

Certificate of incapacity

Notes for members

This certificate may be used to prove your eligibility to:

- have your superannuation benefit treated as a disability superannuation benefit; and/or
- have an otherwise preserved benefit released (ie paid directly to you).

This certificate may be used to prove whether you have a terminal medical condition.

This certificate is not used for assessing whether you are entitled to a particular benefit.

Note: Neither SAS Trustee Corporation nor Mercer will pay for any cost associated with a visit to a medical practitioner relating to the completion of a *Certificate of Incapacity*.

What do you need to do ...

- If you are permanently incapacitated, you will need to provide **two Certificates of Incapacity**, each with the *medical practitioner's details* and *opinion on incapacity* sections completed by a qualified and registered medical practitioner.
- If you are suffering from a terminal medical condition, you will need to provide **two Certificates of Incapacity**, each with the *medical practitioner's details* and *Terminal illness* sections completed by a qualified and registered medical practitioner. One of the medical practitioners must be a specialist in an area related to your condition.

Which scheme are you a member of?	
SASS SSS PSS	
Member's details	
Mr/Mrs/Ms/Miss Male Female	Birth date (DD-MM-YYYY)
Given name(s)	
Family name	
Member number	
Member's 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 or SASS 1300 130 095 or SSS 1300 130 096 or PSS 1300 130 097 or email **enquiries@stc.nsw.gov.au**

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

Medical practitioner's details		
Mr/Mrs/Ms/Miss/Dr	Daytime contact telephone number	
Given name(s)		
Family name		
Professional qualifications		
Postal address		
Suburb	State/Territory Postcode	
Opinion on incapacity - Only comple	ete this section if applicable	
I certify that the member named on this Certificate is suffering from ill-health and, because of the ill-health, it is unlikely that the member can ever be gainfully employed in a capacity for which they are reasonably qualified by education, training or experience. I certify that the member has suffered from this ill-health since: Date (DD-MM-YYYY)		
	Date (DD-MM-YYYY)	
Terminal illness - Only complete this	section if applicable	
I certify that the member named on this certificate		
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)	
Detume the correlated forms to		
Return the completed form to State Super GPO Box 2181 MELBOURNE VIC 3001		

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