

## Application for an invalidity benefit

Please print clearly in black ink.

### Use this form ...

- ▶ if you are a member of the Police Superannuation Scheme (PSS), and
- ▶ you are applying for an invalidity benefit, and
- ▶ the NSW Police Service has confirmed your infirmity as either hurt on duty or not hurt on duty.

### Before you fill in this form

Please read PSS Fact Sheet 5: *Invalidity retirement (medical discharge)*, STC Fact Sheet 3: *Taxation*, STC Fact Sheet 10: *Basic Benefit* and STC Fact Sheet 20: *SANCS Additional Employer Contributions (AEC) Account*.

### Notes for applicants

#### Options for payment of benefits

If your application is granted you will receive either a lump sum or a pension depending on your circumstances.

- If the NSW Police Force has confirmed your infirmity as hurt on duty, you will receive a pension.
- If the NSW Police Force has confirmed your infirmity as not duty related:
  - if you have been in the service for less than 20 years you will receive a lump sum, or
  - if you have been in the service for 20 years or more you will receive a pension.

#### How to apply

You must fill in sections 1 and 10 of this Form, together with the other sections relevant to you.

These sections tell the administrator, Mercer, and the Police Superannuation Advisory Committee:

- what they need to know to determine the type of benefit and the extent of the benefit payable, and
- what you want to do with any benefit.

#### SANCS benefit

As a member of PSS, you are entitled to receive a SANCS benefit. The SANCS benefit includes the basic benefit and, if eligible, the additional employer contribution (AEC) benefit and any Commonwealth Government contributions.

#### Basic benefit

The basic benefit is a lump sum benefit that is fully paid for by your employer. Further information can be found in STC Fact Sheet 10: *Basic Benefit*.

#### Additional employer contributions (AEC) account

Not all PSS members will have an AEC account, as it only applies to members whose employment after 30 June 2013 was subject to NSW Public Sector Wages Policy. Further information can be found in STC Fact Sheet 20: *SANCS Additional Employer Contributions (AEC) Account*.

#### Commonwealth Government contributions

Commonwealth Government contributions include the superannuation co-contribution and the Low Income Superannuation Tax Offset (LISTO). Further information can be found on STC Fact Sheet 13: *Information about the Commonwealth Government's Superannuation co-contribution and the Low Income Superannuation Tax Offset*.

#### If you need help with this form

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

**When can the SANCS benefit be paid directly to you?**

If you have reached your Commonwealth preservation age (between age 55 and 60) and retired permanently from the workforce you are entitled to apply to have the SANCS benefit paid directly to you. If you do not meet these requirements, but have two certificates from qualified medical practitioners, stating that you are suffering from a

medical condition that means you are likely to be unable to ever be employed in a capacity for which you are reasonably qualified by education, training or experience, you can also apply to have the SANCS benefit paid directly to you. Further information can be found in STC Fact Sheet 4: *When can I be paid my superannuation benefits?*

**1. Your personal details**

Member number				Registered number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last day of service (DD-MM-YYYY) (if known)							
<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss/Dr	Male	Female	Birth date (DD-MM-YYYY)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Given name(s)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family name							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb				State/Territory		Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address (if different from residential address)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb				State/Territory		Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work or Home	Daytime contact telephone number						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If you need help with this form**

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## 2. Spouse/partner details (where applicable)

Please complete this part only if you are married or living in a de facto relationship. It may help us to determine whether any spouse entitlement exists.

Do you have a spouse or de facto partner?

Yes. If yes, please provide their details below.

No

Spouse's/partner's given name(s)

Spouse's/partner's family name

Spouse's/partner's postal address (if different from yours)

Suburb

State/Territory

Postcode

Spouse's/partner's date of birth (DD-MM-YYYY)

Spouse's/partner's place of birth

Date of marriage (DD-MM-YYYY)

Place of marriage

If you are not married but are living together in a de facto relationship:

Date of commencement (DD-MM-YYYY)

The 'spouse' of a person also includes:

- another person (whether of the same or a different gender) who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple
- another person (whether of the same or a different gender) with whom the person is in a relationship that has been registered under a state or territory law dealing with the registration of certain prescribed relationships.

