

# Application Form for Hurt On Duty Pension by Former Members of the Police Force s.10B(2)

Please print clearly in black ink.

## Use this form...

- If you were a member of the Police Superannuation Scheme (PSS), and
- you resigned or retired from the *NSW Police Force*, and
- you have not already fully commuted a PSS Pension, and
- you have not been paid a PSS disengagement benefit; and
- you are now applying for a medical discharge benefit on the grounds of incapacity to personally exercise the *functions of a police officer*, and
- you have evidence that your incapacity is the result of you being hurt on duty (HOD) whilst in the *Police Force*.

## If you need help with this form

Refer to the Notes for PSS Form 12 that can be found at the end of this Application Form and PSS Fact Sheet 12 *Medical Discharge Benefit for a Former Member of the Police Force (s.10B(2))*.

Contact Customer Service

Phone: **1300 130 097**

Email: [enquiries@stc.nsw.gov.au](mailto:enquiries@stc.nsw.gov.au)

## Notes for applicants

### Date of application

The date of your application is the date of receipt by *Mercer* of:

- your fully completed and signed Application Form; and
- all relevant medical evidence in support of the application.

### What to do with this Application Form once it is completed

1. Copy the completed Application Form and send the copy to the medical practitioner/s whose opinion will be sought to support this application.
2. Send the original completed form, together with all relevant medical evidence in support of the application to:

State Super (PSS)  
GPO Box 2181  
Melbourne VIC 3001

3. You may send an advance copy of the completed Application Form to *Mercer* (before collecting the relevant medical evidence) to help speed up processing, if you wish. However the advance copy will not affect the *date of application*.

**Note:** This Application Form cannot be processed unless every section and every question is answered.

## 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)

## Section A. Your personal details

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**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)**

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## Section B. Supporting information for your application

### 1. Medical condition #1

a) What medical condition causing incapacity to personally exercise the *functions of a police officer* is claimed?

b) Indicate if HOD

☐ Yes ☐ No

c) If HOD, indicate the date of the *injury* which caused or contributed to your *medical condition* (the *injury* must have occurred on or after 21 Nov 1979) (DD-MM-YYYY)

d) Describe the circumstance in which the injury occurred

e) Medical report attached

☐ Yes ☐ No

f) Dr Name and Speciality (eg Dr. Smith, Psychiatrist)

g) Date of report (DD-MM-YYYY)

h) Did you notify the *Commissioner* of this injury?

☐ Yes ☐ No

If yes, describe when and how you notified the *Commissioner*.

(DD-MM-YYYY)

i) Was sick leave taken for the injury?

☐ Yes ☐ No

j) Did you return to work after the injury?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

### 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**

## Section B. Supporting information for your application *continued*

### Medical condition #2

- a) What medical conditions causing incapacity to personally exercise the *functions of a police officer* is claimed?

- b) Indicate if HOD

☐ Yes ☐ No

- c) If HOD, indicate the date of the *injury* which caused or contributed to your *medical condition* (the *injury* must have occurred on or after 21 Nov 1979) (DD-MM-YYYY)

- d) Describe the circumstance in which the injury occurred

- e) Medical report attached

☐ Yes ☐ No

- f) Dr Name and Speciality (eg Dr. Smith, Psychiatrist)

- g) Date of report (DD-MM-YYYY)

- h) Did you notify *Commissioner* of this *injury*?

☐ Yes ☐ No

If yes, describe when and how you notified the *Commissioner*.

(DD-MM-YYYY)

- i) Was sick leave taken for the injury?

☐ Yes ☐ No

- j) Did you return to work after the injury?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

### 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**

## Section B. Supporting information for your application *continued*

### Medical condition #3

- a) What medical conditions causing incapacity to personally exercise the functions of a police officer is claimed?

- b) Indicate if HOD

☐ Yes ☐ No

- c) If HOD, the date of the *injury* which caused or contributed to your *medical condition* (the *injury* must have occurred on or after 21 Nov 1979) (DD-MM-YYYY)

- d) Describe the circumstance in which the injury occurred

- e) Medical report attached

☐ Yes ☐ No

- f) Dr Name and Speciality (eg Dr. Smith, Psychiatrist)

- g) Date of report (DD-MM-YYYY)

- h) Did you notify the *Commissioner* of this *injury*?

☐ Yes ☐ No

If yes, describe when and how you notified the *Commissioner*.

(DD-MM-YYYY)

- i) Was sick leave taken for the injury?

