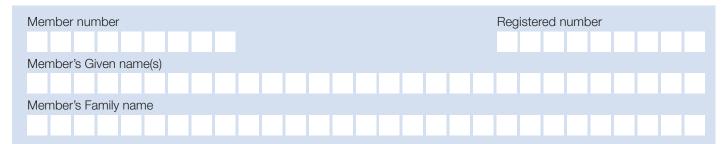


Application Form for Medical Discharge Benefit (s.8 & s.10B(1))

Please print clearly in black ink.



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

Checklist		
Use this checklist to make sure this Application Form is complete before you lodge it with <i>Mercer</i> . Check that	where relevant, attach a copy of: Medical reports (Q17) Clinical notes & sick leave records (Q18)	
the name and registered number of the Member is on the front page of the Application Form,	Rehabilitation report (Q19)	
all the questions have been completed, the declaration has been completed, signed and dated in Part G,	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	
copies of separate pages providing answers to questions are attached (please mark as appropriate):	Send the original completed Application Form and copies of all other supporting documents to:	
Q 13 Q 14 Q 15 Q 16	State Super (PSS)	
Q 17 Q 18 Q 19 Q 21	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 N	Member	
6. Residential address		
Suburb	State/Territory Postcode	
Postal address (if different from	om residential address)	
Culpumb	Ctata /Tawiitaw / Dagtag da	
Suburb	State/Territory Postcode	
7. Email address		
8. Daytime contact telepho	one number Work or Home	
Mobile number		
Mobile Hullipel		

B. Contact details of Member continued			
9. Alternative contact name (optional) (i) Alternative contact telephone number (optional) (i)			
C. Member's eligibility			
 10. Attestation date when first joined Police Force (DD-MM-YYYY) 11. Is the member a contributor to the PSS? ① Yes No - If no, this form should not be completed. 12. Are any of the injuries referred to in this application claimed or assessed as HOD? Yes No 			
13. Please provide the following about any previous applications made in respect of the Member for any lump sum compensation for an HOD injury (if known). ①			
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. D. Work and Medical information			
14. Is the member currently incapable of discharging full operational duties? ① Yes No			
If yes, what medical condition/s caused or contributed to that 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.			

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. ①			
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. (1)			
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			
a) Indicate any pariod/a of pick leave taken following the injury and the dates (approximately)			
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.			

	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.		
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		
	Did the member return to work following the injury? Yes No es, indicate if the duties the Member returned to were then restricted in any way cause of the injury and how they were restricted.		
g)	Is the member currently on sick leave? Yes No If yes, please provide details.		
	Is the member currently on sick leave? Yes No If yes, please provide details.		
	MEDICAL CONDITION 1		
	MEDICAL CONDITION 1 INJURY 3 Describe the injury (whether or not work related) you understand is causing or		
a)	MEDICAL CONDITION 1 INJURY 3 Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member.		
a)	MEDICAL CONDITION 1 INJURY 3 Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member. Date of injury (approximately) (DD-MM-YYYY)		

3)	Is the member currently on sick leave? Yes No If yes, please provide details.		
	MEDICAL CONDITION 2		
	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) d)	Is the injury HOD? Yes No Not yet assessed Describe the circumstance in which the injury occurred		
<i>.</i> ,			
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		
	es, indicate if the duties the Member returned to were then restricted in any way cause of the injury and how they were restricted.		

	MEDICAL CONDITION 2				
	INJURY 2				
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) If y	Did the member return to work following the injury? Yes No es, indicate if the duties the Member returned to were then restricted in any way				
a)	Is the member currently on sick leave? Yes No If yes, please provide details.				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Is the member currently on sick leave? Yes No If yes, please provide details. MEDICAL CONDITION 2 INJURY 3				
	MEDICAL CONDITION 2				
a)	MEDICAL CONDITION 2 INJURY 3 Describe the injury (whether or not work related) you understand is causing or				
	MEDICAL CONDITION 2 INJURY 3 Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member.				
a) b)	MEDICAL CONDITION 2 INJURY 3 Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member. Date of injury (approximately) (DD-MM-YYYY)				

oe _'	cause of the injury and how they were restricted.		
g)	Is the member currently on sick leave? Yes No If yes, please provide details.		
	MEDICAL CONDITION 3		
	INJURY 1		
a)	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)	c) Is the injury HOD? Yes No Not yet assessed		
d)	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		
	es, indicate if the duties the Member returned to were then restricted in any way cause of the injury and how they were restricted.		
	Is the member currently on sick leave? Yes No If yes, please provide details.		

	MEDICAL CONDITION 3		
ı	INJURY 2		
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		
	Did the member return to work following the injury? Yes No es, indicate if the duties the Member returned to were then restricted in any way cause of the injury and how they were restricted.		
\			
g) 	Is the member currently on sick leave? Yes No If yes, please provide details.		
	Is the member currently on sick leave? Yes No If yes, please provide details. MEDICAL CONDITION 3		
	MEDICAL CONDITION 3		
a)	MEDICAL CONDITION 3 INJURY 3 Describe the injury (whether or not work related) you understand is causing or		
	MEDICAL CONDITION 3 INJURY 3 Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member. Date of injury (approximately) (DD-MM-YYYY)		
a)	MEDICAL CONDITION 3 INJURY 3 Describe the injury (whether or not work related) you understand is causing or contributing to the medical condition of the Member. Date of injury (approximately) (DD-MM-YYYY)		

g) Is the member currently on sick leave? Yes No If yes, please provide details				
. Medical information				
7. Are any medical report/s b	eing provided with the application	?		
Yes No I	yes, please list the medical repor	rt.		
Name of Doctor	Speciality (e.g. orthopaedic surgeon)	Date of report (DD/MM/YYYY)		
	(e.g. orthopacale surgeon)	(BB/WW/TTTT)		
there is insufficient space for the ar	nswer, provide the information required (on a separate sheet of paper,		
parking it with the relevant question	number.			
8. Are any Police Medical Offithis application?	cer clinical notes or sick leave rec	cords being provided with		
Yes No				
9. Did the Member participate	e in any rehabilitation or injury mar	nagement program? (i)		
Yes No				
If yes, please provide details and enclose a copy of any report.				

Member, who has 28	Section 15B of the PRSA requires a copy of this Application to be provided to the Member, who has 28 days in which to notify the Commissioner of any other infirmities to be included in the Application.				
Please indicate the da	Please indicate the date on which this Application was provided to the Member.				
		(DD-MM-YYYY)			
	Please indicate the date on which the Member responded with information to be included in the Application. - (DD-MM-YYYY)				
21. Did the Member notif	Did the Member notify any additional infirmities to be included in the Application?				
Yes No					
If yes, please provide	the following	information in resp	ect of each infirmity.		
Identify the additional infirmities notified by the Member	Has the infirmity been determined as HOD?	If not determined as HOD, has the Member applied for the infirmity to be determined as HOD?	Please indicate any medical evidence that is available that relates to the infirmity identified by the Member		

Contact your Employer Support Officer between 8:30am and 5:30pm AEST from Mon-Fri on (02) 4298 6016 or email STC_employer@mercer.com

marking it with the relevant question number.

F. Member's involvement

Please return to Page 1 for the Checklist and how to lodge this Form.

If you need help with this form

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F. Member's involvement continued