

# Total and Permanent Disablement (TPD) Claim Kit

## **This kit includes the following:**

- Claim checklist
- Making a TPD claim information sheet
- Claiming my insurance form
- Medical practitioner report
- Medical specialist report
- Education, training and experience form
- Proof of identity (POI) information sheet

For more information visit **[supersa.sa.gov.au](https://supersa.sa.gov.au)** or contact our friendly Member Services team on **1300 369 315** or email **[supersa@sa.gov.au](mailto:supersa@sa.gov.au)**.

**INFORMATION SHEET**

# Claim Checklist

Please ensure you provide completed copies of the documents below relevant to your claim when sending us your application.

Income Protection Claim	Total and Permanent Disablement Claim	Terminal Illness Claim
<input type="checkbox"/> Claiming my insurance form	<input type="checkbox"/> Claiming my insurance form	<input type="checkbox"/> Claiming my insurance form
<input type="checkbox"/> Medical practitioner report	<input type="checkbox"/> Medical practitioner report	<input type="checkbox"/> Medical practitioner report
<input type="checkbox"/> Medical specialist report*	<input type="checkbox"/> Medical specialist report	<input type="checkbox"/> Medical specialist report
<input type="checkbox"/> Copies of relevant medical reports	<input type="checkbox"/> Copies of relevant medical reports	<input type="checkbox"/> Copies of relevant medical reports
<input type="checkbox"/> Tax file number declaration	<input type="checkbox"/> Education, training and experience form	<input type="checkbox"/> Most recent bank statement**
<input type="checkbox"/> Most recent bank statement**	<input type="checkbox"/> Most recent bank statement**	

\* This form is optional to provide at the time you lodge your initial claim form. However if you do provide it with your claim form, it may support your claim assessment outcome. Please note, we may ask you to provide us with this form during the claim process as required.

\*\* We only need the front page of your bank statement. Please ensure this includes your bank's name, your full name, address, account number, BSB number, and the statement issue date.

## Handy hints for making your claim

These handy hints will support you to have a smoother claims process and better enable you to provide us with all the information we need to be able to action your claim request.

### Claiming my insurance form

You will need to complete this form with any Income Protection, Total and Permanent Disability or Terminal Illness claim.

#### Don't forget:

- ☐ Providing your Proof of Identity (POI) is not required to make a claim, it is required for the payment of a TPD or TI claim (once approved), so while you are at your doctor next ask them to certify your drivers license or passport so you can submit this with your claim.
- ☐ You also need to supply us with a copy of your most recent bank statement, confirming the same BSB, account number and full name.
- ☐ Include your manager's full name, job title, phone number and email address in Section 5 of this form.
- ☐ You must sign the claim form.

## Medical practitioner report

This report is for your medical practitioner (usually a GP) to provide us with information about your diagnosis, treatment and your capacity for work.

### Don't forget:

- ☐ This form is usually completed by your GP. Take it to your next GP visit and ask them to fill it in on your behalf, this is also a good time to get your drivers license or passport certified if you are claiming TPD or TI.
- ☐ If you wish to submit a report from your Psychologist or Physiotherapist, ask them to provide you with a separate report that you can provide with your claim form. (Don't use this one for that purpose).
- ☐ Submit this medical practitioner report completed by your GP, at the same time you lodge your claim form.

## Medical specialist report

The medical specialist report is required when making a claim for TPD or TI but is optional to provide when you lodge an Income Protection claim form (but may increase your initial claim payment period). It is for your medical specialist to provide us with information about your diagnosis, treatment and capacity for work.

### Don't forget:

- ☐ This form is to be completed by medical specialists only (not GPs). You must provide it when you submit a TPD or Terminal Illness claim. We may request it as part of an Income Protection claim.
- ☐ For Income Protection claims, a medical specialist report is not mandatory to provide when you lodge your claim form, but is highly recommended to provide if you have seen a specialist for your condition, as it may support your claim. This may result in an increase to the initial approved payment period.
- ☐ A medical specialist must be registered with AHPRA in the relevant field.

## Copies of any relevant medical reports

### Don't forget:

- ☐ If you provide further information about your injury or condition, this may further support your claim assessment. If you have the following information relevant to your claim, please provide them when you lodge your claim form – list of current medications, specialist reports, test results (eg biopsy/blood), health care plans, Orthopaedic/Radiological reports (eg X-rays/MRI), hospital or separation reports, workers compensation / return to work reports.

## Education training and experience questionnaire

If you are making a TPD claim, you will also need to complete the education training and experience questionnaire form. This is for you to provide us with information about your occupation, education, any rehabilitation programs you have undertaken, and your skills, interests and hobbies.

### Don't forget:


- ☐ Include all the details of your previous experience, employers and duties in Section 2.
- ☐ Complete Section 6 about your interests and hobbies.
- ☐ Sign the member declaration at the end of the form.

## Tax File Number Declaration (only required for Income Protection Claims)


### Don't forget:

- ☐ Complete and submit a completed Tax File Number declaration form if you are lodging an Income Protection claim. If you do not provide us with this completed form we will be required to withhold tax at the top marginal tax rate when your payment is made.


### We're here to help

 **Email** [supersa@sa.gov.au](mailto:supersa@sa.gov.au)

 **Post** GPO Box 48, Adelaide SA 5001

 **Website** [supersa.sa.gov.au](http://supersa.sa.gov.au)

 **Phone** 1300 369 315

 **Member Centre, Karna Country**  
Ground floor, 151 Pirie St Adelaide SA  
5000 (Enter from Pulteney Street).

**Disclaimer:** The schemes administered by Super SA are exempt public sector schemes and therefore we are not required to hold an AFS licence to provide advice on our products. This document is intended to provide general information and not advice. It should not be relied upon as advice or take the place of professional advice. This document has been prepared without taking into account your individual objectives, financial situation or needs. Accordingly, before acting on the contents of this document, you should consider whether it is appropriate to you, having regard to your objectives, financial situation and needs, and refer to the relevant PDS for details of any cooling off rights.

Super SA and the State Government disclaim all liability for all claims, losses, damages, costs or expenses whatsoever (including consequential or incidental loss or damage), which arise as a result of or in connection with any use of, or reliance upon, any information in this document.

**INFORMATION SHEET**

# Making a TPD claim

## Your questions answered

If you are permanently unable to work due to illness or incapacity, or you are suffering a Terminal Illness, you may be entitled to a Total and Permanent Disablement (TPD) benefit.

### What is TPD?

Your TPD entitlement includes the:

- Balance of your accounts; and
- Value of your TPD insurance cover (if any), subject to certain conditions.