☐ Yes ☐ No

- j) Did you return to work after the injury?

☐ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

2. Did you resign or retire from the Police Force?

☐ Resigned

☐ Retired

☐ Other (please provide details)

#### 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**

## Section B. Supporting information for your application *continued*

3. What was your *last day of service*? (DD-MM-YYYY)

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4. What was your rank at this date?

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5. What were the reasons for your resignation or retirement from the *Police Force*?


6. Describe in your own words your day to day duties at the time of resignation/retirement.


7. Were the duties you described in question 6 “restricted duties” at the time of your resignation or retirement?

- ☐ Full duties, **or**
- ☐ Restricted duties

If the duties were restricted duties, describe in detail how they were different from your usual full duties.


8. Are you seeking a date of commencement of payment of the HOD pension from a date earlier than the date of this application?

- ☐ No, **or**
- ☐ Yes

If yes,

a) What is the date from you seek the payment of the HOD pension to commence?  
(DD-MM-YYYY)

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b) What is the basis for choosing this date?


c) What is the reason for the delay in making this application?


d) Why would it not be fair and reasonable to commence the pension, if approved, from the date of this application?


### 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**

## Section B. Supporting information for your application *continued*

9. On what date did the *medical condition/s* that you have claimed in question 1 cause you to become incapable of personally exercising the *functions of a Police officer*? (DD-MM-YYYY)

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What is the basis for nominating this date?

<input type="text"/>
<input type="text"/>

10. Have your claimed *medical condition/s* deteriorated since date of resignation/retirement?

☐ No, **or**

☐ Yes

If yes, what caused this deterioration?

<input type="text"/>
<input type="text"/>

11. Have you received medical treatment for your claimed *medical condition/s*?

☐ No, **or**

☐ Yes

If yes, please provide details of that treatment including the names and contact details of your treating doctors and the dates upon which treatment was given.

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D	D	-	M	M	-	Y	Y	Y	Y
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### If you need help with this form

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## Section B. Supporting information for your application *continued*

**12.** Have you previously commuted any *PSS* pension to a lump sum or received a *PSS* disengagement benefit?

☐

No, **or**

☐

Yes

If yes, please provide details including the date upon which the commutation and/or disengagement benefit was paid and the amount/s involved?

**Note:** If you have previously fully commuted a *PSS* pension or received a *PSS* disengagement benefit, then you are not eligible for an HOD pension under s.10B(2) and should **not** complete this Form.

## Section C. Your employment, other activities and injuries since leaving the *Police Force*

**13.** Have you been employed, either paid or unpaid, since your resignation or retirement from the *Police Force*?

☐

No, **or**

☐

Yes

If yes, please provide details including name of employers, periods of service, description of duties and income earned.

Period of service

From (DD-MM-YYYY)

To (DD-MM-YYYY)

Employer

Duties

☐

Full-time

☐

Part-time

☐

Casual

Hours worked per week (approx)

Income

Period of service

From (DD-MM-YYYY)

To (DD-MM-YYYY)

Employer

Duties

### 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**



## Section C. Your employment, other activities and injuries since leaving the *Police Force* (continued)

☐ Full-time    ☐ Part-time    ☐ Casual

Hours worked per week (approx)

Income

\$    ,    .

**14.** Has the nature of your subsequent employment aggravated your claimed *medical condition/s*?

☐ No, **or**

☐ Yes

If yes, please provide details of any aggravation including any medical treatment sought.

  

**15.** Have you ever been engaged in any other pastimes or pursuits that may be considered hazardous or physically demanding activities, such as scuba/skin diving, aviation, bike/motor racing, cycling, football, rugby, Australian rules, boxing, martial arts, competitive sports, recreational sports, mountain climbing, abseiling?

☐ No, **or**

☐ Yes

If yes, please identify which activities and when you participated in them.

  

**16.** Has your participation in these activities aggravated your *medical condition/s* claimed in question 1?

☐ No, **or**

☐ Yes, **or**

☐ Don't know

If yes, please provide details of any aggravation including any medical treatment sought.

  

**17.** Have you suffered any further *injuries* or incidents since your resignation/retirement?

☐ No, **or**

☐ Yes

If yes, please provide the following information:

**a)** List the dates of *injury* and relevant *injured* body part/s and/or *medical condition/s*

Date of injury

-    -

Relevant *injured* body part/s and/or *medical condition/s*

  

### 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**

## Your privacy

The information you provide in this form is collected on behalf of and held for STC 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

## Section C. Your employment, other activities and injuries since leaving the Police Force (continued)

Date of injury (DD-MM-YYYY)

D	D	-	M	M	-	Y	Y	Y	Y
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Relevant *injured* body part/s and/or *medical condition/s*


**b)** Provide details of any claim for compensation in respect of any of these *injuries* and specify the nature of such compensation (e.g. Motor Accident, Workers Compensation, Victims Compensation or common law damages).


