

Application Form for an Increase in a Hurt On Duty Pension (s.10(1A))

Please print clearly in black ink.

Registered number

Family name

Given name

Who should use this form?...

Please complete this Application Form if you wish to apply for an increase to a PSS hurt on duty (HOD) pension.

You can apply for an HOD pension increase if you:

1. Are currently receiving an HOD pension, and
2. Have not commuted the whole of any PSS pension to a lump sum.

Note: If you did not become entitled to a HOD pension before 30 June 2006, you will need to be either under age 60 or have left the *Police Force* within the past 5 years. *STC* may accept a late application outside these time limits only if it is satisfied that all the circumstances of the case indicate it is desirable to do so. Accordingly, if you do not apply within the specified time, your application is likely to be refused unless you are able to convince *STC* that there are sound reasons for delay and persuade the decision-maker to accept your application.

Completing this form

This Application Form contains two types of questions:

- the first asks you to mark a box with a cross or tick
- the second asks you to provide short answers in a space on the form.

If there is insufficient space on the Form for your answer, you are asked to provide the information on a separate sheet of paper, marking it with the relevant question number.

You do not have to answer all of the questions in this Application Form. The questions you are required to answer will depend on your situation and are indicated below. Where you are required to answer questions, *STC* requires all of the information sought in order to determine your entitlement to an increase in your HOD pension. If you do not answer all of the questions relevant to your situation, you may not have established an entitlement. You should therefore answer all of the questions as indicated below.

- **All applicants** are required to answer the questions in **Parts A, B, C, D, E, H, I and J**.
- If you have previously made an application for an HOD pension increase and are now in receipt of a pension amount of less than 85% of your attributed salary of office, you are **also** required to answer **Part F**.
- If you are applying for an HOD pension increase in respect of the **special risk** element (over 85%), you are **also** required to answer **Part G**.

Please print clearly when completing the Application Form and try to complete all the questions to the fullest extent possible and supply as much of the information as you can. If you cannot answer any of the questions, please explain why or ask for assistance from *Mercer* (see the Notes that accompany this Application Form). If it is necessary for *Mercer* to request further information from you, the processing of your application could be delayed.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

Notes for PSS Form 14

There are notes included at the end of this form that may help you complete the Application Form. The notes explain in more detail what information is required in your answers.

① Where this sign is next to a question in the Form, it indicates that there is a Note for that question.

Some terms in this Application Form are in *italics*. The Notes explain those italicised terms under the heading “**Glossary of Terms**”.

Privacy and this Form

Part J of the Application Form explains your rights to privacy. You should read this section carefully.

Checklist

Use this checklist to make sure your Application Form is complete before you lodge it with **Mercer**.

Check that you have...

- ☐ inserted your name and registered number on the front page of the Application Form,
- ☐ completed all the relevant questions,
- ☐ read, completed, signed and dated the declaration in Part J,

☐ attached copies of separate pages providing answers to questions (please mark as appropriate):

- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Q17 | <input type="checkbox"/> Q18 | <input type="checkbox"/> Q19 | <input type="checkbox"/> Q20 | <input type="checkbox"/> Q21 |
| <input type="checkbox"/> Q22 | <input type="checkbox"/> Q23 | <input type="checkbox"/> Q24 | <input type="checkbox"/> Q25 | <input type="checkbox"/> Q26 |
| <input type="checkbox"/> Q27 | <input type="checkbox"/> Q28 | <input type="checkbox"/> Q29 | <input type="checkbox"/> Q30 | <input type="checkbox"/> Q31 |
| <input type="checkbox"/> Q32 | <input type="checkbox"/> Q33 | <input type="checkbox"/> Q34 | <input type="checkbox"/> Q35 | |

☐ where relevant, attached a copy of:

- ☐ Rehabilitation report (Q19)
- ☐ Your last 3 payslips (Q21)
- ☐ Vocational or other reports (Q33)
- ☐ Medical Report/s (Q34)
- ☐ the authorisation if an authorised person is completing and signing the Form (Part I),
- ☐ kept copies of your completed Application Form and documents for your own records.

Lodging your Application Form

Send the **original** completed Application Form and copies of all other supporting documents to:

State Super (PSS)
GPO Box 2181
Melbourne VIC 3001

A. Your personal details

1. Title (Mr, Mrs, Ms, Miss, Dr or rank if still serving)

2. Given name(s)

3. Family name

4. Family name on your *last day of service* (if different from current family name)

5. Birth date (DD-MM-YYYY)

6. Registered number

B. Your contact details

7. Residential Address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

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[illegible]

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

[illegible][illegible][illegible]

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		-		-					
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[illegible]

Yes - If yes, from when was it paid? - - - -

No - If no, you should **not** be completing this form.

☐ Yes - If yes, you should **not** be completing this form.

No

Education (including school and post-secondary), training, skills, qualifications	Year acquired
1.	
2.	
3.	
4.	
5.	
6.	

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

17. Did you work or were you employed, including self-employed, either paid or unpaid **before** you joined the *Police Force*? ⓘ

☐ Yes ☐ No

If yes, please provide details.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

18. Did you work or were you employed in any other employment while you were in the *Police Force*? ⓘ

☐ Yes ☐ No

If yes, please provide details.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

19. Have you participated in any rehabilitation or injury management program either during your service in, or since you left, the *Police Force*? ⓘ

☐ Yes ☐ No

If yes, please provide details and enclose a copy of any report from your rehabilitation.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

20. Since leaving the *Police Force*, have you:

a) regularly participated in any interests, hobbies, pastimes or pursuits?

☐ Yes ☐ No

If yes, please list the activities and the frequency and period (approximate dates are sufficient) over which you participated in them.

Activity	Frequency, Period and dates

b) given up any interests, hobbies, pastimes or pursuits?

