

Application for Permanent Impairment Benefit (s.12D)

Please print clearly in black ink.

Use this form...

Please complete this application form if you:

- ▶ are a current or former member of the NSW Police Force who joined before 1 April 1988,
- ▶ are or were a member of the Police Superannuation Scheme (PSS) administered under the Police Regulation (Superannuation) Act 1906, and
- ▶ want to apply for a permanent impairment benefit resulting from a hurt on duty (HOD) injury sustained on or after 21 November 1979.

This claim can only be made if the medical condition is stable (for injury received before 1 January 2002), or when maximum medical improvement has been reached, i.e. the condition has been medically stable for the past 3 months and further

recovery or deterioration is not expected in the next 12 months (for injury received on or after 1 January 2002).

However, if you have recovered damages in relation to the HOD injury, you are not eligible for a benefit from the PSS for permanent impairment or medical and related treatment. Please note also that if you recover damages for an HOD injury after you receive a benefit from the PSS for that injury, you must repay the PSS benefit.

If you have received a Victims Compensation payment in relation to the HOD injury, any benefit you receive from the PSS for permanent impairment must be reduced by the amount of the Victims Compensation payment.

You will need to disclose damages and Victims Compensation payments you receive if they relate to the same injury as your PSS benefit claim.

Notes for applicants

Completing this form

Unless clearly indicated otherwise, you need to provide all the information sought in this application form in order that your entitlement to a benefit can be determined. If you do not answer all the questions, you may not have established an entitlement. You should therefore answer all the questions unless clearly stated otherwise. If you cannot answer any of the questions, please explain why or ask for assistance from Allianz (see contact details below). If it is necessary for Allianz to request further information from you, the processing of your application could be delayed.

Fact sheet

Fact Sheet PSS 17 provides information about s.12D benefits and is available:

- on the State Super website at www.statesuper.nsw.gov.au;
- from Mercer Customer Service on 1300 130 097;
- on the Allianz website at www.allianz.com.au on the Workers Compensation page; or
- by calling Allianz on 1300 788 946.

Please read the Fact Sheet before submitting your application. In the declaration in Part M of this Application Form you are required to acknowledge that you have read the Fact Sheet.

Privacy and this form

Part M of this Application Form explains your rights to privacy. You should read that Part carefully.

Lodging your application form

The administration of permanent impairment benefits under s.12D is undertaken for the SAS Trustee Corporation (STC), trustee of PSS, by Allianz Australia Insurance Limited.

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

Allianz Australia Insurance Limited
GPO Box 4056
SYDNEY NSW 2001

Phone: 1300 788 946

Fax: 1300 788 942

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email enquiries@stc.nsw.gov.au

1. Applicant details

Applicant's registered number

Applicant's given name(s)

Applicant's family name

2. Your personal details

Member number

Registered number

Mr/Mrs/Ms/Miss/Dr

Male

Female

Birth date (DD-MM-YYYY)

Given name(s)

Family name on your last day of service

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

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3. Eligibility to apply

Attestation date when first joined Police Force (DD-MM-YYYY)

 - -

Are you or have you been a contributor to the PSS?

Yes or

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

Are you still serving in the NSW Police Force?

Yes - If yes, Did the injury in respect of which you are making this claim, occur before 21 November 1979?

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

No

No - If no, please provide the following information:

The date you left the Police Force (DD-MM-YYYY)

 - -

Were you medically discharged?

Yes

No

If yes, you were medically discharged, please describe the medical condition(s) specified in the incapacity certificate issued in relation to your discharge and which the Commissioner decided was caused by your being hurt on duty.

Are you in receipt of an annual superannuation allowance in respect of the infirmity of body or mind arising out of the same injury or injuries subject of this claim for 12D gratuity?

Yes

No

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email enquiries@stc.nsw.gov.au

4. Injury(ies) claimed

If you are claiming more than 3 injuries, please photocopy this page (before completing the question) to complete for additional injuries, and send them with your application.

Please provide the following details of the injury or injuries (including psychological injuries) you are claiming resulted in the permanent impairment.

Injury 1

Date of injury (DD-MM-YYYY)

 - -

Clarify date of injury if necessary (for example, if the injury is a disease of gradual process)

What part of the body or body system is permanently affected by the injury?

Describe the circumstances that caused the injury:

If the HOD injury occurred **before 1 January 2002**, what percentage impairment or loss are you claiming in accordance with the Table of Disabilities?

 %

If the HOD injury occurred on or **after 1 January 2002**, what percentage whole person impairment (WPI) are you claiming?

 %

Did you notify the NSW Police Force of the injury?

 Yes No

If yes, have you attached a copy of the injury notification to this application?

 Yes No - If no, please advise the date you notified NSW Police Force of your injury (DD-MM-YYYY) -

Do you have written notification from the delegate of the Commissioner of Police that the injury has been accepted as HOD?

 Yes - If yes, please attach a copy of the notification. No - If no, Allianz will need to write to the delegate requesting a decision and will let you know when that has been received. Your application cannot proceed unless the delegate determines that your injury was HOD.