**c)** Provide details of any medical treatment for these *injuries*.


## Section D. Privacy disclosure consent

### Your Privacy

The information you provide in this form is collected and held for STC by the fund administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with the *Privacy and Personal Information Privacy Act 1998* and the *Health Records and Information Privacy Act 2002*, under which you have rights of access and correction. 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)**.

To assist STC determine your application we may need to disclose certain personal and health information to, and collect personal and health information from, certain third parties. Third parties include NSW Police, medical practitioners, rehabilitation providers, investigators and legal officers who may assist in the determination of your application.

Before your application can be progressed, we require your consent for us to disclose and collect your personal information.

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

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

**Name** (Print in BLOCK LETTERS)

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**Signature**

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

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### If you need help with this form

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## Section E. Statutory declaration

Take this form to a Justice of the Peace or a solicitor and sign this section in front of them before they witness your signature.

### Statutory Declaration

Oaths Act 1900 (NSW), Ninth Schedule

I, the undersigned (*please print your full name*)

Mr/Mrs/Ms/Miss/Dr

Given name(s)

Family name

Of (*place of residence*)

Suburb

State/Territory

Postcode

do hereby solemnly declare and affirm that the information in this Application Form is stated according to the best of my knowledge, belief and information.

I also declare that I have read and understood the information relevant to this application as outlined in Sections A to D.

I make this solemn declaration as to the matters aforesaid, according to the law and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Signature

In New South Wales on this date  
(DD-MM-YYYY)

Taken and declared at:

Address (*please include postcode*)

Suburb

State/Territory

Postcode

**Important – you also need to have a JP or solicitor complete the section over the page or your statutory declaration will not be valid.**

### 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**

## Section E. Statutory declaration *continued*

### To be completed by Justice of the Peace or solicitor

I certify the following matters concerning the making of this statutory declaration by the person who made it:

1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. \*I have known the person for at least 12 months OR \*I have confirmed the person's identity using an identification document and the document I relied on was:

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Signature of Justice of the Peace or Solicitor      **Date** (DD-MM-YYYY)

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JP or Solicitor name

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JP Registration Number or Solicitor's Practicing Certificate Number.

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### 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**

## Notes for Application Form for Hurt On Duty Pension by former Members of the Police Force s.10B(2)

### About these Notes

These Notes provide background information on the PSS hurt on duty (HOD) pension available to former members of the *Police Force*. They are intended to assist you answer the questions in the Application Form for that benefit (PSS Form 12).

Please read these Notes carefully and refer to them as you complete the Application Form.

Some terms in the Application Form and these Notes are in *italics* and are explained in the section below under the heading 'Glossary of Terms'.

### Eligibility for an HOD pension

You will be eligible for payment of an HOD pension only if:

1. PSAC certifies on behalf of the trustee, STC, that:
  - a) you were incapable of personally exercising the *functions of a Police officer* at the time of resignation or retirement from the *Police Force*; and
  - b) your incapacity was caused by a specified *medical condition*; and
2. the *Commissioner* then determines that:
  - a) an *injury* caused or contributed to your *medical condition*, and
  - b) the *injury* was an *HOD injury* sustained on or after 21 November 1979; and
  - c) you notified the *Commissioner* of the *HOD injury* within 6 month of its occurrence and before you resigned or retired from the *Police Force*.

If the only *HOD injury* that caused or contributed to your *medical condition* occurred before 21 November 1979, an HOD pension may be payable. The test to be applied in deciding any eligibility for this benefit is slightly different to that described in this fact sheet. If this is your situation, you should refer to PSS Fact Sheet 15 *Pre 21 November 1979 Benefits Arising from Work Related Injuries* or contact Mercer.