☐ Yes ☐ No

If yes, please list the activities you have given up and say why and when you gave them up.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

21. Since leaving the *Police Force*, have you worked or been employed at any time? ⓘ

☐ Yes ☐ No

If yes, please provide details. If you are currently working, please also provide a copy of each of your last 3 payslips or similar documents showing what you are earning.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

22. Since leaving the *Police Force*, have you unsuccessfully attempted to find work? ⓘ

☐ Yes ☐ No

If yes, please provide details.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

23. Since leaving the *Police Force*, have you undertaken any re-training or vocational training or are you planning to? ⓘ

☐ Yes ☐ No

If yes, please provide details.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

24. Are you currently registered with an employment agency or otherwise looking for work?

☐ Yes ☐ No

If yes, please provide details.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

25. Since leaving the *Police Force*, have you suffered any illness that lasted more than 2 weeks or suffered any injury from which it took more than 2 weeks to recover? ⓘ

☐ Yes ☐ No

If yes, please provide details.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

E. Incapacity for work

26. Which of your medical conditions were caused or contributed to by an HOD injury? ⓘ

Note: It is important that you refer to the Notes when answering this question.

HOD Medical Condition 1:

HOD Medical Condition 2:

HOD Medical Condition 3:

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

27. Are you currently incapacitated for work outside the *Police Force* to any extent? ⓘ

☐ Yes ☐ No

If yes, please provide details, including the symptoms of your current medical conditions, whether they were caused by your being HOD or not.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

28. Are you seeking to have the pension increase commence from a date that is **earlier than the date of application?** ⓘ

☐ Yes ☐ No

If yes, please indicate the date and give the reason for seeking that earlier date.

- - (DD-MM-YYYY)

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

F. Deterioration of capacity for work

29. Have you previously applied for a pension increase and are now in receipt of a pension amount of less than 85% of your *attributed salary of office*? ⓘ

☐ Yes ☐ No

If yes;

a) please indicate the date your most recent application was determined (approximate if necessary).

- - (DD-MM-YYYY)

b) please describe how your capacity for work outside the *Police Force* has deteriorated, due to a HOD medical condition or conditions, since that application was determined.

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

G. Special Risk (pension increase over 85%)

30. Describe the circumstances of the events which led to your *HOD injury* occurring. ⓘ

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

31. Describe the nature of the risks of physical or psychological injury to which you were required to be exposed which resulted in your *HOD injury*. ⓘ

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

32. Explain how the risk to which you were exposed, as described in your answer to Q31, was one to which members of the general work force are not normally exposed. ⓘ

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

H. Vocational & Medical Reports

33. Are you providing any vocational or other reports in support of your application that address your incapacity for work outside the *Police Force*? ⓘ

☐

Yes

☐

No

If yes, please list the reports.

Name of author	Area of expertise	Date of report (DD/MM/YYYY)

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

34. Are you providing any *medical report/s* in support of your application? ⓘ

☐

Yes

☐

No

If yes, please list the *medical report/s*.

Name of Doctor	Speciality (e.g. orthopaedic surgeon)	Date of report (DD/MM/YYYY)

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

35. Are you aware of any other *records or reports* relevant to your application that you are **not** including with your application? ⓘ

☐ Yes

☐ No

If yes, please provide the following information to the best of your knowledge.

Nature of record or report (e.g. x-ray, medical report for previous PSS application)	Author	Date of record or report (DD/MM/YYYY)	Possible location of record or report

If there is insufficient space for the answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

I. Authorised Person

If you are not the applicant but are completing **and signing** this form **on behalf of** the applicant, please provide the following information about you. ⓘ

Mr/Mrs/Ms/Miss/Dr

Given name(s)

Family name

Birth date (DD-MM-YYYY)

Postal address

Suburb

State/Territory

Postcode

I. Authorised Person (continued)

Work or Home Daytime contact telephone number

Email address

[illegible]

Please indicate and attach the relevant authorisation:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A certified copy of the power of attorney |
| <input type="checkbox"/> | A certified copy of the guardianship/financial management order |
| <input type="checkbox"/> | Other statement/details of authorisation |

J. Privacy Statement and Declaration

For the purposes of section 10 of the *Privacy and Personal Information Protection Act 1998*, STC is required to inform you of the following:

1. When you provide *STC* with the information requested on this Form, *STC* is collecting your personal information. That information will be held for us by *Mercer*. The address of *Mercer* is:

State Super (PSS)
GPO Box 2181
Melbourne VIC 3001

2. The supply of the information requested on this Form to *STC* is required by law.
3. You have a right to access, and correct, the personal and health information supplied by you. If you wish to access your information, or make changes to that information, please contact *Mercer* at the address stated above.
4. *STC* has collected the information on this Form for the purpose of determining your entitlement to be paid a benefit under the *Police Regulation (Superannuation) Act 1906*.

In order for us to determine your entitlement, we may need to disclose certain personal and health information to, and collect personal and health information from, third parties including the *Police Force*, Allianz Australia Insurance Ltd, medical practitioners and specialists, rehabilitation providers, vocational and other assessors, investigators and legal officers for that purpose.

5. Where STC requests you to provide information in the Application Form, you are required by law to supply the information requested under clause 32 of the *Police Superannuation Regulation 2020*.

Declaration

(by the applicant or authorised person)

I, _____ (print name)

- a) declare that I have read and understood the information relevant to this application as outlined in the Notes relating to this Application Form and the privacy statement set out in Part J to this Form,
- b) declare that the information that I have provided in this Application Form is, to the best of my knowledge, true and complete,

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

J. Privacy Statement and Declaration *(continued)*

- c) understand that giving false or misleading information is a serious offence,
- d) consent to *STC* collecting, using and disclosing personal and health information as described in the privacy statement set out in Part J,
- e) consent to *STC* obtaining any medical reports I have identified in this Application Form or referred to in any other medical reports provided to *STC* by me, and
- f) authorise any doctor or other person who has treated or examined me/the applicant to give to *STC* any information or medical reports relating to the medical condition or injuries described in this Application Form.

