

Application for Access to the file of a Member of a NSW Public Sector Superannuation Scheme under the GIPA Act

Please complete and lodge this form with the application fee of \$30 to apply for access under the *Government Information (Public Access) Act 2009* (NSW) ('the GIPA Act') to information contained in a file, held on our behalf by the administrator of the scheme, Mercer Administration Services (Australia) Pty Ltd, about membership of a person in one of the following NSW public sector superannuation schemes. Please indicate below the scheme your application refers to:

- ☐ State Superannuation Scheme (SSS)
- ☐ State Authorities Superannuation Scheme (SASS)
- ☐ State Authorities Non-contributory Superannuation Scheme (SANCS)
- ☐ Police Superannuation Scheme (PSS)

If you need help with this form please contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on 1300 130 096 or email gipa@mercer.com. In addition, general information about the GIPA Act is available from the Information and Privacy Commission on freecall 1800 IPC NSW (1800 472 679) or at its website: www.ipc.nsw.gov.au

1. Details of the superannuation scheme member whose information is sought

Title (Mr Mrs Ms Miss Dr)	Scheme membership number (obtain from statement)	'Registered number' (for PSS members only)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Given name/s			
<input type="text"/>			
Family name			
<input type="text"/>			
Postal address			
<input type="text"/>			
Suburb/Town/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			
<input type="text"/>			
Birth date (DD-MM-YYYY)		Daytime contact telephone number	
<input type="text"/>		<input type="text"/>	

2. Details of applicant if acting on behalf of the member *(leave blank if not applicable)*

Title (Mr Mrs Ms Miss Dr)	Given name/s
<input type="text"/>	<input type="text"/>
Family name	
<input type="text"/>	
Relationship to member	
<input type="text"/>	
Postal address	
<input type="text"/>	
Suburb/Town/City	State Postcode
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	
<input type="text"/>	
Daytime contact telephone number	Facsimile
<input type="text"/>	<input type="text"/>

3. Information sought from the file *(attach details if you wish and write 'see attached' below)*

4. Proof of identity of the member *(and if applicable of executor or person with power of attorney)*

We require an identity document of the member. This applies even if the applicant is an authorised agent of the member. If the member is deceased or not competent to handle their affairs, proof of identity of the executor or person with power of attorney and evidence of the appointment as executor or attorney must also be provided.

Please attach **a certified copy of one of the following** and indicate which document you are providing. **Faxed or emailed copies cannot be accepted.**

- ☐ Current Australian State/Territory Driver Licence containing a photograph of the member
- ☐ The personal identification page from the member's current Australian Passport (we can accept a Passport that has expired less than two years ago)
- ☐ Card issued by an Australian, State or Territory Government that shows the member's name, age and photograph.

If none of the above-mentioned documents are available, or if all of the listed certifiers (see below) are unavailable, please contact Customer Service on 1300 130 096 for assistance.

'Certified copy' means that an acceptable person has written or stamped each copy as 'certified true copy' followed by the certifier's signature, printed name, title (from the list below) and date of certification.

The following persons are acceptable to certify copies of original documents:

- A legal practitioner who has an Australian Practising Certificate
- A justice of the peace or commissioner for declarations
- A registrar or deputy registrar of a court
- A permanent employee of Australia Post with five or more years of continuous service
- A police officer

Please note that the certifier should not be the member or the applicant.

If you would prefer to allow us to verify the identity of the member (or executor or power of attorney) electronically please complete the details at 9. Electronic Verification.

5. Signature of applicant

- ☐ I have provided electronic verification information in section 9. I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

Signature of applicant *(This is the member unless someone else is applying on the member's behalf)*

Date (DD-MM-YYYY)

6. Authorisation of agent if applicable *(leave blank if not applicable)*

I authorise my agent whose details appear as the applicant on page 1 and whose signature appears above to have access to the personal information applied for.

- ☐ I have provided electronic verification information in section 9. I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

Signature of member where the applicant is someone other than the member

Date (DD-MM-YYYY)

7. Name of doctor to whom certain medical reports can be released

Please state the name and address (and email address if applicable) of a doctor to whom the scheme administrator, Mercer Administration, can release any medical report about the member that has been endorsed by the examining doctor that it may only be released to the member's doctor. Any reports not so endorsed will be released directly to the applicant.

Doctor's name

Name of Doctor's Practice

Doctor's postal address

Suburb/Town/City

State

Postcode

Doctor's email address

8. Fees and lodgement

Please forward payment by electronic funds transfer (EFT) to the following account:

Mercer's account details:

Citibank BSB: 242-000

Account No: 234814001

Please enter the EFT reference with your scheme name (abbreviated) followed by your member number – for example:

- State Superannuation Scheme – enter as 'SSS123456'
- State Authorities Superannuation Scheme – enter as 'SASS1234567'
- State Authorities Non-contributory Superannuation Scheme (SANCS) – enter as 'SANCS1234567'
- Police Superannuation Scheme (PSS) – enter as 'PSS12345'

Note: Please do NOT send cash. Processing charges may also apply; however applications for personal information do not attract processing charges for the first 20 hours of processing (and 20 hours is usually more than sufficient). You will be contacted if additional charges are being incurred (the processing charge is \$30 an hour). There is provision for discounting of processing charges in cases of hardship.

Post the completed application to:

Information Access Co-ordinator

Mercer Administration

GPO Box 2181

Melbourne VIC 3001

Your Privacy

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 (Mercer), in accordance with State Super'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: GPO Box 2181 Melbourne VIC 3001, or visit

www.statesuper.nsw.gov.au

9. Electronic verification

Please complete this section if you would prefer to allow us to verify your identity information electronically, instead of providing certified proof of identity documents.

We use a platform called 'greenID' to complete this verification. GreenID assists entities in meeting their customer identification obligations by providing a secure and complete identity verification system.

A. Member

You must provide complete details for any TWO of the following (note, only Australian documents can be verified electronically)

1. Medicare Card

Full name exactly as shown on my Medicare Card

Medicare number

Reference number

Valid to (MM-YYYY)

Medicare card colour

Green Blue Yellow

2. Drivers Licence

Full name exactly as shown on my Drivers Licence

Licence number

Driver licence card number

State of issue

Expiry (DD-MM-YYYY)

3. Australian Passport

Passport Number

Place of birth (as shown on passport)

Country of birth (not shown on passport)

Expiry date (DD-MM-YYYY)

Notes: If you complete the details for electronic identity identification, we will take this as consent to validate your details electronically.

If you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents and post these to us. We will contact you if this is the case.

9. Electronic verification (continued)

B. Executor or Power of Attorney (if applicable)

You must provide complete details for any TWO of the following (note, only Australian documents can be verified electronically)

1. Medicare Card

Full name exactly as shown on my Medicare Card

Medicare number

Reference number

Valid to (MM-YYYY)

Medicare card colour

Yellow

Yellow

Yellow

Yellow

2. Drivers Licence

Full name exactly as shown on my Drivers Licence

Licence number

Driver licence card number

State of issue

Expiry (DD-MM-YYYY)

3. Australian Passport

Passport Number

Place of birth (as shown on passport)

Country of birth (not shown on passport)

Expiry date (DD-MM-YYYY)

Notes: If you complete the details for electronic identity identification, we will take this as consent to validate your details electronically.

If you provide authorisation to have your identity verified electronically but the documents are not compatible, you will need to provide certified copies of the required documents and post these to us. We will contact you if this is the case.