

Please print clearly in black ink.

1. joined the **Police Force** before 1 April 1988,
2. are still in the **Police Force**, and
3. are a contributor to the **PSS**.

Please print clearly when completing the Application Form and try to complete all the questions to the fullest extent possible and provide 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, processing of your application may be delayed.

PSS POLICE SUPERANNUATION SCHEME | 1

Notes for PSS Form 11

There are notes included at the end of this form that may assist 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 G of the Application Form explains your rights to privacy. You should read that Part 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 questions,
- ☐ read, completed, signed and dated the declaration in Part G,

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

- ☐ Q13 ☐ Q14 ☐ Q15 ☐ Q16 ☐ Q17
☐ Q18 ☐ Q19

☐ where relevant, attached a copy of:

- ☐ Medical Reports (Q17)
- ☐ Rehabilitation report (Q19)
- ☐ the authorisation if an authorised person is completing and signing the Form (Part F),

☐ 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. Rank

2. Family name

3. Given name(s)

4. Birth date (DD-MM-YYYY)

5. Registered 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**

B. Your contact details

6. Residential Address

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Suburb

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State/Territory

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Postcode

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Postal Address (if different from residential address)

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Suburb

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State/Territory

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Postcode

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7. Email address

8. Daytime contact telephone number Work or Home

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Mobile number

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9. Alternative contact name (optional) ⓘ

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Alternative contact telephone number (optional) ⓘ

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C. Eligibility to apply

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

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11. Are you a contributor to the *PSS*? ⓘ

	Yes		No - If no, this form should not be completed.
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12. Are you applying in this Application Form for: ⓘ

	a NHOD medical discharge benefit OR
	an HOD medical discharge benefit

13. Please provide the following information about any previous applications you have made for any lump sum compensation for an *HOD injury*. ⓘ

(a) Benefit applied for	(b) Date of application (approximately)

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**

D. Work and Medical information

14. Are you currently incapable of personally exercising the *functions of a police officer*? ⓘ

☐ Yes ☐ No

If yes, what medical condition/s do you believe are causing or contributing to your incapacity?

Medical Condition 1:

Medical Condition 2:

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.

15. Please describe the duties you are unable to perform because of any *medical condition* you have identified in your answer to Q14 and explain why you cannot perform these duties. ⓘ

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**

16. For each *medical condition* that you identified in your answer to Q14, please provide the following information about the **injuries** causing your *medical condition*, to the best of your knowledge. [i](#)

MEDICAL CONDITION 1

INJURY 1

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

MEDICAL CONDITION 1

INJURY 2

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

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**

MEDICAL CONDITION 1

INJURY 3

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

MEDICAL CONDITION 2

INJURY 1

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

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**

MEDICAL CONDITION 2

INJURY 2

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

MEDICAL CONDITION 2

INJURY 3

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

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**

MEDICAL CONDITION 3

INJURY 1

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

MEDICAL CONDITION 3

INJURY 2

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

 - -

- c) Do you believe the *injury* is HOD?

☐ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

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**

MEDICAL CONDITION 3

INJURY 3

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

- b) Date of *injury* (approximately) (DD-MM-YYYY)

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- c) Do you believe the *injury* is HOD?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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- d) Describe the circumstances in which the *injury* occurred

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

- f) Did you return to work following the *injury*?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

E. Medical Reports

17. Are you providing any *medical report/s* with your application? [i](#)

☐ 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**

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

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? ⓘ

☐ Yes ☐ No

If yes, please provide details and enclose a copy of any 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.

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. 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

	1990	1995	2000	2005
1990	100	100	100	100
1995	100	100	100	100
2000	100	100	100	100
2005	100	100	100	100

Given name(s)

[illegible]

Family name

[illegible]

Birth date (DD-MM-YYYY)

$$\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{4}$$

Postal Address

[illegible][illegible]

State/Territory

Postcode

Postcode

Year	2010	2011	2012	2013
...

Work or Home Daytime contact telephone number

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	20%
65-74	15%
75-84	10%
85+	5%

Email address

[illegible][illegible]

Please indicate and attach the relevant authorisation:

- ☐ A **certified** copy of the power of attorney
 - ☐ A **certified** copy of the guardianship/financial management order
 - ☐ Other statement/details of authorisation

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**

G. 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 Administration**. The address of *Mercer* is:

Mercer Administration
PSS Team
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 Administration** 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 **PRS Act**.