### TPD definition

Total and Permanent Disablement means that the Super SA Board is reasonably satisfied that:

- a) Your ill health (whether physical or mental) makes it unlikely that you would at any future time engage in gainful employment for which you are reasonably qualified by education, training or experience, or for which you could have been expected to become reasonably qualified following appropriate training or rehabilitation; and
- b) You are being treated by and following the advice of a medical practitioner for your ill health.

Gainful employment means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment and also includes any employment that you may be retrained or rehabilitated to perform based on your education, training or experience.

Members of the Pension Scheme, Lump Sum Scheme (and members of Triple S or the Flexible Rollover Product whose employment ceased prior to 3 September 2018) have a different test for Total and Permanent Disability applied to them (ie you must satisfy the Super SA Board that your incapacity for all kinds of work is at least 60% and is likely to be permanent).

### Things to consider...

- The Super SA Board must approve the payment of a TPD benefit.
- If, prior to the Super SA Board approving a TPD benefit, you have resigned because of your incapacity, your employment was terminated due to your incapacity, or your employment was terminated due to the expiry of a fixed term contract, a benefit may still be considered. You must provide evidence to demonstrate that the reason for termination is a direct result of your incapacity at the date of termination and for at least six months since terminating employment.
- You must lodge an application for a TPD benefit within two years of termination of employment.
- If you are a preserved member (ie you previously terminated employment and you no longer have insurance) you can apply for Early Release of Preserved Benefits by ticking the Total and Permanent Disablement box on the attached form.
- A TPD claim will not be approved if you refuse or fail to submit to reasonable medical treatment that would likely assist in your rehabilitation to work.
- Please note that you will have to meet the cost of providing the medical evidence to support your claim.
- If you are claiming Triple S insurance cover and have resigned from employment pursuant to a Voluntary Separation Package (VSP), you are not eligible to claim TPD insurance, even under Terminal Illness provisions.
- If you are claiming Flexible Rollover Product insurance cover that was transferred from Triple S, and have accepted a VSP, and the incapacity was known to you at the time of accepting the VSP, you are not eligible to claim TPD insurance, even under Terminal Illness provisions.

## How do I make a claim?

### STEP 1 – Lodging your claim

- Complete the **Claiming my insurance** form.
- **The Medical Practitioner Report** is to be completed by your treating medical practitioner.
- **The Medical Specialist Report** is to be completed by a treating medical practitioner that is a specialist in your claimed conditions.
- Medical practitioners should comment on your claimed conditions at the current time. If you are claiming a TPD from the date of the termination of your employment the medical practitioners must also be able to comment on your condition at that time. If you need additional medical report forms you can make copies or call us on (08) 8214 7800 and we will send you more blank form copies.
- Return all the completed original forms together to Super SA along with all your supporting documentation as a complete application.
- If the information you send is incomplete or there is insufficient evidence to support your claim, you will either be asked to provide more information which will delay your claim, or your claim will be declined.

### STEP 2 – Preparing your claim

- Super SA will acknowledge that your claim has been received. If you have any questions you can contact a Claims Management Officer.
- Super SA will contact your employer to obtain leave and employment information.
- Additional information may be requested from you, your employer or your treating medical practitioners.

### STEP 3 – Assessing your claim

Based on the information available, your claim will be assessed. The Super SA Board will then decide to either:

- Approve your entitlement to a benefit under the legislation (see **Step 4 Paying your benefit**);
- Defer your claim for further review;
- Decline your claim if you are not entitled to a benefit under the legislation.

As part of the decision, more information may be requested from you or your treating doctors and/or require you to attend an appointment for you to have a medical examination with one or more independent medical specialists. Where you attend an appointment with a independent medical examiner arranged by Super SA, the medical examiner's costs will be covered by Super SA (for further details regarding conditions that apply please see section Will it cost anything to lodge a claim?).

### STEP 4 – Paying your benefit

- If your claim is accepted, a Claims Management Officer will contact both you and your employer (where applicable).
- If you have not already terminated employment, you will need to terminate your employment with the South Australian Government in order for the benefit to be payable. (This does not apply if you are approved a Terminal Illness benefit.)
- Once all criteria have been met, payment of your benefit will be arranged in accordance with the instructions provided under Payment information of the **Claiming my insurance form**.

#### Important

Please check that you and your doctors have answered every question and all necessary documents are provided.

### Payment options

Should your claim be accepted, you have three options for the payment of your entitlement:

#### Option 1:

Have your TPD entitlement paid to you as a lump sum payment.

#### Option 2:

Roll over your TPD entitlement to the Super SA Flexible Rollover Product or the Super SA Income Stream. More information about these products is available on the Super SA website. You can also roll over your TPD entitlement to another complying super fund. If you are approved for a Terminal Illness benefit, this cannot be rolled over.

#### Option 3:

Have some of your TPD entitlement paid to you as a lump sum and roll over the balance.

Please note that TPD benefits may receive concessional tax treatment, however some tax may still be payable. You are strongly advised to seek advice from a professional financial adviser before you make any decisions about your payment.

## Frequently asked questions

### Will it cost anything to lodge a claim?

You will have to pay the cost of providing any medical evidence to support your claim, such as obtaining the Medical Reports from your treating doctors and any supporting documentation.

Where you attend an appointment with a independent medical examiner arranged by Super SA, the medical examiner's costs will be covered by Super SA. However, if an appointment is arranged and you do not attend the appointment, you will need to pay the cost of any non-attendance fee incurred.

### What if my condition is terminal?

If you have been diagnosed with a Terminal Illness, you can receive your TPD entitlement without having to terminate your employment.

To be eligible, you must satisfy the Super SA Board that you have an illness or condition that is likely, in the opinion of two medical practitioners (one being a specialist in the relevant field), to result in your death within 24 months of the day on which the opinion is given.

If you receive a Terminal Illness entitlement, you will not be entitled to any further insurance cover through a Super SA product, including Death, TPD and Income Protection Insurance.

### How long will the claim take?

The time taken to assess your claim depends on the complexity of the claim, whether additional insurance is claimed, and the information that's available. A claim can take anywhere from a few weeks to several months, particularly if we have to wait for information from doctors. We will keep you informed of progress and how you may be able to help us if there are any delays outside of Super SA's control.

If you have Triple S Income Protection (IP) Insurance, you could consider also lodging an IP claim. If you are eligible, you may be entitled to regular income payments while your TPD claim is being assessed. It is important to note that Triple S IP benefits cease to be payable once you terminate employment with the SA Government for any reason (including TPD).

### What if I also have Triple S IP Insurance?

If you have Triple S IP Insurance and are unable to work due to a disability, you may be entitled to an IP benefit.