Signature

Date (DD-MM-YYYY)

 - -

Please return to Page 2 for the Checklist and how to lodge this Form.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **enquiries@stc.nsw.gov.au**

Notes for Application Form for an Increase in a Hurt On Duty Pension (s.10(1A))

About these Notes

These Notes provide background information on increases to the PSS hurt on duty (HOD) pension. They are intended to assist you answer the questions in the Application Form for that benefit (**PSS Form 14**).

Please read these Notes carefully and refer to them as you complete the Application Form.

Some terms in the Application Form and in these Notes are in *italics* and are explained in the section below under the heading **Glossary of Terms**.

How your entitlement is determined

To be granted an increase in the rate of your HOD pension, you must be able to show that:

1. you are currently receiving an HOD pension,
2. you are currently incapacitated for work outside the *Police Force* to some degree, and
3. your incapacity for work outside the *Police Force* must be due to the specified medical condition that:
 - a. PSAC certified you to be incapable of personally exercising the *functions of a police officer* (or, if you left the *Police Force* prior to 30 June 2006, of discharging the duties of your office) and
 - b. was determined by the *Commissioner* to have been caused by a *HOD injury*.

You cannot get an increase in an HOD pension if the only *HOD injury* that caused or contributed to the *medical condition* that caused your incapacity was sustained before 21 November 1979. If this is your situation, please refer to the PSS Fact Sheet 15: *Pre 21 November 1979 Benefits Arising from Work-Related Injuries*.

The **minimum** rate for an HOD pension is 72.75% of your *attributed salary of office*. That rate can be **increased**:

- by up to 12.25% of your *attributed salary of office*, depending on the extent to which you are incapacitated for work **outside** the *Police Force* because of a *medical*

condition determined by the *Commissioner* to have been caused by a *HOD injury* (i.e. an *HOD medical condition*). If you are **totally** incapable for work **outside** the *Police Force* because of a *medical condition* caused by an *HOD injury*, the maximum rate of 85% of your *attributed salary of office* is payable.

- by up to 27.25% of your *attributed salary of office*, if you are **totally** incapacitated for work outside the *Police Force* and your incapacity is due to the *medical condition* that the *Commissioner* determined was caused by an *HOD injury*, **and** the *HOD injury* occurred because while in the *Police Force* you were required to be exposed to risks of physical or psychological injury to which members of the general workforce are not normally required to be exposed, commensurate with the risks to which you were required to be exposed. A rate of up to 100% of your *attributed salary of office* may be payable.

The earliest that an HOD pension increase will be payable is from the date of commencement of your HOD pension. Any increase will be payable from the earlier of:

- the *date of application*, or
- if the application for an increase is made within 12 months after the commencement of your HOD pension, the date of commencement of your HOD pension, or
- if PSAC is satisfied that exceptional circumstances justify a date earlier than the *date of application*, the date determined by PSAC (but no earlier than the date of commencement of your HOD pension).

An HOD pension increase to an amount that is over 85% (special risk) of your *attributed salary of office* will be payable from the date on which any increase to 85% is paid.

Filling in and signing the Application Form

If you are the applicant and are capable of completing and signing the Application Form, you should do so, providing you understand its contents. However, someone else can complete the form for you, but if another person **signs** the form for you, that person must be authorised to do so and must complete **Part I** of the Application Form.

Where do I get help with the Application Form?

If you need help with an explanation of any of the questions you can contact:

Customer Service

Phone: **1300 130 097**

Email: **enquiries@stc.nsw.gov.au**

You could also consider seeking professional assistance, for example from the Police Association or your solicitor, to assist you with completing the Application Form.

What should I do with the completed Application Form?

Send the **original** completed form, together with **copies** of all your supporting documents to:

State Super (PSS)
GPO Box 2181
Melbourne VIC 3001

Keep a full copy of all the material you send to Mercer for your own records.

Glossary of Terms

Attributed salary of office means the salary in the *Police Force* payable to you on your *last day of service* calculated in accordance with the *Police Regulation (Superannuation) Act 1906*.

Commissioner means the NSW Commissioner of Police

Date of application is the date *Mercer* receives

- 1) a completed and signed Application Form, and
- 2) all relevant documents listed in the checklist on the front of the Application Form.

Functions of a police officer means the functions of a police officer referred to in section 14(1) of the *Police Act 1990*. These functions include (but are not limited to) the functions of a constable. To be capable of personally exercising the functions of a constable, a person is expected to be able to undertake the following activities and exercise the following skills:

- engage in effective day-to-day contact with the public (i.e. demonstrate personal attributes such as patience, conflict resolution and decision-making skills, empathy, tolerance, assertiveness, self-control, emotional stability, ability to work with others etc)
- conduct inquiries about matters of concern
- render a variety of emergency assistance
- demonstrate the ability to:
 - exercise discretion and judgement in the exercise of police powers
 - observe and memorise effectively
 - operate effectively in stressful, physically demanding and rapidly changing situations

- undertake a range of activities including:
 - driving police vehicles
 - getting in and out of cars
 - standing or sitting for long periods
 - running and negotiating obstacles to pursue and effect an arrest of suspected offenders
 - physically restraining someone and taking action to overcome the will of others to resist
 - exercising a range of tactical options from mere presence to lethal force and having the ability to exercise discretion and judgement for that purpose
- communicate effectively.

In the case of a police officer who resigned, retired or was discharged from the *Police Force* before 30 June 2006, the relevant test for incapacity is **not** incapacity to personally exercise the *functions of a police officer* at the date of resignation, retirement or discharge, but instead **is** incapacity to discharge the duties of office (as a police officer) at the date of resignation, retirement or discharge.

HOD injury means an injury that occurred in connection with your work as a police officer, as determined by the *Commissioner*.

Injury includes a disease.

Last day of service is the date on which your retirement, resignation or other exit from the *Police Force* took effect.

Medical condition is an infirmity of the body or mind.

Mercer means Mercer Administration Services (Australia) Pty Ltd, which administers the *PSS* on behalf of *STC*.