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## 5. Payment of your SANCS benefit *continued*

Contact name at chosen rollover fund *(if known)*

Unique Superannuation Identifier (USI) *(not applicable for transfers to SMSF's)*

 -  -  - 

Australian Business Number (ABN)

 -  - 

Electronic Service Address (ESA)\**(only applicable for transfers to SMSF's)*

Rollover policy name and/or number *(if known)*

If you want to rollover to more than one superannuation arrangement, please attach a list showing the name, address, and details as set out above for the other/s, and give amount/s to be rolled over to each.

For rollovers to your self-managed super fund (SMSF), please refer to the important information in Section 3A - Rollover details.

### 5B Direct cash payment details

*Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.*

Account name *(The account must be held solely or jointly in your name)*

BSB number

Account number

Name of bank/building society/credit union

Branch

*Direct crediting is not available on a full range of accounts, or for all building society and credit union accounts. To confirm whether this facility is available, please check with your financial institution.*

## 6. How do you want to pay your Surcharge Debt account (if applicable)?

If you have a Surcharge Debt account, you have three options of how to pay this amount:

- you can have the amount of the Surcharge Debt account deducted from your SANCS benefit (before payment), *OR*
- it can be deducted from your PSS benefit, whether pension or lump sum (before payment), *OR*
- you can pay the amount of the Debt Account to the scheme as a voluntary payment (please contact us so we can provide EFT details).

The Surcharge Debt account must either be deducted from a benefit or a voluntary payment before any benefit is paid from the Scheme.

Please note that if you do not select any of the three options, the amount of the Surcharge Debt account will be deducted from your SANCS benefit (before payment).

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## 6. How do you want to pay your Surcharge Debt account (if applicable)? *continued*

Please select one of the following options.

- Please deduct the amount of my Surcharge Debt account from my SANCS benefit (before payment).
- Please deduct the amount of my Surcharge Debt account from my PSS benefit (before payment).
- I wish to pay the amount of my Surcharge Debt account to the Scheme as a voluntary payment. I have completed an electronic funds transfer (EFT) and have provided evidence of the payment.

## 7. For payment of a pension: account details

*If your infirmity is confirmed hurt on duty you will receive a pension.*

*If your infirmity is confirmed not duty related and you have been in the service for 20 years or more you will receive a pension.*

*Pension payments can only be made by direct credit to an account you nominate at a financial institution.*

*Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.*

*Direct crediting is not available on a full range of accounts, or for all building society and credit union accounts. To confirm whether this facility is available, please check with your financial institution.*

Account name *(The account must be held solely or jointly in your name)*

BSB number

Account number

Name of bank/building society/credit union

Branch

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## 8. Authority for deductions from pension

Please deduct the following payments from my pension payments until further notice in writing.

### Health insurance premiums

Mercer can forward payments to one of the following: Australian Unity Health Ltd, HCF, BUPA, Medibank Private, St Lukes Health Insurance, Westfund Ltd. I authorise Mercer to deduct health insurance contributions from my pension each fortnight and to forward deductions to my health fund:

Name of fund *(must be from the list above)*

Health fund membership number

Table (plan)

Fortnightly amount

\$

### Subscriptions

*Note that by electing a subscription, you consent to Mercer providing your address to the Police Association of NSW and/or the Retired Police Association so that they can contact you. Your address will be used solely for the purpose of providing the subscription and will not be given to any other parties without your consent.*

Police Association of NSW (Associate Member) fortnightly amount

\$

Retired Police Association fortnightly amount

\$

NSW Police Legacy fortnightly amount

\$

### Police Credit Union

Credit my account at the Police Credit Union

*Please note that you will need to provide a copy of an extract of your bank statement with your application that clearly shows the account name and number.*

Account name

BSB number

Account number

Fortnightly amount

\$

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## 9. Dependants at last day of service

Complete this section **only if** you have been discharged due to a hurt on duty injury.

Subject to certain conditions, an option to commute the prescribed component of a hurt on duty pension may be offered, on application, to former members who have been discharged due to a hurt on duty injury sustained on or after 21 November 1979.

