

# Privacy disclosure consent form for PSAC determined benefits under the *Police Regulation (Superannuation) Act 1906*

## What is this form used for?

This form is to be used in conjunction with an application for or review of any of the following benefits under the *Police Regulation (Superannuation) Act 1906* that are to be determined by the Police Superannuation Advisory Committee (PSAC).

- ▶ A benefit payable following determination of incapacity under section 8.
- ▶ A hurt on duty pension payable following determination of incapacity under section 10B(1).
- ▶ A hurt on duty pension payable following determination of incapacity under section 10B(2).
- ▶ A hurt on duty pension increase under section 10(1A).
- ▶ A gratuity payable under section 12D, including payment for loss of limbs, medical expenses and pain and suffering.
- ▶ A redemption under section 10C of a superannuation allowance granted to a disabled member.
- ▶ A hurt on duty pension review under section 10(1D).

## Privacy information

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.

For further information about privacy, contact Mercer by writing to:

PO Box 1229  
Wollongong NSW 2500

or visit

**[www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au)**

**Please turn over and print clearly in black ink.**

### If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 097** or email **[enquiries@stc.nsw.gov.au](mailto:enquiries@stc.nsw.gov.au)**

## 1. Your personal details

Member number

Registered number

Mr/Mrs/Ms/Miss/Dr

Male

Female

Birth date (DD-MM-YYYY)

Given name(s)

Family name

Residential address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

Work or Home Daytime contact telephone number

Mobile number

Email address

## 2. Consent

I consent to Mercer, on behalf of State Super, collecting, using and disclosing my personal and health information in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* and, in particular:

- collecting personal and health information about me and using it for the purposes of assessing my application/s or review; and
- disclosing my personal and health information to third parties who may assist in determining my application/s or review.

**Name** (Print in BLOCK LETTERS)

**Signature**

**Date** (DD-MM-YYYY)

## 3. What to do next

Send the completed form to:

**State Super (PSS)**  
PO Box 1229  
Wollongong NSW 2500

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