If you have previously claimed a permanent impairment benefit in respect of a particular body part arising from an HOD injury, and are now claiming a further benefit for that body part, please provide details of the extent your permanent impairment has increased since your earlier application was finalised.

If you need help with this form

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4. Injury(ies) claimed (continued)

Please provide the following details of the injury or injuries (including psychological injuries) you are claiming resulted in the permanent impairment.

Injury 2

Date of injury (DD-MM-YYYY)

 - -

Clarify date of injury if necessary (for example, if the injury is a disease of gradual process)

What part of the body or body system is permanently affected by the injury?

Describe the circumstances that caused the injury:

If the HOD injury occurred **before 1 January 2002**, what percentage impairment or loss are you claiming in accordance with the Table of Disabilities?

 %

If the HOD injury occurred on or **after 1 January 2002**, what percentage whole person impairment (WPI) are you claiming?

 %

Did you notify the NSW Police Force of the injury?

 Yes No

If yes, have you attached a copy of the injury notification to this application?

 Yes No - If no, please advise the date you notified NSW Police Force of your injury (DD-MM-YYYY) - -

Do you have written notification from the delegate of the Commissioner of Police that the injury has been accepted as HOD?

 Yes - If yes, please attach a copy of the notification. No - If no, Allianz will need to write to the delegate requesting a decision and will let you know when that has been received. Your application cannot proceed unless the delegate determines that your injury was HOD.

If you have previously claimed a permanent impairment benefit in respect of a particular body part arising from an HOD injury, and are now claiming a further benefit for that body part, please provide details of the extent your permanent impairment has increased since your earlier application was finalised.

** We do not need to be given dismissal details until after any appeal proceedings have been finalised.*

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**

4. Injury(ies) claimed (continued)

Please provide the following details of the injury or injuries (including psychological injuries) you are claiming resulted in the permanent impairment.

Injury 3

Date of injury (DD-MM-YYYY)

 - -

Clarify date of injury if necessary (for example, if the injury is a disease of gradual process)

What part of the body or body system is permanently affected by the injury?

Describe the circumstances that caused the injury:

If the HOD injury occurred **before 1 January 2002**, what percentage impairment or loss are you claiming in accordance with the Table of Disabilities?

 %

If the HOD injury occurred on or **after 1 January 2002**, what percentage whole person impairment (WPI) are you claiming?

 %

Did you notify the NSW Police Force of the injury?

 Yes No

If yes, have you attached a copy of the injury notification to this application?

 Yes No - If no, please advise the date you notified NSW Police Force of your injury (DD-MM-YYYY) -

Do you have written notification from the delegate of the Commissioner of Police that the injury has been accepted as HOD?

 Yes - If yes, please attach a copy of the notification. No - If no, Allianz will need to write to the delegate requesting a decision and will let you know when that has been received. Your application cannot proceed unless the delegate determines that your injury was HOD.

If you have previously claimed a permanent impairment benefit in respect of a particular body part arising from an HOD injury, and are now claiming a further benefit for that body part, please provide details of the extent your permanent impairment has increased since your earlier application was finalised.

If you need help with this form

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5. Previous injury(ies) or pre-existing conditions

Do not complete in relation to a claim for noise induced hearing loss, which is dealt with in Section 6. *Hearing loss claims*

Have you had any other injury(ies) (whether or not work related) to the same body part for which you are now making a claim?

Yes

No

If yes, please give details of such injury(ies), including the dates of injuries:

Have you any pre-existing condition(s) in respect of the body part for which you are now claiming a benefit?

Yes

No

If yes, please give details of such pre-existing conditions:

Is there any other employment to which any proportion of the impairment may be due?

Yes

No

If yes, please give details of such employment:

Employer name	Address	Occupation	Period of employment

Have you regularly participated in any interests, hobbies, pastimes or pursuits (which could include walking, card games or social activities)?

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

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**

6. Hearing loss claims

Complete this part if you are making a claim for noise induced hearing loss.

Please give details of any noisy work environment in the NSW Police Force, including the dates or periods when you did that work.

Please give details of any noisy work environment **outside** the NSW Police Force. You should include any work as an employee, in self-employment, partnership, military service or otherwise. Even if you are unsure how noisy the work may have been, include these details:

Employer/business/ other name	Address	Occupation	Period of employment

Please give details of any non-work noisy environment you have been exposed to, including activities, pastimes and hobbies involving noisy machinery or tools, listening to or making loud music, or scuba diving.

Employer/business/ other name	Address	Occupation	Period of employment

7. Psychological Injury

Complete this part in respect of any psychological injury you have claimed in section 4.

Please summarise or note, and give the dates of, the incidents giving rise to your psychological injury, if they occurred over a period of time. This must include all events from the time of attestation to the time of discharge with the NSW Police Force.