Triple S IP Insurance provides a fortnightly benefit of up to 75% of your notional salary, plus an additional 9.5% of your fortnightly IP benefit paid to your Triple S account (known as a Contribution Replacement Benefit). Conditions apply. The IP benefit is payable for a maximum period of 24 months (12 months for casuals) or to age 65, whichever occurs first.

If you have Triple S IP Insurance, you may be eligible for a Triple S IP benefit after your waiting period of either 30 or 90 days from the date you last worked due to your incapacity. During the waiting period, you can use sick leave or other forms of paid or unpaid leave.

No Triple S IP payments are made during the waiting period, or in respect of periods you are in receipt of paid leave, or weekly payments of workers compensation under Part 4 Division 4 of the *Return to Work Act 2014*.

It is important to note that Triple S IP benefits cease to be payable once you terminate employment with the SA Government for any reason (including TPD) or a Terminal Illness benefit is approved.

If you wish to claim Income Protection, you must apply for Income Protection within six months of the date you last worked.

For more information on lodging a Triple S IP claim, see the Making an IP Claim information sheet available from the Super SA website or your Super SA Claims Management Officer.

### Is there a timeframe to lodge a claim?

If you are claiming through Triple S insurance cover, you can lodge anytime while still employed, but if your employment is terminated and you wish to lodge a TPD claim, you must do so within two years of terminating employment. If you are claiming a TPD insurance benefit through the Flexible Rollover Product you must have worked in paid employment for an average of 9 or more hours per week in any 6 month period in the 2 years prior to lodging a claim.

### What if my employment is terminated by resignation, retirement or the expiry of a fixed term contract?

You must be incapacitated for all kinds of work for a period of six months before you can be paid a TPD benefit if you resign, retire or your employment is terminated by the expiry of a contract. The six month period must follow on from the end of your employment.

### What exclusions to TPD benefits may apply?

Some members are not eligible for TPD Insurance, or may have been eligible to apply for TPD Insurance but did not apply to take out cover. These members may still be able to claim the balance of their accounts under TPD or Early Release of Preserved Benefits. Limitations and conditions may also apply to TPD Insurance.

### TPD Insurance may not be payable in the following circumstances:

- You refuse to submit to reasonable medical treatment that would likely aid in your return to work.
- Where you resign from employment in connection to a Voluntary Separation Package (VSP).
- If you are a member of Triple S and you have been engaged in work for less than six months and you are claiming for a medical condition that existed prior to commencing Triple S membership.

If you or your employer do not advise Super SA of your resignation or termination of employment, there is a likelihood that the cost of your insurance will continue to be deducted from your account. Any insurance fees deducted after you have ceased employment will be reimbursed once we have been advised of your final date of employment.



### What if my claim is declined?

If your TPD claim is declined, you will be advised in writing the reason why.

If you do not agree with any decision in relation to your claim you can provide additional information to support your claim. You can also lodge a complaint in writing to Super SA. Super SA aims to resolve all matters through its internal enquiry and dispute resolution process.

Written complaints, together with any information to support your claim not previously considered by Super SA, should be addressed to the Complaints Officer:

#### The Complaints Officer

Super SA  
GPO Box 48, Adelaide SA 5001

Email: [supercomplaints@sa.gov.au](mailto:supercomplaints@sa.gov.au)

The Complaints Officer will investigate the matter thoroughly and aim to provide you with a written response within 45 days of receiving the complaint.

If you believe that your complaint has not been resolved satisfactorily through our complaints process or you wish to review a decision made by Super SA, you can have the matter reviewed by the Super SA Board. An application to the Super SA Board to review a decision must be made within three months of receiving notice of the decision.

If your complaint relates to a decision made by the Super SA Board (or a delegate of the Board), you may make an application for the decision to be reviewed by the South Australian Civil and Administrative Tribunal (SACAT) or by the Super SA Board. Applications for review must be made within three months of receiving notice of the decision.

### Need more information?

If you have any questions about TPD entitlements, contact Super SA on (08) 8214 7800.

In addition, there are fact sheets on a range of topics relating to your super available at [supersa.sa.gov.au](http://supersa.sa.gov.au).

For the complete rules of Triple S or Flexible Rollover Product, please refer to the *Southern State Superannuation Act 2009* and *Southern State Superannuation Regulations 2009*. The Act and accompanying Regulations set out the rules under which Triple S and Flexible Rollover Product are administered and entitlements are paid.

You can access a copy from the Super SA website.

#### Contact us



**EMAIL** [supersa@sa.gov.au](mailto:supersa@sa.gov.au)



**WEBSITE** [supersa.sa.gov.au](http://supersa.sa.gov.au)



**PHONE** (08) 8214 7800



**POST** GPO Box 48, Adelaide SA 5001



**MEMBER CENTRE (appointment preferred)** 151 Pirie St Adelaide SA 5000

**Disclaimer:** The information in this document is intended to help you understand your entitlements in Triple S and Flexible Rollover Product. Super SA does its best to make sure the information is accurate and up to date. However, you need to be aware that it may not include all the technical details relevant to the topic. For the complete rules of Triple S and Flexible Rollover Product, please refer to the *Southern State Superannuation Act 2009* and *Southern State Superannuation Regulations 2009*. The Act and accompanying Regulations set out the rules under which Triple S and Flexible Rollover Product are administered and entitlements are paid. You can access a copy from the Super SA website.

Triple S is an exempt public sector superannuation scheme and is not regulated by the Australian Securities and Investments Commission (ASIC) or the Australian Prudential Regulation Authority (APRA). Super SA is not required to hold an Australian Financial Services Licence to provide general advice about Triple S. The Flexible Rollover Product administered by Super SA is part of an exempt public sector superannuation scheme and is not regulated by the Australian Securities and Investments Commission (ASIC) or the Australian Prudential Regulation Authority (APRA). Super SA is not required to hold an Australian Financial Services (AFS) licence to provide general advice about this product.

The information in this document is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Super SA recommends that before making any decisions about Triple S you consider the appropriateness of this information in the context of your own objectives, financial situation and needs, read the Product Disclosure Statement (PDS) and seek financial advice from a licensed financial adviser in relation to your financial position and requirements.

Super SA and the State Government disclaim all liability for all claims, losses, damages, costs or expenses whatsoever (including consequential or incidental loss or damage), which arise as a result of or in connection with any use of, or reliance upon, any information in this document.





# Claiming my insurance



Super SA



## Triple S and Flexible Rollover Product

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA. Use this form for Income Protection (IP), Total & Permanent Disablement claim (TPD), and Terminal Illness (TI) claims.