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 G 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,
- 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 G,
- 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 1 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 Medical Discharge Benefit (s.8/s.10B(1))

About these Notes

These Notes provide background information on the *PSS* medical discharge benefit available to current members of the *Police Force* who joined prior to 1 April 1988. They are intended to assist you answer the questions in the Application Form for that benefit (**PSS Form 11**).

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

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

How your entitlement is determined

The **PSS Form 11** is the Application Form for a medical discharge benefit which is either:

- a non hurt on duty (NHOD) pension or lump sum (under s8), or
- a hurt on duty (HOD) pension (under s10).

NHOD medical discharge benefit (s8)

You will be paid a NHOD medical discharge benefit if *PSAC* certifies on **STC's** behalf that you are incapable of personally exercising the **functions of a police officer** because of a **medical condition**.

HOD medical discharge pension (s10)

You will be paid an HOD pension only if:

1. *PSAC* certifies on **STC's** behalf that:
 - a) you are incapable of personally exercising the **functions of a police officer**, and
 - b) your incapacity was caused by a *medical condition*, and
2. the *Commissioner* then determines that:
 - a) an *injury* caused or contributed to your *medical condition*, and
 - b) the *injury* was an *HOD injury* sustained on or after 21 November 1979.

Please note: If the only *HOD injury* that caused or contributed to your **medical condition** occurred before 21 November 1979, an invalidity pension payable at the rate of 72.75% of your *attributed salary of office* may still be payable. However, *PSS Form 11* is not relevant to that benefit. If this is your situation, please contact **Mercer** and refer to **PSS Fact Sheet 15 - Pre 21 November 1979 Benefits Arising from Work-Related Injuries**.

Information about the benefits

NHOD medical discharge benefit (s8)

If your medical discharge is approved, a NHOD pension is payable if you have served 20 years or more in the *Police Force*. The rate of the pension depends on your number of years of service greater than 20 years.

If you have served less than 20 years, a lump sum is payable ascertained by reference to your *attributed salary of office*.

HOD medical discharge pension (s10)

If your medical discharge is approved, 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 incapable of working outside the *Police Force* at the time (if you are totally incapable of working, the rate of 85% of that salary is payable)
- by up to 27.25% of your **attributed salary of office**, if you are totally incapable of working 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.

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 F** 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** (for the cost of a local call unless you are calling from a mobile or pay phone)

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

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

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.

PRS Act means the *Police Regulation (Superannuation) Act 1906*.

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

PSS means the Police Superannuation Scheme as established under the *PRS Act*.

Records and 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 11

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

B Your contact details

9. 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

11. Are you a contributor to the PSS?

This question is to ensure that you are claiming under the correct superannuation scheme. Members of the *Police Force* can only receive benefits under the PSS if they joined the *Police Force* before 1 April 1988. If you answer 'no' to this question, you should **not** be completing the application.

If PSAC certifies that you are incapacitated and that your incapacity was caused by a *medical condition*, you will be entitled to a NHOD benefit.

If the *Commissioner* determines that an *injury* caused or contributed to your *medical condition* and that the *injury* was an *HOD injury*, you will be entitled to an HOD pension in lieu of the NHOD benefit.

12. Are you applying in this Application Form for a NHOD medical discharge benefit or an HOD medical discharge benefit?

How to answer this question

Please indicate which benefit you are applying for, bearing in mind the above information.

Information that may assist you

If you apply for an HOD medical discharge benefit, you will automatically be considered for a NHOD medical discharge benefit in the event that an HOD benefit does not become payable to you. An explanation of the different benefits is provided in these Notes under the heading "Information about the benefits".

13. Please provide the following information about any previous applications you have made for any lump sum compensation for an *HOD injury*

Information that may assist you

You may have applied for a lump sum compensation benefit arising from an *HOD injury*. This information will allow **Mercer** to locate all information that might be relevant to your application.

How to answer this question

To the extent that you are able, you are asked to include a description of the particular lump sum benefit applied for and the dates (approximate if necessary).

D Work and Medical Information

14. Are you currently incapable of personally exercising the *functions of a police officer*?

Information that may assist you

A medical discharge benefit is only payable if you are currently incapable of personally exercising the *functions of a police officer* because of a *medical condition*. If you answer 'no' to this question, then you should **not** be applying for a medical discharge.

A *medical condition* can also include an illness or disease, such as a heart condition, diabetes or cancer. Any of these types of *medical conditions* can also cause or contribute to your incapacity and you should include any such *medical condition* in your answer if it applies to you.