### Information about the HOD pension

The **minimum** rate for an HOD pension is 72.75% of your *attributed salary of office*. That rate of pension can be **increased** by up to:

- 12.25% of your *attributed salary of office*, depending on the extent to which you are incapacitated for work **outside** the *Police Force*. If you are totally incapacitated for work outside the *Police Force*, the maximum rate of 85% of your *attributed salary of office* is payable.
- 27.25% of your *attributed salary of office*, if you are totally incapacitated for work outside the *Police Force* and your incapacity is due to the *medical condition* that the *Commissioner* determined was caused by an *HOD injury*, **and** the *HOD injury* occurred because while in the *Police Force* you were required to be exposed to risks of physical or psychological injury to which members of the general workforce are not normally required to be exposed, commensurate with the risks to which you were required to be exposed. A rate of up to 100% of your *attributed salary of office* may be payable.

### Filling in and signing the Application Form

If you are the applicant and are capable of completing and signing the Application Form, you should do so, providing you understand its contents. However, someone else can complete the form for you, but if another person signs the form for you, that person must be authorised to do so and must attach a certified copy of the relevant authorisation, e.g. power of attorney.

If there is insufficient space for your answer, provide the information required on a separate sheet of paper, marking it with the relevant question number.

### 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**

## Getting help to complete the Application Form

If you need help with an explanation of any of the questions you can contact:

### Customer Service

Phone: **1300 130 097**

Email: **enquiries@stc.nsw.gov.au**

You could also consider seeking professional assistance, for example, from the Police Association or your solicitor, to help with completing the Application Form.

## Where to send a completed Application Form

Send the **original** completed Form, together with copies of all your supporting documents to:

State Super (PSS)  
GPO Box 2181  
Melbourne VIC 3001

Keep a full copy of all the material you send to *Mercer* for your own records.

## Glossary of Terms

**Attributed salary of office** means the salary in the *Police Force* payable to you on your *last day of service* calculated in accordance with the *PRS Act 1906*.

**Commissioner** means the NSW Commissioner of Police.

**Date of application** is the date *Mercer* receives:

1. your completed and signed Application Form, and
2. all the relevant medical evidence in support of the application.

**Functions of a Police officer** means the functions of a Police officer referred to in section 14(1) of the *Police Act 1990*. These functions include (but are not limited to) the functions of a constable. To be capable of personally exercising the functions of a constable, a person is expected to be able to undertake the following activities and exercise the following skills:

- engage in effective day-to-day contact with the public (i.e. demonstrate personal attributes such as patience, conflict resolution and decision-making skills, empathy, tolerance, assertiveness, self-control, emotional stability,
- ability to work with others;
- conduct inquiries about matters of concern;
- render a variety of emergency assistance;

- demonstrate the ability to:
  - exercise discretion and judgement in the exercise of policy powers;
  - observe and memorise effectively;
  - operate effectively in stressful, physically demanding and rapidly changing situations;
- undertake a range of activities including:
  - driving police vehicles;
  - getting in and out of cars;
  - standing or sitting for long periods;
  - running and negotiating obstacles to pursue and effect an arrest of suspected offenders;
  - physically restraining someone and taking action to overcome the will of others to resist;
  - exercising a range of tactical options from mere presence to lethal force and having the ability to exercise discretion and judgement for that purpose,
- communicate effectively.

In the case of a Police officer who resigned, retired or was discharged from the *Police Force* before **30 June 2006**, the relevant test for incapacity is not incapacity to personally exercise the functions of a Police officer at the date of resignation, retirement or discharge, but instead is incapacity to discharge the duties of office (as a Police officer) at the date of resignation, retirement or discharge.

**HOD injury** means an *injury* that occurred in connection with your work as a *Police Officer*, as determined by the *Commissioner*.

**Injury** includes a disease.

**Last day of service** is the date on which your retirement, resignation or other exit from the *Police Force* took effect.

**Medical condition** is an infirmity of the body or mind.

**Mercer** means Mercer Administration Services (Australia) Pty Ltd which administers the *PSS* on behalf of *STC*.

**Police Force** means the NSW *Police Force*.

**PRS Act** means the *Police Regulation (Superannuation) Act 1906* (NSW).

**PSAC** means the Police Superannuation Advisory Committee, delegated decision maker of *STC* in some *PSS* matters.

**PSS** means the Police Superannuation Scheme as established under *PRS Act*.

### 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**

**Records and reports** include treatment notes and reports of any kind by a medical practitioner or other health professional, including psychological, psychiatric or other medical or hearing tests, MRIs, CT scans, X-rays etc.

**STC, we, us, our** means the SAS Trustee Corporation, trustee of the PSS.

## Notes that relate to the questions on the Application Form (PSS Form 12)

The numbers correspond to the relevant question numbers on the Application Form.

### 1. What *medical condition* causing incapacity to personally exercise the *functions of a Police officer* is claimed?