Incident	Dates

If you need help with this form

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8. Pain and suffering benefit

You are eligible to be considered for a separate payment for pain and suffering where:

- an injury received between 1 July 1987 and 31 December 2001 results in a permanent loss or losses of 10% or more of the maximum amount for a single loss. The maximum amount for a single loss is \$100,000 for an injury received between 1 February 1992 and 31 December 2001, so you would need to be awarded at least \$10,000 for a loss to be eligible for a pain and suffering benefit;
- an injury received on or after 1 January 2002 results in a level of whole person impairment of 10% or more (or 15% for a primary psychological injury).

Use a separate sheet if required.

If you are claiming a pain and suffering benefit, please provide details of the pain and suffering resulting from the permanent impairment or treatment.

a) Actual pain (including impact on work, domestic and leisure activities):

b) Distress and anxiety (including impact on work, domestic and leisure activities):

c) Amount claimed for pain and suffering

\$

which is % of the maximum amount claimable for a most extreme case.

9. Previous Claims

Have you made any previous applications for a permanent impairment benefit for an HOD injury?

Yes

No

If yes, please give details of such applications.

Benefit applied for	Date of Application	Outcome (including any amount paid)

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**

9. Previous Claims (continued)

Have you been paid damages or compensation or any other amounts (including any payment from the New South Wales Civil and Administrative Tribunal), or made a claim for such payment, arising out of the injury/ies for which you now claim a benefit under s.12D?

Yes

No

If yes, please provide the following details:

a) Who the claim was made against:

b) The date you made the claim (DD-MM-YYYY)

c) The amount(s) paid to you, and the date(s) paid:

Amount(s)	Date(s)

d) Nature of injury/ies claimed:

e) Dates of injury/ies relied upon: (DD-MM-YYYY)

f) Claim / reference number (if known):

g) Type of claim:

Motor Accident Act

Common Law Action

Other (please provide details):

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email enquiries@stc.nsw.gov.au

10. Undertaking

Do you undertake to notify SAS Trustee Corporation or Allianz promptly upon recovering damages in relation to any injury for which you have been paid a benefit under s.12D, and to repay SAS Trustee Corporation out of those damages, as required by s.12E?

Yes

No

If no, you are invited to give your reasons in the space below.

Please note that declining to give the undertaking is likely to delay your present application.

11. Documents attached in support of claim

Your claim must be supported by a medical report from a medical specialist.

- If the injury was received before 1 January 2002, the medical report must support the amount of the permanent loss claimed.
- If the injury was received on or after 1 January 2002, the report must be by a specialist who is a State Insurance Regulatory Agency (SIRA) trained assessor of permanent impairment with qualifications, training and experience in a medical specialty relevant to the body system being assessed. This may be your own treating specialist. The names of these specialists can be found on www.sira.nsw.gov.au
- If your claim relates to hearing loss, a copy of the audiogram used by the medical specialist in preparing the report must also be attached.
- If you are claiming a further benefit for a particular body part (as indicated in Q16(i)), the medical assessment should include evidence that the extent of your permanent impairment has increased since your earlier application was finalised. If possible, the medical assessment should be by the same medical practitioner who assessed you for your earlier application.

Please list the medical reports you are providing with your application.

Reports/ Other documents	Author	Date

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email enquiries@stc.nsw.gov.au

12. 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 Male Female Birth date (DD-MM-YYYY)
 - -

Given name(s)

Family name(s)

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

Please indicate and attach the relevant authorisation:

- A **Certified** copy of the power of attorney
- A **Certified** copy of the guardianship order
- Other statement/details of authorisation

If you need help with this form

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13. 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 in this form, STC is collecting your personal information. That information will be held for us by Allianz. The address of Allianz is:

Allianz Australia Insurance Limited
GPO Box 4056
Sydney NSW 2001

2. The supply of the information requested on this form to STC is required by law under clause 27 of the Police Superannuation Regulation.
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, whose address is:

Mercer Administration Services
PSS Team
PO Box 1229
Wollongong NSW 2500

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 NSW Police Force, Mercer, medical practitioners and specialists, rehabilitation providers, vocational and other assessors, investigators and legal officers for that purpose.

If you need help with this form

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13. Privacy statement and Declaration (continued)

Declaration (by 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 fact sheet relating to this application form and the privacy statement as set out in section 13 of this form,
- b) declare that the information I have provided in this form is, to the best of my knowledge, true and complete,
- 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 section 13,
- e) consent to STC obtaining any medical reports referred to in any medical reports provided to STC by me or any information relating to any claims I have identified in this application form,
- 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, and
- g) authorise any entity to give to STC any information or reports relating to any claim I have identified in this Application Form.

Signature

Date (DD-MM-YYYY)

14. Checklist and how to lodge this form

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

Check that you have . . .

- inserted your name and registered number on the front page of the application form,
- completed all the questions that are relevant to your claim,
- read, completed, signed and dated the declaration in section 13,
- attached medical reports (section 11),
- where relevant, attached the authorisation if an authorised person is completing and signing the form (section 12),
- kept copies of your completed application form and documents for your own records.

If you need help with this form

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