### 3. What type of benefit are you claiming?

☐ Income Protection (IP) ☐ Total & Permanent Disablement (TPD) ☐ Terminal Illness (TI)

**NOTE:** TPD claims must also attach a completed Education & Experience Report.

**Important!** Approval for some claim types may invalidate your insurance under a different entitlement type, if you are unsure, please contact our claims team on [medicalsUPER@sa.gov.au](mailto:medicalsUPER@sa.gov.au) or 1300 369 315.

**Important!** – If you have terminated employment because of accepting a Voluntary Separation Package (VSP), you may not be eligible to claim for insurance benefits. For more information, please refer to the relevant information sheet applicable to your claim type available on our website.

### 4. Your current/most recent employment details

Employment: ☐ Full time ☐ Part time ☐ Casual

Employer

Occupation

Name of employer

Employee number

What date did you last work?   /   /

Did you take any other leave prior to this date due to the condition(s) you are claiming for? ☐ Yes ☐ No

If Yes, please provide details

Has your employment been terminated? ☐ Yes ☐ No

If Yes, what date?

Have you taken paid leave? ☐ Yes ☐ No

If Yes, what date will your paid leave cease?

Have you received, applied for, or are you entitled to receive, any other entitlements (eg VSP)? ☐ Yes ☐ No

If Yes, please provide details

Are you receiving a Disability Support Pension (DSP) or Veterans Affairs Pension (VAP)? ☐ Yes ☐ No

If Yes, which type? DSP Pension ☐ Veterans Affairs Pension ☐

Date granted   /   /

**Important!** Any entitlement to worker's compensation may affect your insurance entitlement.

### 5. What is your medical condition(s) for this claim

What is the exact nature of your claimed injury/medical condition(s) (in order of most incapacitating for work to least) and when did you first consult a medical practitioner for these condition(s)?

(If you need more space, please list and attach)

# Claiming my insurance



Super SA



## Triple S and Flexible Rollover Product

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### 5. What is your medical condition(s) for this claim (continued)

When did you first suffer from the above injury/condition(s)?  D  D /  M  M /  Y  Y  Y  Y

If an injury, how did your injury occur?

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Have you been able to perform any work (paid or unpaid) since you first suffered from the above injury/condition? ☐ Yes ☐ No

If Yes, provide details

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What specific work duties are you unable to perform and why?

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What alternate work duties do you think you could perform?

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# Claiming my insurance



Super SA



## Triple S and Flexible Rollover Product

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA. Use this form for Income Protection (IP), Total & Permanent Disablement claim (TPD), and Terminal Illness (TI) claims.

### 6. Your Doctors and Specialists information

Please give details of all doctors, specialists etc. consulted and who provided treatment in relation to the condition(s) including surgery/procedures.

Condition	Details of surgery/procedures in relation to the condition	Doctor's name and address	Date
			Date of first consultation D D / M M / Y Y Y Y
			Date of most recent consultation D D / M M / Y Y Y Y
			Date of first consultation D D / M M / Y Y Y Y
			Date of most recent consultation D D / M M / Y Y Y Y
			Date of first consultation D D / M M / Y Y Y Y
			Date of most recent consultation D D / M M / Y Y Y Y
			Date of first consultation D D / M M / Y Y Y Y
			Date of most recent consultation D D / M M / Y Y Y Y

(If you need more space, please list and attach)

If there are any other comments/additional information which you believe may be relevant in the assessment of this claim, please provide.

#### IMPORTANT!

To assist with the assessment of your claim, please attach copies of any documentation you hold regarding your injury/condition. This may include, but is not limited to:

- List of current medications
- Any Test Results (eg biopsy/blood)
- Orthopaedic/Radiological Reports (eg X-rays/MRI)
- Worker's compensation
- Specialists Reports
- Health Care Plans
- Hospital or Separation Reports
- Return to Work Reports

Income Protection is not payable in respect of periods during which you have received, or are entitled to receive, weekly payments of workers compensation pursuant to Part 4 Division 4 of the *Return To Work Act 2014*. It is important that you tell us even if you haven't yet been approved or declined and lodging an appeal.

# Claiming my insurance



Super SA



## Triple S and Flexible Rollover Product

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA. Use this form for Income Protection (IP), Total & Permanent Disablement claim (TPD), and Terminal Illness (TI) claims.

### 7. Worker's compensation

Have you received, applied for, or are you entitled to receive, a payment or redemption (under the Return to Work Act 2014)?

☐ Yes

☐ No

If Yes, please provide details

Injury manager's name

Injury manager's phone number

Injury manager's email

### 8. Financial information

Tax File Number

Providing your TFN will ensure that your entitlement is taxed concessionally. If you choose not to provide your TFN, part of your entitlement will be taxed at the highest marginal rate. Declining to provide your TFN is not an offence.

Annual salary (before tax)

\$

Line manager's name

Manager's title

Manager's phone number

Manager's email address

### 9. Payment information

Please pay any successful claim as follows:



*Helpful tip The next time you visit your doctor, consider asking them to certify a copy of your driver's license or passport. Although you're not required to provide us with proof of identity when you make an insurance claim, we will ask you for it if your claim is approved for payment. You could save time by submitting it in advance with this form.*

#### Pay any benefits to you directly:

**Bank details** please ensure you attach a copy of your most recent bank statement

Account name (account holder name)

BSB Number

Account number

#### For TPD payments only:

Part or all of your TPD payment can be transferred to another fund. Please select the amount you would like paid directly to you (please complete your bank details above). Any TPD payment above this will be paid directly to the fund listed below.

#### Transfer amount

1. ☐ Pay all of the benefit to the fund below.

2. Pay \$  directly to you and transfer the remaining to the fund below.

3. ☐ Pay all your benefit to your bank account above

Transfer your TPD benefits to:

Super fund ABN

Name of fund

Super fund member number

Super fund USI

# Claiming my insurance



Super SA



## Triple S and Flexible Rollover Product

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA. Use this form for Income Protection (IP), Total & Permanent Disablement claim (TPD), and Terminal Illness (TI) claims.

### 10. Contact details

Email address\*

Mobile phone\*

Work phone

Home phone

\*By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive important account information from us.

### 11. Member declaration

- I declare that all the information supplied by me is true and correct.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I acknowledge it is an offence to provide false or misleading information.
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness or injury, medical history, consultations, prescriptions or treatment.
- I understand Super SA (with authority under the *Southern State Superannuation Act 2009*) can gain access to any information held by RTW or Worker compensation authority (or any provider of these services) to assess my claim.
- Super SA may provide a copy of this declaration to the third party to obtain necessary information.
- I authorise Super SA to provide information to any other medical practitioner for the purpose of assessing my claim.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application.
- I understand that Super SA will obtain information from my employer and may provide my medical details to my employer, which it is authorised to do under the relevant Act and Regulations.