#### Information that may assist you

You can get an HOD pension if you were suffering from a *medical condition* that caused you to be incapable of personally exercising the *functions of a Police officer* and that *medical condition* was caused by an *HOD injury*.

The *Police Force* may have paid or reimbursed your medical or hospital expenses for your injuries on the basis that they were HOD. However, the *Commissioner* is required to determine whether each injury was in fact HOD and whether it caused or contributed to the *medical condition* you are claiming.

Mercer may obtain from the *Police Force* relevant parts of your *HOD injury file*, your personnel and your medical files and your *sick leave records and reports* or any rehabilitation undertaken while you were in the *Police Force*.

#### What is a “*medical condition*” and what is an “*injury*”?

To assist in answering this question, the following example might demonstrate the difference between a *medical condition* that you suffered and an *injury* that you think caused that *medical condition*.

A member of the *Police Force* may be on sick leave with a severely herniated vertibral disc that prevents him or her from sitting or standing for any period of time, or from lifting. That *medical condition* might have resulted from a number of incidents, some of which occurred while the member was undertaking Police duties and some not.

For instance, the member may have:

- been involved in a car accident in the course of duties in 1989 in which they suffered whiplash;
- fallen off a motorbike and badly bruised their back while on holidays in 1994;

- tripped and fallen while arresting a suspect in 2000, again injuring their back; and
- in 2005, been involved in another car accident in the course of their Police duties in which the member's back was again injured.

The member has not been able to work since the last *injury* and left the *Police Force* shortly after.

In such a case, the *medical condition* causing the member's incapacity to personally exercise the *functions of a Police officer* is the severely herniated vertibral disc.

The *injuries* in this example would be each of those *injuries* in 1989, 1994, 2000 and 2005. If this were your situation, you would identify and give in your answer the information requested for each of these *injuries* as, for example, Injury 1 (1989 injury), Injury 2 (1994 Injury), Injury 3 (2000 Injury) and Injury 4 (2005 Injury).

Part (h) of the question asks you to indicate if you notified the *Commissioner* of an *injury*. Entitlement to an HOD pension will depend on you demonstrating that you notified the *Commissioner* of your *injury*:

1. within 6 months of the occurrence of the *injury*; and
2. before you resigned or retired from the *Police Force*.

There is no formal mechanism for notification. *Mercer* will ask for written confirmation from the *Police Force* but it is up to *STC* to determine whether notice of the *injury* was provided within the required timeframe.

The questions in parts (i) and (j) relating to sick leave and your duties after returning to work will help the medical specialist make an assessment about your state of health, whether you were incapable of personally exercising the *functions of a Police officer* at the time you left the *Police Force* and what *injuries* may have contributed to any *medical condition* causing any incapacity.

#### How to answer this question

You should answer this question to the best of your knowledge. See the example answer to this question on the next page. In providing your answer, you should separately address each different *injury* that you claim caused or contributed to each *medical condition* you are claiming:

- a) describe each medical condition you are claiming;
- b) indicate if you believe the *medical condition* was caused by you being HOD;
- c) if HOD, indicate the date of the injury which caused or contributed to your *medical condition* (approximate if necessary);

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- d) describe how the *injury* occurred, including the circumstances you were in at the time and whether or not you were at work;
- e) indicate whether you have attached a medical report for the *injury*;
- f) provide the name and specialty of the medical practitioner who authored the report;
- g) provide the date of the medical report;
- h) indicate whether you notified the *Commissioner* of the *injury*, and, if so, how you made that notification;
- i) if you took sick leave at the time of the *injury*, indicate the period or periods of sick leave taken (approximate if necessary);
- j) indicate whether you returned to work following the *injury*.

If you did return to work after the *injury*, indicate if your duties were restricted in any way because of your *injury* and how they were restricted.

If you believe that your *medical condition* is psychiatric, you should describe as best you can the single incident that you believe caused the *medical condition* or describe the types of incidents that occurred over a period of time that contributed to your medical condition. You may, if you prefer, refer to a medical report that already documents these incidents.

The example on this page sets out how you might answer this question if the example of the severely herniated vertebral disc were your situation, and could be Medical Condition 1. The 1989 injury would be dealt with as Injury 1 for that *medical condition*. You would provide similar information for each of the injuries that occurred in 1994, 2000 and 2005 as Injury 2, Injury 3 and Injury 4, respectively for Medical Condition 1 (additional pages can be attached to the Application Form to cover each *injury* relating to each *medical condition*).

