



## Confidential medical report on incapacity

### Notes to members

This report is part of your application for payment of benefits on the grounds of incapacity.

This report will be treated at all times with confidentiality, although we may be obliged under legislative provisions to disclose the contents to a court or tribunal.

#### What you do

- Mark which scheme you are a member of (*at top right of form*).
- Complete the *Member's details* section below.
- Make an appointment with a qualified medical practitioner and ask them to complete the rest of this form.
- Pay all the costs associated with completing 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* 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 the 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 by writing to PO Box 1229, Wollongong, NSW 2500.

### Member's details

Member number

Family name

Given name/s

Date of birth

DD	MM	YY
/	/	

Daytime contact telephone number

Normal occupation/Specific job title

Date employment ceased

DD	MM	YY
/	/	

Employer at that time

### Notes to medical practitioners

This report forms part of this member's application for payment of benefits on the grounds of incapacity and will be used to help determine benefit eligibility.

This report will be treated at all times with confidentiality, although we may be obliged under legislative provisions to disclose the contents to a court or tribunal.

#### What you do

- Complete all sections of this form comprehensively.
- Use extra pages if you need more space. At the top of each extra page write the member's name and member number.
- Return this form and any attachments to:  
**State Super, PO Box 1229, Wollongong, NSW 2500**

### Medical practitioner's details

Name

Professional qualifications

Postal address (*please include postcode*)

Suburb, Town, City

Postcode

Daytime contact telephone number

### General medical report

This member has consulted with me since

DD	MM	YY
/	/	

Date of last consultation

DD	MM	YY
/	/	

This member's physical details (at last consultation)

Height

cms

Weight

kgs

Blood pressure

continued overleaf ►

## Report on incapacity

Any current incapacity for which you have treated this member.


The nature of symptoms, with time of onset, duration and progress.


The nature, date and effectiveness of any surgery.


The nature, dosage and effectiveness of prescribed medication.


The nature and effectiveness of any other treatment.


Dates and results of recent examinations.  
(please attach relevant reports).


Present diagnosis.


## Report on incapacity (continued)

Name and contact details of any specialist consulted.

Name of specialist consulted & specialty

--

Contact telephone number Date of last consultation

	DD / MM / YY
--	--------------

Name of specialist consulted & specialty

--

Contact telephone number Date of last consultation

	DD / MM / YY
--	--------------

Name of specialist consulted & specialty

--

Contact telephone number Date of last consultation

	DD / MM / YY
--	--------------

Any other comments.


## Opinion on incapacity

### Normal occupation

In my opinion, this member

- will never be able to be employed in his/her normal occupation due to this incapacity
- is still able to be employed in his/her normal occupation

### Any paid employment

In my opinion, this member

- will never be able to be employed in any form of paid occupation due to this incapacity
- is still able to be employed in some form of paid occupation - examples are

--

### Financial capacity

In my opinion, this member

- is unable to administer his/her own financial affairs due to this incapacity
- is still able to administer his/her own financial affairs

Signature

--

Date

DD / MM / YY
--------------