

## 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**, 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**, 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)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Given name(s)			
<input type="text"/>			
Family name			
<input type="text"/>			
Member number			
<input type="text"/>			
Member's signature			Date
<input type="text"/>			<input type="text"/>

#### 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](mailto: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](http://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 complete 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

Signature

Date

## 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

### Return the completed form to

State Super  
GPO Box 2181  
MELBOURNE VIC 3001

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