

Confidential medical report on incapacity

Please print clearly in black ink.

Notes to members

This report will assist your application for payment of a benefit or benefits on the grounds of incapacity/invalidity.

This report will be treated as confidential information, although we do reserve the right to disclose the information to medical consultants who may be involved in the assessment of your application. If required by law, we may be obliged to disclose the contents of this report to a court or tribunal.

What do you need to do

- Make an appointment with a qualified and registered medical practitioner and ask them to complete the rest of this form.
- Pay all the costs associated with completing this form.

Which scheme are you a member of?

☐ SASS

☐ SSS

☐ PSS

Member's details

Member number

Birth date (DD-MM-YYYY)

 - -

Given name/s

Family name

Work or Home Daytime contact telephone number

Normal occupation/Specific job title

Date employment ceased

 - -

Employer at that time

Signature

Date (DD-MM-YYYY)

 - -

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on [DB 1300 130 094](tel:1300130094) or [SASS 1300 130 095](tel:1300130095) or [SSS 1300 130 096](tel:1300130096) or [PSS 1300 130 097](tel:1300130097) or email enquiries@stc.nsw.gov.au

Notes to medical practitioners

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

This report will be treated at all times with confidentiality, although we reserve the right to disclose the information to other medical practitioners and may be obliged under legislative provisions to disclose the contents to a court or tribunal.

What do you need to do

- Complete all sections of this form comprehensively.
- Use extra pages if you need more space. At the top of each extra page write the member's name and member number.
- Return this form and any attachments to:

State Super, GPO Box 2181, Melbourne VIC 3001

Medical practitioner's details

Name

Professional qualifications

Postal address

Suburb

State/Territory

Postcode

Daytime contact telephone number

General medical report

This member has consulted with me since (DD-MM-YYYY)

Date of last consultation (DD-MM-YYYY)

This member's physical details (at last consultation)

Height (cms)

Weight (kgs)

Blood pressure

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Report on incapacity

Name of specialist consulted & specialty

Please attach relevant reports.

Please provide any extra comments in an attached letter.

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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:

GPO Box 2181
Melbourne VIC 3001

or visit

www.statesuper.nsw.gov.au

ABN 29 239 066 746
SPIN SAS0101AU

Opinion on incapacity

Normal occupation

In my opinion, this member

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

Any paid employment

In my opinion, this member

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

Financial capacity

In my opinion, this member

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

Signature

Date (DD-MM-YYYY)

-

-

Terminal medical condition - Only complete this section if applicable

I certify that this member

- ☐
- is
-
- ☐
- is not

suffering from an illness or an injury that is likely to result in their death within 24 months of the date of this certification.

Signature

Date (DD-MM-YYYY)

-

-

Return the completed form to

State Super
GPO Box 2181
MELBOURNE VIC 3001

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