**Important!** By signing this declaration I declare I have read the information sheet relevant to my claim.  
TPD and TI claims must read **Making a TPD Claim**.  
IP claims must read **Making an Income Protection Claim**.

Signature



Date

**Important!** We are unable to start assessing your claim for any insurance entitlement until we have received the completed documents listed in the checklist on page 1 of this form. This includes a Medical Practitioners Report that has been completed by your treating doctor. If claiming TPD or TI, you must also obtain a Medical Specialist Report by a medical practitioner who is a specialist in the relevant field.

#### Contact us

**EMAIL** [supersa@sa.gov.au](mailto:supersa@sa.gov.au)

**POST** GPO Box 48, Adelaide SA 5001

**WEBSITE** [supersa.sa.gov.au](http://supersa.sa.gov.au)

**PHONE** 1300 369 315

**MEMBER CENTRE, Karna Country**  
Ground floor, 151 Pirie St Adelaide SA 5000  
(Enter from Pulteney Street).

# Medical practitioner report



Super SA



For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your usual treating doctor, for most this is their regular GP.

To find out more visit [supersa.sa.gov.au](https://supersa.sa.gov.au) or call **(08) 8214 7800**.

Client ID:

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For TPD & TI - Super SA requires a Medical Report to be completed by a Specialist Medical Practitioner (as registered with AHPRA) in the relevant field.

For IP - Super SA may require a Specialist Medical Practitioner (as registered with AHPRA) to complete a Medical report to assess your claim, it is highly recommended to have this report completed when submitting your claim.

## 1. Patient's details

Title	Given Name(s)																																								
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Family Name	Date of birth																																								
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D	D	/	M	M	/	Y	Y	Y	Y																																

## 2. Diagnosis

Are you the patient's usual doctor? ☐ Yes ☐ No If Yes, from what date? 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

If applicable, what date is your next appointment with the patient? 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

What are the patient's current symptoms they are presenting with?


What are all the diagnosed injury/condition(s) causing incapacity for work?




### Important

Please be aware ambiguous answers (including unclear or guarded prognoses) will require this form to be completed again with more detail.



# Medical practitioner report



Super SA



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## Who completes this form?

This medical report is to be completed by your usual treating doctor, for most this is their regular GP.

## 2. Diagnosis (continued)

When did your patient first consult you about their current injury or condition?

Injury or condition	Date first suffered
1.	<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"/>
2.	<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"/>
3.	<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"/>
4.	<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"/>
5.	<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"/>

Please list any other current or related medical conditions (in order of severity with 1 being most severe, 3 being least).

Conditions and treatment	Condition 1	Condition 2	Condition 3
What are the main incapacitating condition(s)* the patient is suffering from? <i>*please attach additional information if there are 4 or more conditions</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is there a diagnosis linked to the condition(s)? If Yes, please provide details.	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did the patient first suffer the condition(s)? [dd mm yyyy]	<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"/> / <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"/>
What are the patient's symptoms for the condition(s)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provide details of investigation and/or tests. <i>(please attach all results)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How are the condition(s) affecting the patient's capacity to perform work duties?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the patient's prognosis? Provide details of treatment for the condition(s).	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Medical practitioner report



Super SA



For all schemes

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## Who completes this form?

This medical report is to be completed by your usual treating doctor, for most this is their regular GP.

## 2. Diagnosis (continued)

What other related medical condition(s) is the patient suffering from, that impacts on the patients ability to work?

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What is preventing the patient from working now?

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Can the patient work now?

☐

Yes

Provide details of the patient's capacity to work:

☐

Part time

hours per week

days per week

OR

☐

Full time

☐

No

When do you think the patient may be able to return to work?

  /   /    

What rehabilitation or steps are required to support the patient returning to work?

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Provide details of relevant investigations and/or tests (please attach all results).

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Detail how the injuries or condition(s) affect the patient's ability to perform work duties.

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# Medical practitioner report



Super SA



For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your usual treating doctor, for most this is their regular GP.

## 2. Diagnosis (continued)

Is your patient's condition terminal? ☐ Yes ☐ No

If yes, in your view is the condition likely to be terminal within ☐ Less than 2 years ☐ 2-5 years ☐ Longer than 5 years

Please outline any other comments you believe may be relevant to the patient's diagnosis.

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## 3. Treatment

What treatment (including but not limited to medication) have you or any other medical practitioner provided your patient for the injury/condition since the injury/condition was diagnosed?

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Has the patient been engaging with the recommended treatment? If they haven't, please provide detail.

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List relevant investigations used to diagnose and manage the injury/condition (including imaging studies).

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What was the patient's response to the treatment intervention listed above?

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# Medical practitioner report



Super SA



For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your usual treating doctor, for most this is their regular GP.

### 3. Treatment (continued)

Please list any other medical practitioners or rehabilitation interventions linked to your patient's management.

Name	Speciality	Location	Date of referral
			<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"/> / <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"/>

Please outline any other comments you believe may be relevant to the patient's treatment.

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### 4. Capacity for work

Based on your professional medical opinion please answer the following questions:

Is your patient fit for their usual occupation?

Full time (30 hours plus)

☐ Yes ☐ No

Part time (15-30 hours)

☐ Yes ☐ No

Physical nature of their usual work:

☐ Light ☐ Moderate ☐ Heavy

If your patient is not currently fit for their usual occupation, when are they likely to resume their usual occupation?

/    /

Please provide details:

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Is your patient fit for any other alternative work (including sedentary)?

Full time (30 hours plus) ☐ Yes ☐ No

Part time (15-30 hours) ☐ Yes ☐ No

Physical nature of their alternative work: ☐ Light ☐ Moderate ☐ Heavy

If your patient is not currently fit for alternative work when are they likely to be able to undertake alternative work (if ever)?

/    /

If no date can be provided, is the patient unlikely, as a result of their injury/condition, in your opinion to at any future time engage in gainful employment?

☐ Yes ☐ No

Please provide details including what medical treatment, rehabilitation, training or other steps may be required to return to any type of work.

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# Medical practitioner report



Super SA



For all schemes

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## Who completes this form?

This medical report is to be completed by your usual treating doctor, for most this is their regular GP.

## 4. Capacity for work (continued)

If it is premature to express an opinion about when your patient could return to work, please provide an estimate as to when an opinion could be expressed

D D / M M / Y Y Y Y

Please estimate your patient's overall level of **capacity to undertake all kinds of work**. Please circle only one.