Police Force means the NSW Police Force.

PSAC means the Police Superannuation Advisory Committee, delegated decision-maker of *STC*.

PSS means the Police Superannuation Scheme as established under the *Police Regulation (Superannuation) Act 1906*.

Records or reports includes treatment notes and reports of any kind by a medical practitioner or other health professional, including psychological, psychiatric or other medical or hearing tests, MRIs, CT scans, X-rays etc.

STC, we, us, our means the SAS Trustee Corporation, trustee of the *PSS*.

Notes that relate to the questions on the Application PSS Form 14

i The numbers correspond to the relevant question numbers that have been marked with this symbol on the Application Form.

B Your contact details

10. Alternative contact name and telephone number (*optional*)

The inclusion of the contact details of a family member or friend who is likely to know of your whereabouts will help if *Mercer* cannot contact you directly. The alternate contact will not be asked about the content of your application or told any personal details.

C Eligibility to apply

13. Rank

You should provide your rank as at your *last day of service*.

14. Are you currently receiving an HOD pension?

Information that may assist you

You can only apply for an increase in the rate of an HOD pension if you are receiving an HOD pension. If you are not receiving an (HOD) pension you should not be completing the Application Form.

How to answer this question

If you answer yes, that you are in receipt of an HOD pension, please indicate the date the pension commenced payment (approximate if necessary).

15. Have you commuted the whole amount of any *PSS* pension to a lump sum?

If you were formerly being paid a *PSS* pension and have commuted the whole amount of that *PSS* pension to a lump sum, you are not entitled to an increase to any HOD pension. If you answer 'yes' to this question, you should not be completing the application.

If you have previously commuted part of your HOD pension to a lump sum, you may be entitled to an increase to the remaining part of your HOD pension.

If you are uncertain about what benefit you have received from the *PSS*, you can contact Customer Service for assistance. The details are on the front page of these Notes.

D Education, skills and work history

17. Did you work or were you employed, including self-employed, either paid or unpaid, before you joined the Police Force?

Information that may assist you

Information about your work history before you joined the Police Force will assist in making an assessment of your capacity for work outside the Police Force, although it may be of limited relevance if it was many years ago. 'Unpaid' work includes any voluntary work done on more than a one-off basis.

How to answer this question

Please include the following for each period of work:

- the nature of the business or organisation in which you worked
- the name of each employer or indicate if you were self-employed
- whether the work was paid or unpaid
- dates or period of employment
- a description of the types of duties you undertook.

While you may not be able to provide much detail, please provide as much information as you can, particularly on your duties.

18. Did you work or were you employed in any other employment while you were in the Police Force?

Again, please include the following for each period of work:

- the nature of the business or organisation in which you worked, including any self employment
- the name of each employer or indicate if you were self-employed
- the dates or period of employment
- a description of the types of duties you undertook
- approximate weekly wage or income.

19. Have you participated in any rehabilitation or injury management program either during your service in, or since you left, the Police Force?

Information that may assist you

You may have undertaken a rehabilitation or injury management program, which could include medication, and information about such rehabilitation or program could assist your application. This could be a program undertaken either with the Police Force or since you left the Police Force.

Such program may or may not have related to any of the injuries that caused your medical discharge from the Police Force. This information will allow PSAC to get a full picture of your *medical condition* and your incapacity for work outside the Police Force.

Rehabilitation might include treatment under an injury management program and include physiotherapy, hydrotherapy and occupational therapy while you were in the Police Force or since.

How to answer this question

If you answer yes, please identify the *injury or medical condition* (whether HOD related or not) in relation to which you have received rehabilitation and describe:

- the nature of the rehabilitation or injury management you undertook
- the period of treatment, and
- the outcome of the treatment.

Please also provide a copy of any report made following your participation in the program. You should also indicate if you were, or are now, taking any medication for any *medical conditions*.

20. Since leaving the Police Force, have you:

- regularly participated in any interests, hobbies, pastimes or pursuits?
- given up any interests, hobbies, pastimes or pursuits?

Information that may assist you

The information sought in this question is to get an understanding of the physical and mental activities you regularly participate in. Activities that might be relevant could include gardening, swimming, golf, lawn bowls, bush walking, bridge or other card games and social activities, including travel.

If you participate in pastimes or pursuits that could be regarded as hazardous, such as motor sports, scuba diving, parachuting or competitive football, it is also important to mention these. What kind of interests, hobbies, pastimes or pursuits and the period and frequency over which you undertake them may indicate the kinds of activities you are able to perform, your physical and mental capacity to undertake them and your present HOD *medical condition*.

You should also indicate what interests, hobbies, pastimes or pursuits you used to participate in but do not any longer

participate in. You should give the reason for no longer participating in those activities and explain how your HOD *medical condition* has impacted on your ability to undertake those activities.

How to answer this question

If you answer yes, please indicate in part (a) the activities you regularly participate in and the period over which you participated in any such activities.

In answering part (b), you should describe the activities you no longer participate in and explain how your HOD *medical condition* has impacted on your ability to undertake those activities and when you gave up those activities.

21. Since leaving the *Police Force*, have you worked or been employed at any time?

Information that may assist you

Information about your work history and the tasks and activities you undertook in any work or employment since leaving the *Police Force* may provide information about the kinds of activities you have been able to undertake since leaving the *Police Force*.

The type of employment or work you are asked to provide in your answer includes any self employment or work that is paid or unpaid. 'Unpaid' work includes any voluntary work done on more than a one-off basis.

How to answer this question

If you answer yes, please provide to the extent you can, the following information in relation to each period of work you have undertaken since leaving the *Police Force*:

- the nature of the business or organisation in which you worked
- the name of the employer or indicate if you were self-employed
- whether the work was paid or unpaid
- the dates or periods of employment
- a description of the types of duties you undertook
- whether the work was part-time or full-time
- approximate hours worked each week
- approximate weekly wage or income.

