

Application for additional benefit cover

Please print clearly in black ink.

Notes for applicants

Most SASS members can apply for, and retain, additional benefit cover any time up to the age of 58. However, different age limits apply for certain members who were transferred into SASS from older schemes.

Most applications for cover will be assessed on the information provided on the application form. However, if State Super is unable to make an assessment of your eligibility for the additional benefit cover from this information, you may be required to provide additional information or undergo a medical examination.

Additional benefit cover will commence from the day your application is approved and the levy becomes payable from the first day of the month in which the additional benefit application was approved.

Death and disability provisions for Fire Fighters, Paramedics & Police Officers

If you are employed by the NSW Fire Brigade, NSW Ambulance Service or NSW Police Force, you may be covered under the revised death and disability (D&D) provisions. If you currently do not have additional benefit cover, **you are not eligible to apply for this cover.**

Scheme legislation was amended to allow members with additional benefit cover to opt out and take up the insurance arrangements provided under the revised D&D provisions.

Members who elected to opt out cannot opt back in and apply for additional benefit cover. For members who elected to retain their additional benefit cover, there are no changes to the SASS additional benefit provisions.

Important

Full and frank disclosure is required for your application and medical examination. All applications are dealt with in a strictly confidential manner.

How to apply

Complete this application and send it to:

State Super (SASS)
GPO Box 2181
Melbourne VIC 3001

Please read SASS Fact Sheet 4 *Optional additional benefit cover*, before completing this form.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 095** or email **enquiries@stc.nsw.gov.au**

1. Your details

Member 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

Name of current employer

Occupation

2. Personal health statement

1 What is the state of your health at present?

2 Have any members of your immediate family had diabetes, nervous disorder, heart disease, stroke or cancer?

Yes No

3 What is your height?

cm

4 What is your weight?

kg

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2. Personal health statement (continued)

7 Are you now taking, or have you at any time in the last 5 years taken any drugs or tablets on a regular basis?

Yes No

If Yes, give details, including reasons, names of drugs, dates and dosages.

8 During the last 5 years have you had any:

- illness, accident or injury
- operation
- medical consultation or examination
- tests or X-rays
- referral to a specialist doctor?

Yes No

If Yes, give details, including nature of illness, accident or injury, treatment received, recovery (if applicable) and name and address of doctor consulted.

9 Have you ever been admitted to hospital?

Yes No

If Yes, give dates and reason for admission, names and locations of hospitals.

10 Have you ever had any mental disorder, breakdown, anxiety, depression or other nervous condition?

Yes No

If Yes, give details, including name and address of doctor consulted.

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2. Personal health statement (continued)

11 Have you ever applied for or claimed a payment or payments arising from any illness, accident, injury or from any medical cause? (For example, workers compensation, victims compensation, an award of damages, insurance payment, disability benefits or veterans pension.)

Yes No

If Yes, give details of all claims, including dates, causes and (where payment has been received) amounts.

12 If you have answered 'Yes' to any of questions 6, 8, 9, 10 or 11 please supply a copy of any medical documentation available regarding your responses. This will enable a prompt assessment of your application.

13 Have you ever been refused, deferred or granted limited benefits for Life Assurance or Superannuation?

Yes No

If Yes, give details of all claims, including dates, causes and (where payment has been received) amounts.

14 Do you smoke?

Yes No

If No, have you ever smoked?

Yes No

If Yes, give types, quantity and how long you have smoked.

15 Do you drink alcohol?

Yes No

If Yes, how often, what type and what quantity?

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