0 10 20 30 40 50 60 70 80 90 100%

(0% capacity means your patient is completely unable to perform any type of work. 100% capacity means your patient can perform any type of work)

**Important** - To assist with the assessment of this claim, please attach copies of any documentation you hold regarding your patient's injury/condition. This may include:

- List of current medications
- Health Care Plans
- Hospital or Separation Reports
- Specialists Reports
- Orthopaedic/Radiological Reports
- Workers' compensation
- Any Test Results (eg biopsy/blood)
- (eg X-rays/MRI)
- Return to Work Reports

**Important** - This form must only be completed by a specialist as listed with AHPRA.

## 5. Medical practitioner declaration

- I confirm that I am a currently registered medical practitioner with the AHPRA under a general or specialist registration and I am NOT holding limited or provisional registration.
- I hereby certify that I have personally attended the patient and that all the information supplied by me on this form is true and correct.
- I understand that Super SA and its medical adviser(s) will use this information and
- Super SA may provide copies of this report to the patient or to any medical practitioner, or to any other person deemed necessary to assist in the assessment of this claim.

Medical practitioner stamp

Name of medical practitioner

Name of practice

Street address

Suburb

State

Postcode

Contact number

Email address

AHPRA Registration Number

Provider number

Signature



Date

D D / M M / Y Y Y Y

Contact us



**EMAIL** [medicalsUPER@sa.gov.au](mailto:medicalsUPER@sa.gov.au)



**WEBSITE** [supersa.sa.gov.au](http://supersa.sa.gov.au)



**PHONE** (08) 8214 7800



**POST** GPO Box 48, Adelaide SA 5001



**MEMBER CENTRE (Appointment preferred)** 151 Pirie St Adelaide SA 5000

# Medical specialist report



Super SA



For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your treating specialist medical practitioner.

To find out more visit [supersa.sa.gov.au](https://supersa.sa.gov.au) or call (08) 8214 7800

Client ID:

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For TPD & TI - Super SA requires a Medical Report to be completed by a Specialist Medical Practitioner (as registered with AHPRA) in the relevant field.

For IP - Super SA may require a Specialist Medical Practitioner (as registered with AHPRA) to complete a Medical report to assess your claim, it is highly recommended to have this report completed when submitting your claim.

## 1. Patient's details

Title	Given Name(s)																																								
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Family Name	Date of birth																																								
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D	D	/	M	M	/	Y	Y	Y	Y																																

## 2. Diagnosis

Are you the patient's usual doctor? ☐ Yes ☐ No If Yes, from what date? 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

If applicable, what date is your next appointment with the patient? 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

What are the patient's current symptoms they are presenting with?


What are all the diagnosed injury/condition(s) causing incapacity for work?




### Important

Please be aware ambiguous answers (including unclear or guarded prognoses) will require this form to be completed again with more detail.

# Medical specialist report



Super SA



For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your treating specialist medical practitioner.

## 2. Diagnosis (continued)

When did your patient first consult you about their current injury or condition?

Injury or condition	Date first suffered
1.	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
2.	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
3.	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
4.	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
5.	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Please list any other current or related medical conditions (in order of severity with 1 being most severe, 3 being least).

Conditions and treatment	Condition 1	Condition 2	Condition 3
What are the main incapacitating condition(s)* the patient is suffering from? <i>*please attach additional information if there are 4 or more conditions</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is there a diagnosis linked to the condition(s)? If Yes, please provide details.	<input type="text"/>	<input type="text"/>	<input type="text"/>
When did the patient first suffer the condition(s)? [dd mm yyyy]	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
What are the patient's symptoms for the condition(s)?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provide details of investigation and/or tests. <i>(please attach all results)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
How are the condition(s) affecting the patient's capacity to perform work duties?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the patient's prognosis? Provide details of treatment for the condition(s).	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Medical specialist report



Super SA



For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your treating specialist medical practitioner.

## 2. Diagnosis (continued)

What other related medical condition(s) is the patient suffering from, that impacts on the patients ability to work?

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What is preventing the patient from working now?

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Can the patient work now?

☐

Yes

Provide details of the patient's capacity to work:

☐

Part time

hours per week

days per week

OR

☐

Full time

☐

No

When do you think the patient may be able to return to work?

  /   /    

What rehabilitation or steps are required to support the patient returning to work?

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Provide details of relevant investigations and/or tests (please attach all results).

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Detail how the injuries or condition(s) affect the patient's ability to perform work duties.

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# Medical specialist report



Super SA



For all schemes

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## Who completes this form?

This medical report is to be completed by your treating specialist medical practitioner.

## 2. Diagnosis (continued)

Is your patient's condition terminal? ☐ Yes ☐ No

If yes, in your view is the condition likely to be terminal within ☐ Less than 2 years ☐ 2-5 years ☐ Longer than 5 years

Please outline any other comments you believe may be relevant to the patient's diagnosis.

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## 3. Treatment

What treatment (including but not limited to medication) have you or any other medical practitioner provided your patient for the injury/condition since the injury/condition was diagnosed?

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Has the patient been engaging with the recommended treatment? If they haven't, please provide detail.

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List relevant investigations used to diagnose and manage the injury/condition (including imaging studies).

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What was the patient's response to the treatment intervention listed above?

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# Medical specialist report



Super SA



For all schemes

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your treating specialist medical practitioner.

### 3. Treatment (continued)

Please list any other medical practitioners or rehabilitation interventions linked to your patient's management.

Name	Speciality	Location	Date of referral
			D D / M M / Y Y Y Y
			D D / M M / Y Y Y Y
			D D / M M / Y Y Y Y

Please outline any other comments you believe may be relevant to the patient's treatment.

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### 4. Capacity for work

Based on your professional medical opinion please answer the following questions:

Is your patient fit for their usual occupation?

Full time (30 hours plus)

☐ Yes ☐ No

Part time (15-30 hours)

☐ Yes ☐ No

Physical nature of their usual work:

☐ Light ☐ Moderate ☐ Heavy

If your patient is not currently fit for their usual occupation, when are they likely to resume their usual occupation?

D D / M M / Y Y Y Y

Please provide details:

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Is your patient fit for any other alternative work (including sedentary)?

Full time (30 hours plus) ☐ Yes ☐ No Part time (15-30 hours) ☐ Yes ☐ No

Physical nature of their alternative work: ☐ Light ☐ Moderate ☐ Heavy

If your patient is not currently fit for alternative work when are they likely to be able to undertake alternative work (if ever)?

D D / M M / Y Y Y Y

If no date can be provided, is the patient unlikely, as a result of their injury/condition, in your opinion to at any future time engage in gainful employment?

☐ Yes ☐ No

Please provide details including what medical treatment, rehabilitation, training or other steps may be required to return to any type of work.

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# Medical specialist report



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Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## Who completes this form?