* If you are currently working, you should provide a copy of each of your last 3 payslips or other documents showing what you are earning.

22. Since leaving the *Police Force*, have you unsuccessfully attempted to find work?

Information that may assist you

Information about any attempt you have made to work since leaving the *Police Force* is relevant to assessing both your incapacity for work outside the *Police Force* and the extent of that incapacity. If there is little or no evidence of any attempt to find employment since leaving the *Police Force*, it is more difficult for PSAC to be satisfied that any such incapacity exists or that it is caused by your HOD *medical condition*.

How to answer this question

If you answer yes, please provide the following information in relation to your **attempts to find work**:

- the name of each potential employer
- the nature of the duties involved
- the approximate likely wage/pay
- the approximate date on which you applied
- whether you were given an interview
- the reason you were not successful in each case (if known)
- whether you believe you were unsuccessful because of your HOD *medical condition* and if so, why.

If you have **tried to establish your own business**, please provide the following information:

- the nature of the business
- for what period was/or has it been in operation
- what the earnings were/are
- whether it continues or why it is no longer in operation.

If you have found yourself **unable to apply** for employment or a particular position because of the limitations of your HOD *medical condition*, please provide the following information:

- the kinds of work that you were interested in and qualified to do or apply for
- the likely wage/rate of pay
- why you thought that kind of work would suit you
- why you believe that your HOD *medical condition* prevented you from applying or being found suitable
- any other reason why you were prevented from applying or were found not suitable.

23. Since leaving the *Police Force*, have you undertaken any re-training or vocational training or are you planning to?

Information that may assist you

This information could be relevant to assessing your capacity for work outside the *Police Force* and what kind of work you could undertake or have the potential to undertake.

How to answer this question

If you answer yes, please provide the following information:

- a) the nature of the re-training (in a skill you already have) or vocational training (in a new skill)
- b) who provided it or is providing it
- c) the date it was undertaken or when it commenced (can be approximate)
- d) the length of training
- e) whether it resulted or should result in any qualifications, and if so, what they are
- f) the nature of any training you are planning, when it will commence and for what period.

25. Since leaving the *Police Force*, have you suffered any illness that lasted more than 2 weeks or suffered any injury from which it took more than 2 weeks to recover?

Information that may assist you

Information you can provide on any illnesses or injuries you have had since leaving the *Police Force* that have lasted more than 2 weeks or from which it took more than 2 weeks to fully recover will help the medical specialists better understand your *HOD medical condition* and whether it is the cause of your incapacity to work outside the *Police Force*. If you are still recovering from such an illness or injury, you should include it in your answer.

In particular, if you still have a *medical condition* caused or contributed to by an *HOD injury*, an illness or *injury* that occurred since leaving the *Police Force* may be relevant as to whether there has been a deterioration of the *HOD medical condition*. Any deterioration of your *HOD medical condition* since leaving the *Police Force* and how such deterioration occurred may be relevant to the question of the extent to which the *HOD medical condition* has led to your incapacity for work outside the *Police Force*.

How to answer this question

If you answer yes, please provide the following information in respect of each *injury* or illness (only provide this information in respect of illnesses lasting more than 2 weeks or injuries from which it took longer than 2 weeks to recover):

- a) describe any illness or *injury* that you have had since leaving the *Police Force* and, if it is an *injury*, how it occurred
- b) indicate when the illness or *injury* occurred
- c) indicate how long it took to recover from the illness or *injury* and, if relevant, if you are still affected, and
- d) if you had medical treatment, describe what kind of treatment, from whom, over what period and the outcome.

E Incapacity for work

26. Which of your *medical conditions* were caused or contributed to by an *HOD injury*?

Information that may assist you

Information about any *medical condition* that *PSAC* certified led to your incapacity to personally exercise the functions of a police officer and that the *Commissioner* determined was caused by an *HOD injury* is necessary because it is only if your incapacity for work outside the *Police Force* is due to such a *HOD medical condition* that an increase to your *HOD pension* may be payable.

How to answer this question

In answering this question, you should list any *medical condition* that *PSAC* certified led to your incapacity to personally exercise the functions of a police officer at the date of your resignation, retirement or discharge from the *Police Force* and that the *Commissioner* determined was caused by an *HOD injury*. Such a *medical condition* is referred to as an *HOD medical condition*.

27. Are you currently incapacitated for work outside the Police Force to any extent?

Information that may assist you

If you answer 'no' to this question, you should not be completing the application.

The **minimum** rate for an HOD pension is 72.75% of your *attributed salary of office*. An increase of up to 12.25% of that salary can be paid relative to your incapacity for work outside the *Police Force*, i.e. a pension amount of up to 85% of that salary can be paid if you are totally incapable of working outside the *Police Force* due to an HOD *medical condition*.

In order to decide what amount of pension you should get, PSAC has to determine the percentage (within 12.25%) that is 'commensurate' with your incapacity for work outside the *Police Force* due to an HOD *medical condition*.

Your degree of incapacity for work outside the *Police Force* due to an HOD *medical condition* is determined by PSAC assessing the difference between:

1. what a person with your education, experience, qualifications and skills and any non-HOD *medical condition* (but without your HOD *medical condition*) could earn in a labour market that is reasonably open to you, and
2. what you are actually earning or could be earning with your HOD *medical condition* in that labour market.

The percentage determined by PSAC depends on the degree of your incapacity for work outside the *Police Force* that is due to an HOD *medical condition*. For instance, if you can only earn 50% of what a person with your education, experience, qualifications and skills and any non-HOD *medical condition* could earn in a labour market reasonably available to you because of your HOD *medical condition*, your incapacity for work outside the *Police Force* due to an HOD *medical condition* is likely to be determined as 50%. If you are receiving the minimum rate of HOD pension of 72.75% of your *attributed salary of office*, this would then translate into a percentage increase of $50\% \times 12.25\%$, giving an increase of 6.125% of your *attributed salary of office* and taking your HOD pension up to 78.875% of that salary (i.e. $72.75\% + 6.125\% = 78.875\%$).

