

Application for additional benefit cover

Please print clearly in black ink.

Notes for applicants

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 becomes payable from the first day of the month in which the additional benefit application was approved.

Death and disability provisions for Fire Fighters, Paramedics & Police Officers

If you are employed by the NSW Fire Brigade, NSW Ambulance Service or NSW Police Force, you may be covered under the revised death and disability (D&D) provisions. If you currently do not have additional benefit cover, **you are not eligible to apply for this cover.**

Scheme legislation was amended to allow members with additional benefit cover to opt out and take up the insurance arrangements provided under the revised D&D provisions.

Members who elected to opt out cannot opt back in and apply for additional benefit cover. For members who elected to retain their additional benefit cover, there are no changes to the SASS additional benefit provisions.

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 (SASS)
PO Box 1229
Wollongong NSW 2500

Please read SASS Fact Sheet 4 *Optional additional benefit cover*, before completing 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 130 095** or email enquiries@stc.nsw.gov.au

1. Your details

Member number

Mr/Mrs/Ms/Miss/Dr

Male

Female

Birth date (DD-MM-YYYY)

Given name(s)

Family name

Residential address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

Work or Home Daytime contact telephone number

Mobile number

Email address

Name of current employer

Occupation

2. Personal health statement

1 What is the state of your health at present?

2 Have any members of your immediate family had diabetes, nervous disorder, heart disease, stroke or cancer?

Yes No

3 What is your height?

cm

4 What is your weight?

kg

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2. Personal health statement (continued)

5 Has your weight altered in the last 3 years?

Yes No

If yes, what was the increase kg or decrease kg

6 Have you **ever** had any of the following:

- a) asthma, chronic bronchitis, chronic cough, tuberculosis, or any other lung complaint? Yes No
- b) back strain, slipped disc or other disease or injury of the spine, neck, joints or tendons? Yes No
- c) gout, rheumatic fever or any form of arthritis? Yes No
- d) stomach ulcer, liver or other digestive trouble or chronic bowel disorder? Yes No
- e) epilepsy, blackouts or fits of any kind? Yes No
- f) kidney or bladder disease including renal, colic or stone? Yes No
- g) diabetes, thyroid or glandular disorder? Yes No
- h) cancer or tumour of any type? Yes No
- i) ear discharge, hearing defect or sinus trouble? Yes No
- j) defects in sight or any other eye problems? Yes No
- k) bleeding from the lung, stomach, bowel or kidney? Yes No
- l) dermatitis, eczema or other skin problems? Yes No
- m) sexually transmitted disease? Yes No
- n) high blood pressure, stroke, pain in the chest or any heart complaint? Yes No
- o) muscular dystrophy, muscular weakness or wasting? Yes No
- p) Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes No

If Yes for question 2 or question 6 a) to p), please give full details including type of illness, date of onset, treatment received, date of recovery and name and address of doctor consulted. More space is provided at the end of this form.

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2. Personal health statement (continued)

7 Are you now taking, or have you at any time in the last 5 years taken any drugs or tablets on a regular basis?

Yes No

If Yes, give details, including reasons, names of drugs, dates and dosages.

8 During the last 5 years have you had any:

- illness, accident or injury
- operation
- medical consultation or examination
- tests or X-rays
- referral to a specialist doctor?

Yes No

If Yes, give details, including nature of illness, accident or injury, treatment received, recovery (if applicable) and name and address of doctor consulted.

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.

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2. Personal health statement (continued)

11 Have you ever applied for or claimed a payment or payments arising from any illness, accident, injury or from any medical cause? (For example, workers compensation, victims compensation, an award of damages, insurance payment, disability benefits or veterans pension.)

Yes No

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?

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2. Personal health statement (continued)

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.

3. Declaration

- I understand that I will not be covered for the additional benefit until State Super has approved my application and appointed a day from which the cover will commence.
- All information in this application has been provided by me or under my direction and is true and correct.
- I understand that any untrue or misleading statement declared by me may result in State Super refusing my application or revoking any approval.
- I acknowledge that State Super may require further information and/or may require me to submit to a medical examination.
- I authorise my employer to release to State Super any information relating to employment, leave or workers compensation records that is requested.
- I authorise any doctor who has attended or examined me to disclose (in writing to State Super) all information concerning me that may be relevant to:
 - this application, or
 - any claim for SASS benefits.

Name (Print in block letters)

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Signature

<input type="text"/>

Date

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If you have to provide further information or have a medical examination, will you need an interpreter?

Yes No

If Yes, in which language?

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Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, 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. Information you provide may be disclosed to lawfully authorised government agencies and third parties including the insurer or medical consultant who may be involved with the assessment of this application.

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 Mercer by writing to:

PO Box 1229
Wollongong NSW 2500

or visit

www.statesuper.nsw.gov.au

ABN 29 239 066 746
SPIN SAS0101AU

4. Answers (continued)

Please give the question number when you complete this section.

Return the completed form to

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