How to answer this question

If you believe you are incapable of personally exercising the *functions of a police officer*, you should answer 'yes'. You should then identify each *medical condition* that you believe caused or contributed to your incapacity to personally exercise the *functions of a police officer*.

If you provide a medical report from a specialist who addressed the specific questions referred to in the Note for Q17, the doctor will have identified the *medical condition* that caused or contributed to your incapacity.

15. Please describe the duties you are unable to perform because of any *medical condition* you have identified in your answer to Q14 and explain why you cannot perform those duties.

Information that may assist you

You are asked to describe what duties you are unable to perform because of your *medical conditions*. You should also explain why you can't perform those duties, for example because you may have a bad back which prevents you from lifting heavy boxes or from sitting in one position for too long.

If you have any formal restrictions on your duties, you should mention what they are.

How to answer this question

Please describe the duties you are unable to perform because of any *medical condition* you have identified in your answers to Q14 and explain why you are unable to perform these duties.

16. For each *medical condition* that you identified in your answer to Q14, please provide the following information about the *injuries* causing your *medical condition*, to the best of your knowledge.

Information that may assist you

You can get an HOD pension if you are suffering from a *medical condition* that is preventing you from personally exercising the *functions of a police officer* and that medical condition was caused by an *HOD injury*.

The *Police Force* may have paid or reimbursed your medical or hospital expenses for your injuries on the basis that they were **HOD injuries**. However if you are applying for an HOD pension, the *Commissioner* will now be required to determine whether each injury was in fact an **HOD injury** and whether it caused or contributed to the *medical condition* you are claiming.

Mercer may obtain from the *Police Force* relevant parts of your *HOD injury* file, your personnel and your medical files and your sick leave records and reports or any rehabilitation undertaken while you were in the *Police Force*.

What is a "medical condition" and what is an "injury"?

To assist in answering this question, the following example might demonstrate the **difference between a medical condition** that you are now suffering and have identified in

your answer to Q14 (as having caused or contributed to your incapacity), **and an injury** that you think caused that *medical condition*.

A member of the *Police Force* may be on sick leave with a severely herniated vertebral disc that prevents him or her from sitting or standing for any period of time, or from lifting. That condition might have resulted from a number of incidents, some of which occurred while the member was undertaking police duties and some not.

For instance, the member may have:

- been involved in a car accident in the course of duties in 1989 in which they suffered whiplash;
- fallen off a motorbike and badly bruised their back while on holidays in 1994;
- tripped and fallen while arresting a suspect in 2000, again injuring their back; and
- in 2005, been involved in another car accident in the course of their police duties in which the member's back was again injured.

The member has not been able to work since the last *injury*.

In such a case, the **medical condition** preventing the member from personally exercising the **functions of a police officer**, is the severely herniated vertebral disc.

The **injuries** in this example would be each of those injuries in 1989, 1994, 2000 and 2005. If this were your situation, you would identify and give in your answer the information requested for each of these injuries as, for example, Injury 1 (1989 injury), Injury 2 (1994 injury), Injury 3 (2000 injury) and Injury 4 (2005 injury). See the example answer to this question on the next page.

The question in parts (e) and (f) relating to sick leave and your duties after returning to work will help the medical specialist make an assessment about your state of health, your capacity to personally exercise the **functions of a police officer**, and what *injuries* may have contributed to any *medical condition* causing that incapacity.

How to answer this question

You should answer this question to the best of your knowledge. In providing your answer, you should separately address each *medical condition* you identified in your answer to Q14 and:

- describe each *injury* (whether or not it was work related) that you believe caused or contributed to that *medical condition*
- indicate the date of the *injury* (approximate if necessary)
- indicate if you believe the *injury* is an **HOD injury**
- describe how the *injury* occurred, including the circumstances you were in at the time and whether or not you were at work
- if you took sick leave at the time of the *injury*, indicate the period or periods of sick leave taken (approximate if necessary)
- indicate whether you returned to work following the injury. If you did return to work after the *injury* or after any sick leave, indicate whether the duties you undertook on your return were restricted in any way because of your *injury* and how they were restricted.

If you believe that your *medical condition* is psychiatric, you should describe as best you can the single incident that you believe caused the *medical condition*, or describe the types of incidents that occurred over a period of time that contributed to your *medical condition*. You may, if you prefer, refer to a medical report that already documents these incidents.

The example on the next page sets out how you might answer this question if the example of the severely herniated vertebral disc were your situation and could be Medical Condition 1. The 1989 *injury* is dealt with as Injury 1 for that Medical Condition. You would provide similar answers for each of the other injuries that occurred in 1994, 2000 and 2005 as Injury 2, Injury 3 and Injury 4, respectively.