An increase to 85% will only be granted if you are totally incapacitated for work outside the *Police Force* due to an HOD *medical condition*.

To demonstrate your incapacity for work outside the *Police Force* you must be able to show that, because of your HOD *medical condition*, what you can now earn outside the *Police Force* (in a labour market that is reasonably open to you) **is less than** what a person with your education, experience,

qualifications and skills and any non-HOD condition but without your HOD *medical condition* could earn in the same labour market.

Your current earnings might be one indication that you are earning less because of your HOD *medical condition* but it is open to PSAC to look at what you could be earning, even with your HOD *medical condition*, given your education, experience, qualifications and skills.

You may be suffering from a number of *medical conditions* that are contributing to your incapacity for work outside the *Police Force*. For example, you may have a heart condition or diabetes, which are not work related or connected with any *medical condition* that PSAC certified led to your incapacity to personally exercise the *functions of a police officer* and that the *Commissioner* determined was caused by an HOD *injury*. For the purposes of assessing any application for an increase to your HOD pension, it is only if your incapacity for work outside the *Police Force* is due to a *medical condition* that PSAC certified led to your incapacity to personally exercise the *functions of a police officer* and that the *Commissioner* determined was caused by an HOD *injury* that an increase may be payable.

It is therefore important that you disclose all of your *medical conditions* so your application can be properly assessed. You will be required to undergo a medical examination (as explained more fully in the Note for Questions 34 & 35) and the medical specialist will be asked to report on your general health.

How to answer this question

If you believe you are incapacitated for work outside the *Police Force* to any extent, you should answer yes. You should then briefly describe:

- a) all the *medical conditions* you are currently suffering from,
- b) what are the symptoms of your current *medical conditions*,
- c) how each of your *medical conditions* is causing or contributing to your incapacity,
- d) how you are incapacitated for work outside the *Police Force*,
- e) what work you can do now,
- f) how many hours you can work and how much you can earn, and
- g) what work you could have done without the *medical condition* that you cannot now do, how much you could earn doing that work and how much you can now earn with the *medical condition*.

If you provide a medical report as discussed in the Note for Q34, that report may assist you to describe your *medical conditions* and how they are causing or contributing to your incapacity for work outside the *Police Force*.

28. Are you seeking to have the pension increase commence from a date that is earlier than the date of application?

Information that may assist you

The **earliest date** from which an increase to your pension is payable is the *date of application* for the increase unless:

- your application for an increase is made within 12 months after the commencement of your HOD pension, in which case the date of commencement of the increase will be the date of commencement of your HOD pension, or
- there are exceptional circumstances that justify a commencement date earlier than the *date of application*, in which case the date of commencement of the increase will be a date determined by PSAC, but no earlier than the date of commencement of the HOD pension.

Not being aware before now that you could apply for an increase in your HOD pension is not sufficient reason to justify a date earlier than the *date of application*.

An HOD pension increase to an amount that is over 85% (special risk) of your *attributed salary of office* will be payable from the date on which the increase to 85% is paid.

How to answer this question

In answering this question, you are asked to indicate:

- a) the date from which you are seeking to have any increase paid
- b) the reason for selecting that date. If you are trying to justify a date earlier than the *date of application* (but not earlier than when your HOD pension commenced), you should provide the evidence that demonstrates that you were incapacitated for work outside the *Police Force* due to your HOD *medical condition* to the relevant extent on that date and explain why you did not apply for the increase at that time and what the exceptional circumstances are that justify an earlier commencement date than the *date of application*.

F Deterioration of capacity for work

29. Have you previously applied for a pension increase and are now in receipt of a pension amount of less than 85% of your *attributed salary of office*?

If yes;

- a) please indicate the date your most recent application was determined (approximate if necessary), and
- b) please describe how your capacity for work outside the *Police Force* has deteriorated due to your HOD *medical condition* since that application was determined.

Information that may assist you

Part (a) of this question is asking you to indicate when your most recent application for an HOD pension was determined.

You need to answer this question **only** if you have previously applied for an increase to your HOD pension (whether or not an increase was granted) and are now making a further application for an increase up to 85% of your *attributed salary of office*.

Any further application for an increase up to 85% can only be made after your appeal rights to the earlier PSAC decision have been exhausted. In other words, you cannot apply again for an increase to 85% within 6 months of the determination

by PSAC of your previous application or while you have any appeal against the PSAC decision in progress in the District Court.

If you were not satisfied with PSAC's decision on your last application, you had the opportunity to appeal to the District Court. If you have appealed, that is the correct place to have the matter determined, rather than submitting a new application for an increase. If you did not appeal or you were unsuccessful in your appeal, the law regards the PSAC decision as correct. If you successfully appealed the PSAC decision, then the law regards that decision as correct, even if it did not satisfy your expectations.

It is the last decision of PSAC or the District Court from which you are now seeking a further increase.

Part (b) of this question addresses the deterioration due to your HOD *medical condition* in your capacity to work since your most recent application was determined.

In making an application for a further increase up to 85% of your *attributed salary of office*, you must be able to show that your capacity for work outside the *Police Force* has deteriorated due to your HOD *medical condition* since your most recent application was determined.

The medical condition in question must be the one that PSAC certified led to your incapacity to personally *exercise the functions of a police officer* and that the Commissioner determined was caused by an *HOD injury*.

You may have other *medical conditions* that have caused your capacity for work to deteriorate. These *medical conditions* will not be taken into account when deciding the amount of any increase to your HOD pension, but must still be identified in your application.

To demonstrate that your capacity for work outside the *Police Force* has deteriorated due to your HOD medical condition, you must be able to show that, because of a deterioration in your HOD *medical condition*, what you now earn or could earn outside the *Police Force* (in a labour market that is reasonably open to you) is less than what you did or could have earned at the time of your last determination (by PSAC or the District Court). In other words, you must be able to show that the gap between what you can earn and what another person (with the same education, experience, qualifications and skills) could earn has widened because of a deterioration in your HOD *medical condition*.