This medical report is to be completed by your treating specialist medical practitioner.

### 4. Capacity for work (continued)

If it is premature to express an opinion about when your patient could return to work, please provide an estimate as to when an opinion could be expressed

/    /

Please estimate your patient's overall level of **capacity to undertake all kinds of work**. Please circle only one.

0 10 20 30 40 50 60 70 80 90 100%

(0% capacity means your patient is completely unable to perform any type of work. 100% capacity means your patient can perform any type of work)

**Important** - To assist with the assessment of this claim, please attach copies of any documentation you hold regarding your patient's injury/condition. This may include:

- List of current medications
- Specialists Reports
- Any Test Results (eg biopsy/blood)
- Health Care Plans
- Orthopaedic/Radiological Reports (eg X-rays/MRI)
- Hospital or Separation Reports
- Workers' compensation
- Return to Work Reports

**Important** - This form must only be completed by a specialist as listed with AHPRA.

### 5. Specialist medical practitioner declaration

- I confirm that I am a currently registered medical practitioner with the AHPRA under a specialist registration and I am NOT holding limited or provisional registration.
- I hereby certify that I have personally attended the patient and that all the information supplied by me on this form is true and correct.
- I understand that Super SA and its medical adviser(s) will use this information and
- Super SA may provide copies of this report to the patient or to any medical practitioner, or to any other person deemed necessary to assist in the assessment of this claim.

Specialist medical practitioner stamp

Name of medical practitioner

Area of specialisation(s) as registered with AHPRA

Name of practice

Street address

Suburb

State

Postcode

Contact number

Email address

AHPRA registration number

Provider number

Signature

Date    /    /

Contact us



**EMAIL** [medicalseper@sa.gov.au](mailto:medicalseper@sa.gov.au)



**WEBSITE** [supersa.sa.gov.au](http://supersa.sa.gov.au)



**PHONE** (08) 8214 7800



**POST** GPO Box 48, Adelaide SA 5001



**MEMBER CENTRE (Appointment preferred)** 151 Pirie St Adelaide SA 5000



Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

**2. Occupation details (continued)**

Provide details of any additional and previous occupations. If you have a CV or Resume with this information, please attach.

Occupation	Period	Employer name	Duties
	M M / Y Y to M M / Y Y		

Occupation	Period	Employer name	Duties
	M M / Y Y to M M / Y Y		

Occupation	Period	Employer name	Duties
	M M / Y Y to M M / Y Y		

Occupation	Period	Employer name	Duties
	M M / Y Y to M M / Y Y		

Occupation	Period	Employer name	Duties
	M M / Y Y to M M / Y Y		

Occupation	Period	Employer name	Duties
	M M / Y Y to M M / Y Y		

Occupation	Period	Employer name	Duties
	M M / Y Y to M M / Y Y		



Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

### 3. Education details

What calendar year did you finish secondary school?     What level secondary education did you complete (e.g Year 12)?

Please specify all your qualifications. List any degrees, diplomas, certificates, courses attended, skills and trade qualifications:

Qualifications	Year completed
<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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Have you commenced any study or plan to start in the next 6 months?

Programme or Study	Year started
<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"/>

### 4. Rehabilitation programs

Are you attending any rehabilitation programs?

Program or Study	Year started
<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"/>

### 5. Skills

Do you have a current Driver's Licence (Car)? ☐ Yes ☐ No

Do you hold any other licences? ☐ Yes ☐ No If Yes, please stipulate:

On a scale of 1 to 5 rate your ability with the following:

	Basic		Intermediate		Advanced
Reading and Writing	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
Speaking and Understanding English	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5
Using Numbers and Mathematical Skills	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5

Tick and provide details of any computer packages you are able to use:

<input type="checkbox"/> Internet Browsers (eg MS Edge)	<input type="checkbox"/> Word processors (eg MS Word)	<input type="checkbox"/> Publishing Software (eg Powerpoint)
<input type="checkbox"/> Spreadsheet tools (eg MS Excel)	<input type="checkbox"/> Database tools (eg MS Access)	<input type="checkbox"/> Social Media (eg Facebook, Twitter)
<input type="checkbox"/> Programing Software (eg Visual Basic)	<input type="checkbox"/> Other (please list below)	



Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return to Super SA via post or email.

**5. Skills (continued)**

Please list any other information you consider to be relevant to your education, employment or skill set.

**6. Interests and Hobbies**

Provide details of your interests, hobbies and pastimes (eg cooking, reading, fishing, sporting organisations, memberships, etc):

**7. Member Declaration**

- I declare that all the information supplied by me is true and correct
- I acknowledge it is an offence to provide false or misleading information
- I understand that Super SA and its medical advisers will use this information for the purpose of considering my application

Signature

Date

D

D

/

M

M

/


Y


Y

Y

Y


**Contact us**

 **EMAIL** [supersa@sa.gov.au](mailto:supersa@sa.gov.au)

 **POST** GPO Box 48, Adelaide SA 5001

 **WEBSITE** [supersa.sa.gov.au](http://supersa.sa.gov.au)

 **PHONE** 1300 369 315

 **MEMBER CENTRE, Karna Country**  
Ground floor, 151 Pirie St Adelaide SA 5000  
(Enter from Pulteney Street).

**INFORMATION SHEET****Proof of identity  
(POI)**

Identification documents can be provided either as original documents or as certified copies of original documents.

Among the reforms introduced by the Commonwealth Government in relation to anti-money laundering and counter-terrorism financing (AML/CTF) is the requirement for those claiming super entitlements to provide proof of identity.

This means that you or your representative (if applicable), are required to provide proof of identity when applying for the payment of a cash entitlement. For any exceptions to this requirement refer to the 'Exceptions' section opposite.

**Accepted documents**

Super SA must be able to verify your name, date of birth and residential address from:

- an original document or
- a certified copy or
- a certified extract from an original document.

The source documents may be either:

- a primary photographic identification document (your name and either your date of birth or residential address)

OR

- both a primary non-photographic identification document and a secondary identification document (your name, date of birth and residential address).

The documents must be valid and not have expired. The only exception to this is a passport issued by Australia, providing it expired less than two years ago.

A 'certified copy' is a copy of an original physical document that has been signed and certified by an authorised person (see list on page 3).

The authorised person must see the original physical document and certify that the copy is a 'certified true copy' of the original document.

All pages of the document need to be certified as a true copy of the original by writing or stamp 'certified true copy' on each page.

**Please note**

If Super SA holds a copy of your proof of identity documents, which are currently valid and show your current details, then those documents on file can be used to verify a withdrawal application. If the identification records you have previously provided to us are expired or the address on the proof of identity documents we hold doesn't match the address we have on our records, we will require you to provide up-to-date, certified proof of identity documents.

