

Application Form for Medical Discharge Benefit (s.8 & s.10B(1))

Please print clearly in black ink.

Member number	Registered number
<input type="text"/>	<input type="text"/>
Member's Given name(s)	
<input type="text"/>	
Member's Family name	
<input type="text"/>	

Who should use this form?

This form can only be signed and submitted by the Police Commissioner or his delegate under s15B of the *Police Regulation (Superannuation) Act 1906* (PRSA) ("Delegate") in respect of a Member of the Police Force ("Member") who satisfies the provisions of s15B of the PRSA and whose medical discharge is being sought by the NSW Police Force.

This application may be made on behalf of the Member with or without the consent of the Member. Any information provided with the application, including personal and health information, may be provided with or without the consent of the Member as permitted under s15B of the PRSA.

The application can be made in respect of a Member who satisfies all of the following. The Member:

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

Completing this form

This Application Form contains two types of questions:

- the first asks for a box to be marked with a cross or tick
- the second asks that short answers be provided in the space on the form.

If there is insufficient space on the Form for the answer, the information can be provided on a separate sheet of paper, marking it with the relevant question number.

Unless indicated otherwise, STC requires all the information sought in this Application Form in order to determine the Member's entitlement. If all the questions are not answered, the Member's entitlement may not have been established.

Please complete all the questions to the fullest extent possible and supply as much of the information as possible to assist the processing of the application. If any of the questions cannot be answered, please explain why or ask for assistance from *Mercer*. If it is necessary for *Mercer* to request further information, processing of the application will be delayed.

Notes for PSS Form 15B

Included in the PSS Form 11 "*Application for Medical Discharge Benefit (s.8 & s.10B(1))*" are notes that assist with completing the form. (PSS Form 11 is completed by the member when applying for medical discharge) These notes can also be read to assist with completing this PSS Form 15B. The question numbers in this Application form align with the question numbers in the PSS Form 11. Please read the notes carefully and refer to them when filling in this form. The Notes explain in more detail what information is required in the answers to the questions.

ⓘ *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**".

If you need help with this form

Contact your Employer Support Officer between 8:30am and 5:30pm AEST from Mon–Fri on (02) 4298 6016 or email

STC_employer@mercerc.com

Checklist

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

Check that ...

- the name and registered number of the Member is on the front page of the Application Form,
- all the questions have been completed,
- the declaration has been completed, signed and dated in Part G,
- copies of separate pages providing answers to questions are attached (please mark as *appropriate*):

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Q 13 | <input type="checkbox"/> Q 14 | <input type="checkbox"/> Q 15 | <input type="checkbox"/> Q 16 |
| <input type="checkbox"/> Q 17 | <input type="checkbox"/> Q 18 | <input type="checkbox"/> Q 19 | <input type="checkbox"/> Q 21 |

- where relevant, attach a copy of:
 - Medical reports (Q17)
 - Clinical notes & sick leave records (Q18)
 - Rehabilitation report (Q19)
- a copy of the completed Application Form and documents have been kept for your records and have been provided to the Member.

Lodging the 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. Personal details of Member

1. Rank

2. Family name

3. Given name(s)

4. Registered number

5. Birth date (DD-MM-YYYY)

 - -

B. Contact details of Member

6. Residential address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

7. Email address

8. Daytime contact telephone number Work or Home

Mobile number

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D. Work and Medical information *continued*

15. Describe the duties the Member is unable to perform because of any medical condition identified in the answer to Q14 and explain why the member 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.

16. For each medical condition identified in the answer to Q14, please provide the following information about the injuries causing the medical condition. ⓘ

MEDICAL CONDITION 1

INJURY 1

- a) Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member.

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

- c) Is the injury HOD? Yes No Not yet assessed

- d) Describe the circumstance in which the injury occurred

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

- f) Did the member return to work following the injury? Yes No

If yes, indicate if the duties the Member returned to were then restricted in any way because of the injury and how they were restricted.

- g) Is the member currently on sick leave? Yes No If yes, please provide details.

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MEDICAL CONDITION 1

INJURY 2

a) Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member.

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MEDICAL CONDITION 1

INJURY 3

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