If you claim that more than one *medical condition* is causing or contributing to your incapacity to personally exercise the **functions of a police officer**, please provide this information about the injuries causing each *medical condition*.

Example answer to Q16

16. For each *medical condition* that you identified in your answer to Q14, please provide the following information about the injuries causing your *medical condition*, to the best of your knowledge. ⓘ

MEDICAL CONDITION 1

INJURY 1 Severely Herniated vertebral disc

- a) Describe the *injury* (whether or not work related) you believe is causing or contributing to your *medical condition*.

Whiplash injury to my neck.

- b) Date of *injury* (approximately) (DD-MM-YYYY) 1 7 - 0 7 - 1 9 8 9

- c) Do you believe the *injury* is HOD? ☒ Yes ☐ No

- d) Describe the circumstances in which the *injury* occurred

I was on duty pursuing a stolen car along the M5 expressway near Campbelltown. The road conditions were wet and it was a busy Friday night near dusk. The car I was pursuing was overtaking another car and lost control. It swerved in front of me so that I could not safely avoid colliding with the car being overtaken and that car in a collision. My car collided with the one I was pursuing and I suffered whiplash.

- e) Indicate any period/s of sick leave taken following the *injury* and the dates (approximately)

I reported to the hospital late that night and was off work for 10 days.

- f) Did you return to work following the *injury*? ☒ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

I returned to work after 10 days sick leave.
I continued my normal duties.

E Medical Reports

17. Are you providing any **medical report/s** with your application?

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

Information that may assist you

To have your application for a NHOD medical discharge benefit or an HOD medical discharge benefit 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 you are claiming.

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

The medical report will address questions that have been determined as relevant to an entitlement for the appropriate benefit and 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 from 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 *medical condition* you are claiming.

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

- be provided by a medical specialist who specialises in the area relevant to your *medical condition*;
- be based on a medical examination of you;
- address the questions that have been determined are relevant to an entitlement for the appropriate benefit (that are available on www.statesuper.nsw.gov.au); and
- have been prepared, preferably, within the last 12 months.

You should be aware that when making a decision about whether you are entitled to a medical discharge benefit, 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 in respect of the decision to be made by PSAC. You will have the opportunity to provide an additional report that addresses those inconsistencies.

You may also provide other reports that relate to your injuries or your *medical condition*, such as police incident reports.

How to answer these questions

Question 17 is asking you to identify medical reports that **you are providing** with your application. In particular, Q17 is asking you to list:

- any medical reports that you are providing in support of your application that address the questions that are relevant to an entitlement for a NHOD medical discharge benefit or an HOD medical discharge benefit (that are available on www.statesuper.nsw.gov.au); and
- any existing medical *records or reports* that you are providing with your application that relate to the injuries or your *medical condition* that:
 - were made at the time of occurrence of the injuries;
 - relate to the assessment or treatment of your *medical condition* or injuries;
 - were provided by you in support of any previous application for a PSS benefit.

Question 18 asks you to list any medical *records or reports* that **you are not providing** with your application but you 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 **Glossary of Terms** to be clear on what types of reports are required.

19. Have you participated in any rehabilitation or injury management program?

Information that may assist you

You may have undertaken a rehabilitation or injury management program and information about such rehabilitation or program could assist your application. This could be a program undertaken either with the *Police Force* or outside the *Police Force*.

Such program may or may not have related to any of the injuries you identified in your answer to Q16 (that you believe caused or contributed to your *medical condition*) or the *medical conditions* you have identified in your answer to Q14 (that you believe caused your incapacity).

You may also be receiving treatment, such as medication for your *medical condition*.

Rehabilitation might include treatment under an injury management program and include physiotherapy, hydrotherapy and occupational therapy.

How to answer this question

If you answer yes, please describe the nature of the rehabilitation, the period of treatment and the outcome. Please also provide a copy of any report that relates to your participation in the program. You should also indicate if you are taking medication for any *medical condition*.

F Authorised Person

Information that may assist you

If the applicant is capable of completing and signing 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 F 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.

G Privacy Statement and Declaration

Information that may assist you

It is important that you read the Privacy Statement set out in Part G 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 the 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 reports you have identified in the Application Form and any medical reports that may be referred to in any other medical 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 s.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 a medical discharge benefit. 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 answer this question

You, as the applicant (or the 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