If you claim that more than one medical condition caused or contributed to your incapacity to personally exercise the *functions of a Police officer*, please provide the required information about each one as Medical Condition 2, 3 etc and also provide information about the *injury/ies* causing each *medical condition*.

To have your application for an HOD pension assessed, you will be required to undergo a medical examination with a

## Section B. Supporting information for your application

### 1. Medical condition #1

- a) What medical condition causing incapacity to personally exercise the *functions of a police officer* is claimed?

W h i p l a s h t o w e e k

- b) Indicate if HOD

☒ Yes ☐ No

- c) If HOD, indicate the date of the *injury* which caused or contributed to your *medical condition* (the *injury* must have occurred on or after 21 Nov 1979) (DD-MM-YYYY)

1 7 - 0 7 - 1 9 8 9

- d) Describe the circumstance in which the injury occurred

I was on duty pursuing a stolen car along the M5 expressway near Campbelltown. The road conditions were wet and it was a busy Friday night near dusk. The car I was pursuing was overtaking another car and lost control. It swerved in front of me so that I could not safely avoid colliding with the car being overtaken without involving that car in a collision. My car collided with the one I was pursuing and I suffered whiplash.

- e) Medical report attached

☒ Yes ☐ No

- f) Dr Name and Specialty (eg Dr. Smith, Psychiatrist)

D r S m i t h P h y s i o

- g) Date of report (DD-MM-YYYY)

3 0 - 0 7 - 1 9 8 9

- h) Did you notify the *Commissioner* of this injury?

☒ Yes ☐ No

If yes, describe when and how you notified the *Commissioner*.

(DD-MM-YYYY)

1 8 - 0 7 - 1 9 8 9

Yes. I made a report the following day on Form P124 A § B or P454  
Notification of Injury.

- i) Was sick leave taken for the injury?

☒ Yes ☐ No

- j) Did you return to work after the injury?

☒ Yes ☐ No

If yes, indicate if your duties were then restricted in any way because of your *injury* and how they were restricted.

I returned to work after 10 days sick leave. I continued my normal duties.

medical specialist nominated by *STC*. The medical specialist will be one who specialises in the area of medicine relevant to the *medical condition* that you are claiming.

In respect of a psychiatric *medical condition*, the appropriate medical specialist is a psychiatrist (please note that a psychologist is not a medical practitioner).

The medical report will address questions that have been determined as relevant to the assessment of your entitlement for an HOD pension and will be paid for by *STC*. A copy of the general questions that a medical specialist will be asked to address that are relevant to an application for an HOD pension is available from the website at [www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au) or from Customer Service on 1300 130 097.

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To assist your application, you are encouraged to provide a medical report from a relevant medical specialist at your own expense. You are also asked to provide any reports from your treating doctor that are relevant to the assessment and treatment of each *medical condition* you are claiming.

If you do provide a medical report in support of your application, it will need to:

- be provided by a medical specialist who specialises in the area relevant to your *medical condition*;
- be based on a medical examination of you;
- address the questions that have been determined are relevant to assessment of an entitlement for an HOD pension (that are available on [www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au)); and
- have been prepared, preferably, within the last 12 months.

You should be aware that when making a decision about whether you are entitled to an HOD pension, PSAC (as delegate for STC) will place more weight on the opinion of the report of a medical specialist that addresses the issues that are specifically relevant to that entitlement.

Whether you provide a report from a medical specialist or not, you will have the opportunity to see the report of the medical specialist obtained by STC if the conclusions in that report do not support your application or are inconsistent with any medical specialist's report that you do provide. You will have the opportunity to provide an additional report that addresses those inconsistencies.

You may also provide other medical reports that relate to your *injuries* or your *medical condition*, such as Police incident reports.

Question 1(e)-(g) asks you to identify medical report/s that you are providing with your application. What is required is that you identify (and attach):

- any medical reports that address the questions that are relevant to the assessment of entitlement to an HOD pension (that are available on [www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au)), and
- any existing medical records or reports that relate to your *injuries* or your *medical condition* that:
  - were made at the time of occurrence of the *injuries*;
  - relate to the assessment or treatment of your *medical condition* or *injuries*;
  - were prepared at the time you left the *Police Force*;
  - were provided by you in support of any previous application for a PSS benefit; or
  - were prepared for the purpose of any claim for compensation for any *injuries* you suffered after you left the *Police Force*.

