the application form. However, if State Super is unable to make an assessment of your eligibility for the Additional Benefit cover from this information, you may be required to provide additional information or undergo a medical examination. Additional Benefit cover will commence from the day your application is approved and the levy generally becomes payable about 6 to 8 weeks after approval.

### NSW Fire-Fighters

If you are employed by the NSW Fire Brigade as a permanent or retained fire-fighter, you are not eligible to apply for Additional Benefit Cover in SASS. Alternative insurance cover is available through the 'Death and Disability Superannuation Fund' established as a result of the Crown Employees (*NSW Fire Brigade Firefighting Staff Death and Disability*) Award 2003.

### Important

Full and frank disclosure is required for your application and medical examination. All applications are dealt with in a strictly confidential manner.

### How to apply

Complete this application and send it to:

**State Super**  
PO Box 1229  
Wollongong DC NSW 2500

### If you need help to complete this form

Contact Customer Service on **1300 130 095** (8.30am to 5.30pm - Monday to Friday for the cost of a local call unless calling from a mobile or pay phone).

### Your Privacy

The information you provide in this form is collected for State Super by the fund administrator, Pillar Administration (Pillar) in accordance with the *Privacy and Personal Information Protection Act 1998*, under which you have rights of access and correction. Such information is usually disclosed to third parties including the insurer or medical consultant who may be involved with the assessment of this application and is held by Pillar and the insurer. Personal medical information in relation to your application may also be obtained from a third party, such as a medical consultant. Access to this information may be restricted if the information that is provided poses a serious threat to your life or health. For further information about privacy, contact Pillar by writing to PO Box 1229, Wollongong DC NSW 2500.

**Please read SASS Fact Sheet 4, *Optional Additional Benefit Cover*, before completing this form.**

## Your details *Please print clearly in BLACK ink.*

Family name

Given name/s

Birth date

 DD / MM / YY

male female

 

Member number

Daytime contact telephone number

Postal address (please include postcode)

  
  
 Suburb, Town, City  Postcode

Name of current employer

Occupation

*please turn over* ►



## Personal health statement (continued)

9 Have you ever been admitted to hospital?

Yes  No

If Yes, give dates and reason for admission, names and locations of hospitals.

  
  
  


10 Have you ever had any mental disorder, breakdown, anxiety, depression or other nervous condition?

Yes  No

If Yes, give details, including name and address of doctor consulted.

  
  
  


11 Have you ever applied for or claimed a payment or payments arising from any illness, accident, injury or from any medical cause?

Yes  No

(For example: workers compensation, victims compensation, an award of damages, insurance payment, disability benefits or veterans pension.)

If Yes, give details of all claims, including dates, causes and (where payment has been received) amounts.

  
  
  


12 If you have answered 'Yes' to any of questions 6, 8, 9, 10 or 11 please supply a copy of any medical documentation available regarding your responses. This will enable a prompt assessment of your application.

13 Have you ever been refused, deferred or granted limited benefits for Life Assurance or Superannuation?

Yes  No

If Yes, give details of all claims, including dates, causes and (where payment has been received) amounts.

  
  
  


14 Do you smoke?

Yes  No

If No, have you ever smoked?

Yes  No

If Yes, give types, quantity and how long you have smoked.

  
  
  


15 Do you drink alcohol?

Yes  No

If Yes, how often, what type and what quantity?

  
  
  


16 Have you ever been advised to seek treatment as a result of your use of alcohol?

Yes  No

17 Do you currently have, or have you had in the past, a medical condition which has not been previously mentioned in any other question on this application form?

Yes  No

If Yes, please give details including nature of illness, treatment received, recovery (if applicable) and details of doctors/specialists consulted.

  
  


18 Please provide name, address and contact details of your current general practitioner and the length of time that you have been consulting with him/her.