The prescribed component is calculated according to workers compensation rates applicable at your date of discharge in relation to any person who was totally or mainly dependent on you at that time.

To enable your prescribed component to be calculated, please complete the following information about anyone dependent on you at the date of your discharge from the NSW Police Service.

Date of last day of service (DD-MM-YYYY)











### Spouse

Spouse's/partner's given name(s)






















Spouse's/partner's family name






















### Other person (if you have no dependant spouse)

If you have no dependant spouse, another family member may be claimed as a dependant. They must be over 16 years of age and may include:

father, mother, grandfather, grandmother, stepfather, stepmother, grandson, granddaughter, brother, sister, half-brother, half-sister.

Given name(s)






















Family name






















Relationship to you






















Date of birth (DD-MM-YYYY)











Reason for dependency






















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## 9. Dependants at last day of service *continued*

### Children

The definition of child includes your child or stepchild, or a person to whom you stand in the place of a parent, who is:

- under 16 years of age, or
- over 16 but under 21 years of age and receiving full-time education at a recognised school, college or university.

Note: If you need more room, please copy this page or attach another piece of paper to this form.

### Children - Under 16 years of age

#### Child 1 - Under 16 years of age

Given name/s

Family name

Birth date (DD-MM-YYYY)

#### Child 2 - Under 16 years of age

Given name/s

Family name

Birth date (DD-MM-YYYY)

#### Child 3 - Under 16 years of age

Given name/s

Family name

Birth date (DD-MM-YYYY)

### Children - Over 16 but under 21 years of age

#### Child (Student) 1 - Over 16 but under 21 years of age

Given name/s

Family name

Birth date (DD-MM-YYYY)

School/College/University

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## 9. Dependants at last day of service *continued*

### Child (Student) 2 - Over 16 but under 21 years of age

Given name/s

Family name

Birth date (DD-MM-YYYY)

School/College/University

### Child (Student) 3 - Over 16 but under 21 years of age

Given name/s

Family name

Birth date (DD-MM-YYYY)

School/College/University

### Brothers and sisters (where no dependant children)

If you have no dependant children, your brothers and sisters under 21 years of age may be claimed as dependants subject to the conditions given for Children above.

#### 1. Brother Sister

Given name/s

Family name

Birth date (DD-MM-YYYY)

School/College/University

#### 2. Brother Sister

Given name/s

Family name

Birth date (DD-MM-YYYY)

School/College/University

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### 9. Dependants at last day of service *continued*

3.  **Brother**  **Sister**

Given name/s

Family name

Birth date (DD-MM-YYYY)

School/College/University

### 10. Your signature

I declare that the information I have given is correct.

I have reviewed Section 11 - Proof of Identity and Section 12 - Electronic verification, and confirm the following (please select one or more):

I am not required to provide proof of identification as I am not receiving any part of my benefit in cash and am not rolling over any part of my benefit to a self-managed superannuation fund (SMSF)

I have provided certified proof of identity documents

If my proof of identity documents are not certified correctly, I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

I have provided electronic verification information in Section 12. I consent to State Super or Mercer Administration Services (the fund administrator) verifying my identification electronically.

Note - 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. We will contact you if this is the case.

**Name** (Print in BLOCK LETTERS)

**Signature**

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

#### If you need help with this form

Contact Customer Service between 8:30am and 5:30pm 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 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 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

### If you need help with this form

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

## 11. Proof of identity

You may need to provide proof of identity documentation or electronic verification information with your application to prove that you are the person entitled to the superannuation benefit.

Proof of identity is only required if your application is for:

- the payment of a pension benefit
- the payment of any part of your benefit as a lump sum payable directly to you – including your basic benefit
- the rollover of any part of your benefit to a Self Managed Super Fund (SMSF).

**Note** – You are **not required** to provide proof of identification if you are applying only for a lump sum benefit – and you are applying to rollover your **entire** benefit (including your basic benefit) to a complying superannuation fund, other than a self managed superannuation fund (SMSF).