## 2. Did you resign or retire from the *Police Force*?

### Information that may assist you

This benefit is only available to PSS members who have already resigned or retired from the *Police Force*. You are not entitled to apply for an HOD pension if you:

- were dismissed from the Police Force under s.181B of the *Police Act 1990* prior to 1 January 1997, or
- are already in receipt of an HOD pension.

However, if you were “removed” from the *Police Force* by the *Commissioner* under s.181D of the *Police Act 1990*, you are eligible to apply for a medical discharge benefit.

If you are a PSS member and are still in the Police Force but are incapable of personally exercising the *functions of a Police officer*, the correct form for an application for medical discharge is PSS Form 11.

### How to answer this question

Please indicate whether you resigned or retired from the *Police Force* or, if you left on other grounds, please provide the relevant details.

## 5. What were the reasons for your exit from the *Police Force*?

### Information that may assist you

If you were medically discharged from the *Police Force*, each *medical condition* that caused you to be incapable of discharging *full operational duties* at the time will be relevant to your application for an HOD pension.

### How to answer this question

If you were medically discharged, you should describe each *medical condition* that existed at the time you left the *Police Force*.

## 8. Are you seeking a date of commencement of payment of the HOD pension from a date earlier than the date of this application?

### Information that may assist you

The earliest that an HOD pension will commence to be payable is the *date of application* unless PSAC is satisfied that there are exceptional circumstances that merit the pension commencing to be payable from an earlier date.

To have payment of an HOD pension commence from a date earlier than the *date of application*, you will need to prove, to PSAC's satisfaction, that there were exceptional circumstances that merit payment commencing from an earlier date. Not

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being aware that you could apply for, or were eligible to be paid, an HOD pension is not an exceptional circumstance for this purpose.

### How to answer this question

If you answer “Yes”, please specify a date from which you are seeking the payment of the HOD pension to commence and describe the exceptional circumstances that are the basis for you seeking, and that you think justify, commencement of payment from a date earlier than the *date of application*.

## 11. Have you received medical treatment for your claimed medical condition/s?

### Information that may assist you

You may have undertaken a rehabilitation or injury management program prior to or after leaving the *Police Force* and information about such rehabilitation or program could assist your application. This could be a program undertaken either with the *Police Force* or outside the *Police Force*.

You may also have been or are now receiving treatment, such as medication, for your *medical condition*.

Rehabilitation might include treatment under an injury management program and include physiotherapy, hydrotherapy and occupational therapy.

### How to answer this question

If you answer “Yes”, please describe the nature of the rehabilitation, the period of treatment and the outcome.

Please also provide a copy of any report that relates to your participation in the program.

You should also indicate if you were, or are now, taking medication for any *medical condition*.

## 12. Have you previously commuted any PSS pension to a lump sum or received a PSS disengagement benefit?

If you have commuted the **whole** amount of a PSS pension into a lump sum or received a disengagement benefit, then you are **not** eligible for an HOD pension under s.10B(2) and should **not** complete this Application Form.

If you have previously commuted **part** of a PSS pension to a lump sum, you may be entitled to a **partial** HOD pension.

A PSS disengagement benefit is one offered by the *Commissioner* to PSS members between the ages 45 and 55. Contact *Mercer* if you think this applies to you.

If you are uncertain about what benefit you have received from the PSS, you can contact Customer Service at *Mercer* for assistance. The details are at the the bottom of each page of these Notes.

## 13. Have you been employed, either paid or unpaid, since your resignation or retirement from the Police Force?

### Information that may assist you

Information about your work history and the tasks and activities you undertook in any work or employment since leaving the *Police Force* may provide information about the kinds of activities you were able to undertake at the time you left the *Police Force* and whether or not you had a *medical condition* at that time.

The type of employment or work you are asked to provide in your answer includes any self-employment or work that is paid or unpaid. ‘Unpaid’ work includes any voluntary work done on more than a one-off basis.

### How to answer this question

If you answer “Yes”, please provide to the extent you can, the following information in relation to each period of work you have undertaken since leaving the *Police Force*:

1. dates or period of service/employment;
2. the name of the employer or indicate if you were self-employed;
3. a description of the types of duties you undertook;
4. whether the work was full-time, part-time or casual;
5. approximate hours worked each week;
6. if it was paid work, the approximate weekly wage or income.

## 15. Have you ever been engaged in any other pastimes or pursuits that may be considered hazardous or physically demanding activities, such as scuba/skin diving, aviation, bike/motor racing, cycling, football, rugby, Australian Rules football, boxing, martial arts, competitive sports, recreational sports, mountain climbing or abseiling?