What you are currently earning is relevant but it is open to PSAC to look at what you could be earning, even with your HOD *medical condition*, given your education, experience, qualifications and skills and any non-HOD *medical condition*.

To establish that your HOD *medical condition* has deteriorated, you will be required to undergo an examination with a medical specialist and possibly a vocational assessor nominated by and paid for by STC. You may also provide such a report if you wish. Further information on vocational and medical reports is provided in the Notes to Questions 33, 34 and 35.

How to answer this question

In answering part (a), you should indicate the date (approximate if necessary) your last application for an HOD pension increase was determined.

If it is less than 6 months since the PSAC decision was made on your last application for an HOD pension increase, or if you are currently appealing that decision, you should not be completing this Application Form.

In answering part (b) of this question, please describe how your capacity for work outside the *Police Force* has deteriorated due to your HOD *medical condition* since your most recent application for an increase was determined. If you provide a medical report to support your application as discussed in the Note for Q34, that report may assist you in explaining how your capacity for work has decreased because of the deterioration in your HOD *medical condition*.

You should also indicate, as best you can, the degree of your current incapacity for work outside the *Police Force* that is due to your HOD *medical condition*.

G

Special Risk (pension increase over 85%)

30 + 31 + 32

Information that may assist you

You can apply for an increase to an amount greater than 85% of your *attributed salary of office* even if this is your first application for an increase in your HOD pension.

You can get an increase to more than 85% of your *attributed salary of office* only if:

- you are currently totally incapacitated for work outside the *Police Force* due to an HOD *medical condition*, and
- while in the *Police Force* you were required to be exposed to risks of physical or psychological *injury* to which members of the general workforce are not normally required to be exposed, and
- it was because of that exposure to risk that your *HOD injury* occurred.

Your total incapacity for work outside the *Police Force* must be due to the *medical condition* that *PSAC* certified led to your incapacity to personally exercise the *functions of a police officer* and that the *Commissioner* determined was caused by your *HOD injury*.

In order to decide what percentage increase above 85% of your *attributed salary of office* you should get, *PSAC* has to determine a percentage that is 'commensurate' with the requirement for you to be exposed to risks at the time your *HOD injury* occurred – the greater the risk of injury, the greater the increase.

How to answer this question

In answering these questions, you are asked to provide the following information:

Q30 Describe the circumstances of the events which led to your *HOD injury* occurring. The circumstances you describe should include:

- a) the date on which the injury occurred (or the period during which it occurred if the *HOD injury* is a psychological injury),
- b) the environment that existed at the time of the injury,
- c) the sequence of events and who was involved (not by name) at the time of the injury,
- d) the nature of the police duties you were performing when the *HOD injury* occurred (or during the period that the injury occurred).

Q31 Describe the nature of the risk of physical or psychological injury to which you were required to be exposed at the time the injury occurred.

Q32 Explain as best you can how the risk to which you were required to be exposed, as described in your answer to Q31, was one to which members of the general work force are not normally required to be exposed.

H

Vocational & Medical Reports

33. Are you providing any vocational or other reports in support of your application that address your incapacity for work outside the *Police Force*?

Information that may assist you

PSAC may need expert vocational advice about your capacity for work outside the *Police Force*. This would include information about the following:

- a) what kind of work that a person with your education, experience, qualifications and skills and any non-HOD condition could undertake if they did not have your *HOD medical condition* and were in the same labour market as you, and how much they could earn,
- b) what kind of work is available to a person **without** your *HOD medical condition* in a labour market reasonably open to you and what could be earned,
- c) whether and how your *HOD medical condition* is impacting on your capacity to undertake such work. Examples could be how your physical limitations in performing work are due to your *HOD medical condition* or how your lack of concentration or bad memory due to your *HOD medical condition* impacts on your ability to hold down a job,
- d) what kind of work is available to you, with your *HOD medical condition* in a labour market reasonably open to you, and what could you earn.

Depending on your circumstances, you may be required to undertake a vocational assessment by a vocational assessor nominated and paid for by *STC*. The vocational assessment report will address questions that have been determined are relevant to an entitlement for an increase to an *HOD pension*. A copy of the general questions that a vocational assessor will be asked to address that are relevant to this application is available from the website at www.statesuper.nsw.gov.au or by calling Customer Service on 1300 130 097.

To assist your claim, you are encouraged to provide with your application a vocational assessment report at your own expense. If you do provide a vocational assessment report in support of your application, it will need to:

- be provided by a vocational assessor with appropriate expertise in making such judgements,
- be based on a discussion with you,
- address the questions that have been determined are relevant to claims of this kind, and
- have been prepared, preferably, within the last 12 months.

Whether you provide a report from a vocational assessor or not, you will have the opportunity to see the report of the vocational assessor obtained by *STC* if the conclusions in that report do not support your application or are inconsistent with any vocational assessment report that you do provide. You

will have the opportunity to provide an additional report that addresses those inconsistencies.

You should be aware that when making a decision about whether you are entitled to an increase to your HOD pension, PSAC will place more weight on the opinion of a vocational assessment that addresses the questions relevant to that entitlement.

How to answer this question

If you answer yes, please list for each report, which could include Police incident reports:

- a) the name of the author
- b) the author's area of expertise
- c) the date of the report.

34 + 35 Medical reports

Information that may assist you

To have your application for an increase to your HOD pension assessed you will be required to undergo a medical examination with a medical specialist nominated by STC. The medical specialist will be one who specialises in the area of medicine relevant to the *medical condition* that PSAC certified led to your incapacity to personally exercise the functions of a police officer and that the Commissioner determined was caused by an *HOD injury*.

In respect of a psychiatric HOD *medical condition*, the appropriate medical specialist is a psychiatrist (a psychologist is not a medical practitioner).