If your entire benefit is being transferred to a complying superannuation fund (other than a SMSF), we are able to verify your identity through the Australian Taxation Office (ATO) using their Super TFN Integrity Check (Super TICK) service. In the event that Super TICK is unavailable or if the records we hold do not match the ATO records – identity documents may be required. Identity documents or electronic verification information will still be required for rollovers to a SMSF.

See below for acceptable certified documents.

### Either

One of the following certified documents:

- Current Australian State or Territory drivers licence containing a photograph of the person, or
- Australian Passport, or
- Current card issued under a State or Territory law for the purpose of providing a person's age containing a photograph of the person, or
- Current foreign passport or similar travel document containing a photograph and the signature of the person\*

### OR

One certified document from each of the following groups:

#### Group 1

- An Australian birth certificate or birth extract issued by a State or Territory
- Citizenship certificate issued by the Commonwealth
- Current pension card issued by Centrelink that entitles the person to financial benefits

#### Group 2

- Notice issued by the Commonwealth or a State or Territory government within the preceding 12 months that records the provision of financial benefits to you, i.e., a letter from Centrelink.
  - Notice issued by the Australian Taxation Office within the past twelve months that contains your name and residential address and records an amount payable to or by you, i.e., your last tax assessment.
  - Notice issued by a local government body or utilities provider within the past three months that shows your name, residential address and the provision of services to you, i.e. water, gas or electricity bill, rates notice.
- \* Documents not written in English must be accompanied by an English translation prepared by an accredited translator.

### Change of name

Make sure that proof of change of name is also provided if your current name is not the same as the name on these documents, e.g. Change of name certificate, or deed poll document.

If your name has changed on marriage, a marriage certificate issued by the Registry of Births, Deaths and Marriages is required; ceremonial marriage certificates are not acceptable.

† Certified means that all copied pages of original proof of identity documents or change of name documents have been certified as true copies by an individual approved to do so. Persons who are authorised to certify documents must sight the original and the copies

## 11. Proof of identity *continued*

and make sure both documents are identical, then make sure that all copies are certified as true copies by writing or stamping 'certified true copy' followed by the individual's signature, printed name, qualification and date.

### **If you are in Australia**

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

- Australia Post Permanent Employee or Agent (who is currently employed with the post office and has at least two continuous years of service or is in charge of supplying postal services to the public)
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank Officer, Building Society Officer or Credit Union Officer (with two or more years of continuous service)
- Chiropractor
- Commissioner for Affidavits or Declarations
- Court Officer: Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive Officer of a Commonwealth Court
- Dentist
- Fellow of the National Tax Accountants' Association
- Finance Company Officer (with two or more years of continuous service with one or more finance companies)
- Justice of the Peace
- Legal practitioner
- Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner
- Member of Chartered Secretaries Australia
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Member of Engineers Australia (other than at the grade of student)
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with two or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of Religion (registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Nurse
- Optometrist
- Officer with, or a credit representative of, a holder of an Australian credit licence, having two or more years of continuous service with one or more licensees
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more years of continuous service with one or more licensees
- Patent attorney
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- Physiotherapist
- Police Officer, Sheriff's Officer or Sheriff
- Psychologist
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)

### **If you need help with this form**

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## 11. Proof of identity *continued*

- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorney
- Veterinary surgeon

### **If you are outside Australia**

The following people are eligible to certify copies of original documents outside of Australia:

- consular staff at an Australian Embassy, High Commission or Consulate
- a public notary or other person authorised to administer an oath or affirmation or to authenticate documents in the country you are visiting or living in.

The professions listed under **If you are in Australia** can only certify documents outside Australia if they work or are registered in Australia. Where your documents are certified outside Australia, the certifier must quote their registration number or the relevant law that qualifies them to authenticate your documents.

### **Return the completed form to:**

State Super (PSS)  
GPO Box 2181  
MELBOURNE VIC 3001

### **If you need help with this form**

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## 12. 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 Anti-Money Laundering and Counter-Terrorism Funding obligations by providing a secure and complete identity verification system.

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 your name differs between documents and/or your account details, you will need to provide a certified linking document (eg: Marriage Certificate from the Registry of Births, Deaths & Marriages).

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.

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