### Information that may assist you

The information sought in this question is to get an understanding of any activities that you have regularly participated in since leaving the *Police Force* that may be considered hazardous or physically demanding. Activities that might be relevant could include scuba/skin diving, aviation,

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bike/motor racing, cycling, football, rugby, Australian Rules football, boxing, martial arts, competitive sports, recreational sports, mountain climbing or abseiling.

### How to answer this question

If you answer “Yes”, please indicate the activities you have participated in, the frequency you do/did them (eg weekly) and the period over which you participated in any such activity.

## 17. Have you suffered any further *injuries* or incidents since your resignation/retirement?

### Information that may assist you

Information you can provide on any incidents or *injuries* you have had since leaving the *Police Force* will help the medical specialist better understand the *medical condition* that you believe caused or contributed to your incapacity, and whether it was the cause of your incapacity at the time of your resignation or retirement. You could still have or be recovering from such an illness or *injury*, in which case you should include it in your answer.

In particular, if you still have the medical condition, an illness or *injury* that occurred since leaving the *Police Force* may be directly relevant to the causes of your *medical condition* or whether there was a later exacerbation of an *injury* that you believe caused your *medical condition*. Any deterioration in your *medical condition* since leaving the *Police Force* and how such deterioration occurred or whether it was expected, should assist to determine your incapacity at the time of your resignation or retirement and its causes

### How to answer this question

If you answer “Yes”, please provide the following information at 17.a).

1. indicate when the illness or *injury* occurred;
2. describe relevant injured body part/s and/or *medical condition/s*.

## Provide details of any claim for compensation in respect of any of these *injuries* and specify the nature of such compensation (e.g. Motor Accident, Workers Compensation, Victims' Compensation or common law damages).

### Information that may assist you

The types of claims that you could have made might be claims for Motor Accident Compensation, Workers Compensation, Victims' Compensation or common law damages or for a Commonwealth incapacity pension.

There may be medical information and reports that relate to these claims or about your *medical condition* since you left

the *Police Force*. You could provide these reports with your application. Such information or reports may be relevant to the *medical condition* or injuries you are claiming. *Mercer* will determine whether further information should be sought.

## Privacy disclosure consent

### Information that may assist you

It is important that you read and sign the Privacy disclosure consent. The Application Form cannot be accepted by *Mercer* if you have not returned a signed and dated Privacy disclosure consent.

## Statutory declaration

### Information that may assist you

There is a lot of information set out in these Notes, including information and background material about many of the questions in the Application Form. You should read these Notes carefully before you complete the Application Form.

If you sign the statutory declaration, *STC* will be justified in assuming that you were aware of and understood all the information in the Notes relevant to your application and that the information you have provided in and attached to the Application Form is stated to the best of your knowledge, belief and information.

In particular, you should be aware that:

- (a) the information sought in the Application Form has been requested by *STC* and, accordingly, you are required by law to supply that information;
- (b) in collecting the information in the Application Form, *STC* can use that information to determine your entitlement to any *PSS* benefit,
- (c) in providing your consent, *STC* will be able to obtain medical reports that you have identified in the Application Form and any medical reports that may be referred to in any other medical report provided to *STC* by you, and
- (d) in providing your authority, any doctor or other person who has treated or examined you, is authorised to give to *STC* any medical information or reports that relate to any *medical condition* or *injuries* you have mentioned in the Application Form.

We are required under the law to inform you that giving false or misleading information is a serious offence.

Section 307A of the *Crimes Act 1900* (NSW) makes it an offence for a person to make a statement in connection with an application for a benefit under a NSW law, where the person knows or is reckless as to whether:

- a) the statement is false or misleading in a material particular; or

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- b) omits any matter or thing without which the statement is misleading in a material particular.

Section 307B of that Act makes it an offence for a person to provide information in connection with a NSW law, knowing that the information:

- a) is false or misleading in a material particular; or
- b) omits any matter or thing without which the information is misleading in a material particular.

A 'material particular' in the context of your application is one that is relevant to the question of whether or not you get an HOD pension. For instance, including an incorrect phone number without checking the Application Form for errors might be false and/or misleading but that information would not normally be 'material' to your application.

### **How to complete the statutory declaration**

You, as the applicant (or authorised person, if applicable), need to enter your name, read the wording of the declaration and sign and date the declaration in the space provided with a JP or solicitor as witness. The witness then should complete the relevant section concerning the declaration and how they identified the person making the declaration.

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