The medical report obtained by STC will address questions that have been determined are relevant to an entitlement for an increase to an HOD pension and, specifically, that address your incapacity for work outside the *Police Force* due to your HOD *medical condition*. The report will be paid for by STC. A copy of the general questions that a medical specialist will be asked to address that are relevant to this application is available from the website at www.statesuper.nsw.gov.au or by calling Customer Service on 1300 130 097.

To assist your claim, you are encouraged to provide with your application a medical report from a relevant medical specialist at your own expense.

You are also asked to provide any reports from your treating doctor that are relevant to the assessment and treatment of each of your *medical conditions*, whether they are HOD or not.

If you do provide a medical report in **support** of your application, it will need to:

- be provided by a medical specialist specialising in the area relevant to your HOD *medical condition*;
- be based on an examination of you;
- address the questions that have been determined are relevant to an entitlement for an increase to an HOD pension (that are available on www.statesuper.nsw.gov.au or by calling Customer Service on 1300 130 097); and
- have been prepared, preferably, within the last 12 months.

You may also provide with your application any medical HOD *records* or *reports* that **already exist** that relate to your injuries or HOD *medical condition* or your incapacity for work outside the *Police Force* due to your HOD *medical condition* that:

- were made at the time of occurrence of your injuries,

- relate to the assessment or treatment of your HOD *medical condition or injuries*;
- were prepared at the time you left the *Police Force*,
- were provided by you in support of any previous application for a PSS benefit, including your application for an HOD pension, or
- were prepared after you left the *Police Force* but address your incapacity for work due to your HOD *medical conditions*.

You should be aware that when making a decision about whether you are entitled to an increase to your HOD pension, PSAC will place more weight on the opinion of the report of a medical specialist that addresses the issues that are specifically relevant to that entitlement.

Whether you provide a report from a medical specialist or not, you will have the opportunity to see the report of the medical specialist obtained by STC if the conclusions in that report do not support your application or are inconsistent with any medical specialist's report that you do provide. You will have the opportunity to provide an additional report that addresses those inconsistencies.

How to answer these questions

Questions 34 and 35 are asking you to identify medical reports that **you are providing** with your application.

In particular, Question 34 is asking you to list:

- any medical reports that you are providing that **support** your application, i.e. ones that address the questions that are relevant to an entitlement to an increase to an HOD pension (that are available on www.statesuper.nsw.gov.au or by calling Customer Service on 1300 130 097), and
- any existing medical records or reports that you are providing with your application that relate to your HOD injuries or your HOD *medical condition* or your incapacity for work outside the *Police Force* due to your *medical condition*.

Question 35 asks you to list any medical *records or reports* that **you are not providing** with your application but are aware of that may assist your application. You may not have these reports in your possession but be able to indicate where they are located so that Mercer can obtain them if they appear to be relevant.

Please also refer to the definition of *records and reports* under the **Glossary of Terms** to be clear on what types of reports are sought.

I Authorised Person

Information that may assist you

If the applicant is capable of completing and signing all the relevant sections of the form, they should do so, providing they understand its contents. Someone else can complete the form for the applicant, but if someone else **signs** the Application Form **on behalf of the applicant**, that person must complete Part I of the Form.

How to answer this question

If you are not the applicant but are signing the Application Form on behalf of the applicant you will need to provide your personal details as indicated. We also require you to provide documentation demonstrating that you hold the legal authority to act for the applicant.

Please:

- 1) indicate the nature of the authorisation – power of attorney, guardianship/financial management order or other authorisation, and
- 2) provide a **certified copy** of the authorisation document with the application.

J Privacy Statement and Declaration

Information that may assist you

It is important that you read the Privacy Statement set out in Part J of the Application Form.

The Application Form **cannot** be accepted by *Mercer* if it is not signed and dated.

There is a lot of information set out in these Notes, including information and background material about many of the questions in the Application Form. You should read these Notes carefully before you complete the Application Form.

If you sign this declaration, we will be justified in assuming you were aware of and understood all that information when you completed the Form.

In particular, you should be aware that:

- a) the information sought in the Application Form has been requested by *STC* and, accordingly, you are required by law to supply that information,
- b) in collecting the information in the Application Form, *STC* can use that information to determine your entitlement to any *PSS* benefit,
- c) in providing your consent, *STC* will be able to obtain medical or other reports you have identified in the Application Form and any medical or other reports that may be referred to in any other report provided to *STC* by you, and
- d) in providing your authority, any doctor or other person who has treated or examined you is authorised to give to *STC* any medical information or reports that relate to any *medical condition* or *injuries* you have mentioned in the Application Form.

We are required under the law to inform you that giving false or misleading information is a serious offence.

Section 307A of the *Crimes Act 1900* (NSW) makes it an offence for a person to make a statement in connection with an application for a benefit under a NSW law, where the person knows or is reckless as to whether:

- a) the statement is false or misleading in a material particular, or
- b) omits any matter or thing without which the statement is misleading in a material particular.

Section 307B of that Act makes it an offence for a person to provide information in connection with a NSW law, knowing that the information:

- a) is false or misleading in a material particular, or
- b) omits any matter or thing without which the information is misleading in a material particular.

A 'material particular' is one that is relevant to the question of whether or not you get an HOD pension (for instance, including an incorrect phone number without checking the Application Form for errors might be reckless and false but that information would not normally be 'material' to your application).

How to complete the declaration

You, as the applicant (or authorised person, if applicable), need to enter your name, make the declarations, consents and authorisations as indicated and sign and date the form in the space provided.

More information

If you need more information, please contact us:

Telephone: **1300 130 097** (for the cost of a local call, unless calling from a mobile or pay phone)
8.30 am to 5.30 pm, Monday to Friday.

Personal interviews: Please phone 1300 130 097 to make an appointment.

Postal address: State Super, GPO Box 2181, Melbourne VIC 3001

Internet: www.statesuper.nsw.gov.au

Email: enquiries@stc.nsw.gov.au