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Please print clearly in BLACK ink.

Certificate of incapacity

Notes to members

This certificate will be used to prove your eligibility to either:

- have your superannuation benefit taxed as an invalidity benefit, or
- receive payment of a superannuation benefit that is otherwise subject to compulsory preservation.

It is not to be used for assessing your entitlement to an insurance benefit.

What do you need to do

- At the top of this page, tick the box for the scheme you belong to.
- Complete and sign the *Member's details* section below.
- Make an appointment with a qualified medical practitioner and ask them to complete the right hand side of this form.
- Pay all the costs associated with the visit.
- If you have been asked to provide two certificates, ask a different qualified medical practitioner to complete the second form.
- If you are suffering from a terminal illness, you will need to provide two certificates, at least one of which has been completed by a specialist in your illness. Please ensure that the doctor completes the terminal illness certification.
- Return this, and any other forms and information you have been asked to provide, to the fund administrator:

Pillar Administration

PO Box 1229, Wollongong NSW 2500

Member's details

Member number (if known)

Date of birth

DD MM YY
/ /

Surname

Given names

I acknowledge that by completing this form, I consent to the disclosure of this information as indicated above.

Member signature

Date

DD MM YY
/ /

Medical practitioner's details

Name

Professional qualifications

Postal address (please include postcode)

Suburb, Town, City

Postcode

Daytime contact telephone number

Please sign here

I certify that the member named here is suffering from a medical condition which, in my opinion, is likely to result in their being unable ever to be employed in a capacity for which they are reasonably qualified by education, training or experience.

I also certify that, in my opinion, the person has suffered from that condition for a period of:

years or

months

Terminal illness

In my opinion this member

is is not

suffering from a terminal illness which, in the normal course, would result in their death within 12 months of this certification.

Signature

Date

DD MM YY
/ /

Your privacy

The information you provide in this form is collected for State Super by the fund administrator, Pillar Administration, in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records Information Protection Act 2002*, under which you have rights of access and correction. Such information is usually disclosed to third parties, including any medical consultant who may be involved with the assessment of this application, and is held by Pillar Administration. For further information about privacy, contact Pillar Administration.