**Australian Taxation Office (ATO) payments**

To make payments directly to the ATO from a Super SA account, proof of identity documents are *not* required.

**Primary photographic  
identification documents**

A primary photographic identification document is one of the following:

- a driver's licence containing your photograph
- a passport issued by the Commonwealth of Australia
- a passport or similar document issued for international travel purposes by a foreign government, the United Nations or an agency of the United Nations, which contains your photograph and signature. If necessary, you must also provide an English translation prepared by an accredited translator
- a proof of age card containing your photograph
- a national identity card issued for the purpose of identification by a foreign government, the United Nations or an agency of the United Nations, which contains your photograph and signature. If necessary, you must also provide an English translation prepared by an accredited translator.



**Please note** - Digital versions of the above identity documents cannot be accepted. For example, the Digital Driver's Licence on the mySAGOV mobile app.

## Primary non-photographic identification documents

A primary non-photographic identification document is one of the following:

- a birth certificate or birth extract issued by an Australian State or Territory
- a citizenship certificate issued by the Commonwealth Government
- a citizenship certificate issued by a foreign government. If necessary, you must also provide an English translation prepared by an accredited translator.
- a birth certificate issued by a foreign government, the United Nations or an agency of the United Nations. If necessary, you must also provide an English translation prepared by an accredited translator
- a pension card issued by Centrelink that entitles you to financial benefits.

## Secondary identification documents

A secondary identification document is one of the following documents containing your name and residential address:

- a notice issued to you by the Commonwealth, or a State or Territory government within the preceding 12 months, that shows you have received financial benefits from that government
- a notice issued to you by the Australian Taxation Office within the preceding 12 months which records details of a Commonwealth tax debt or rebate
- a notice issued by a local government body or utilities provider within the preceding 12 months which records the provision of services to you or your address.

If you do not have any of the documents listed above, please contact Super SA to discuss your options.

## Providing the documents to Super SA

Identification documents can be provided either as original documents or as certified copies of original documents.

If you provide original documents please bring them to the Super SA Member Centre, Ground Floor 151 Pirie Street (enter from Pulteney Street), Adelaide. A Super SA staff member will sight the documents and take a photocopy for our records and return the originals to you immediately.

If you provide certified copies then you can post the documents or deliver them in person to Super SA when you apply for payment of your cash entitlement. Super SA will retain these certified copies.

If you are unable to have your documents certified, you may submit your Proof of Identity with a photograph of yourself holding your photographic ID and a Super SA document that shows your Account or Client ID i.e. your Annual Statement.

## How to Certify Documents

Authorised persons must include the following information.

- Date
- Name
- Signature
- Position and professional registration/licence number (if applicable)

Where applicable, please include your organisation or professional stamp.

❗ Authorised persons can not certify their own/ families documents, even if they fall under one of the accepted categories.

## Who can certify a copy of your identification document(s)?

Under AML/CTF rules, the following people are able to certify that copies of your documents are true extracts of the originals:

- a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- a person who is currently licensed or registered to practise one of the following occupations:
  - Chiropractor
  - Dentist
  - Legal practitioner
  - Medical practitioner
  - Nurse
  - Optometrist
  - Patent attorney
  - Pharmacist
  - Physiotherapist
  - Psychologist
  - Trademarks attorney
  - Veterinary surgeon
  - Occupational therapist
  - Architect
  - Midwife
  - Migration agent registered under Division 3 of Part 3 of the *Migration Act 1958*
- Finance company officer with five or more years of continuous service
- Financial adviser or financial planner
- an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- an Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
- a bailiff
- a chief executive officer of a Commonwealth court
- a clerk of a court
- a commissioner for Affidavits
- a commissioner for Declarations
- an employee of the Australian Trade and Investment Commission who is:
  - in a country or place outside Australia and
  - authorised under paragraph 3 (d) of the *Consular Fees Act 1955* and
  - exercising the employee's function in that place
- an employee of the Commonwealth who is:
  - in a country or place outside Australia and
  - authorised under paragraph 3 (c) of the *Consular Fees Act 1955* and
  - exercising his or her function in that place

- a fellow of the National Tax Accountants' Association
  - a finance company officer with five or more years of continuous service
  - a holder of a statutory office
  - a judge of a court
  - a Justice of the Peace
  - a magistrate
  - a marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
  - a Master of a court
  - Engineer who is:
    - a member of Engineers Australia, other than at the grade of student; or
    - a Registered Professional Engineer of Professionals Australia; or
    - registered as an engineer under a law of the Commonwealth, a State or Territory; or
    - registered on the National Engineering Register by Engineers Australia
  - a member of the Association of Taxation and Management Accountants
  - a 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 five or more years of continuous service or
    - a warrant officer within the meaning of that Act
  - a member of the Institute of Chartered Accountants Australia and New Zealand, the Australian Society of Certified Practising Accountants or the Institute of Public Accountants (IPA)
  - a member of:
    - the Parliament of the Commonwealth or
    - the Parliament of a State or
    - a Territory legislature or
    - a local government authority
  - a minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
  - a notary public
  - a permanent employee of the Australian Postal Corporation with five or more years of continuous service who is employed in an office supplying postal services to the public
  - a permanent employee of:
    - a Commonwealth authority or
    - a State or Territory or a State or Territory authority or
    - a local government authority with five or more years of continuous service who is not specified in another item in this Part
  - a person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
  - a Police officer
  - a Registrar, or Deputy Registrar, of a court
  - a Senior Executive Service employee of:
    - Commonwealth authority or
    - a State or Territory authority
  - a sheriff
  - a sheriff's officer
  - a Teacher employed on a permanent full-time or part-time basis at a school or tertiary education institution
  - a member of the Australasian Institute of Mining and Metallurgy.
  - APS employee engaged on an ongoing basis with five or more years of continuous service who is not specified in another item of this Part
  - Bank officer with five or more continuous years of service
  - Building society officer with five or more years of continuous service
  - Credit union officer with five or more years of continuous service
  - Member of the Governance Institute of Australia Ltd
  - SES employee of the Commonwealth
- Except where stated, the categories above relate to positions and offices held within Australia. If you are overseas for any reason, you need to have your documents certified by an Australian consular officer, an Australian diplomatic officer or you should contact Super SA for alternative arrangements.

Further Information

To find out more about the AML/CTF visit the Australian Transaction Reports and Analysis Centre, (AUSTRAC) website at [www.austrac.gov.au](http://www.austrac.gov.au). If you have any general enquiries about accessing your super entitlement, contact Super SA.

We're here to help



**In person**  
**(appointment preferred)**  
151 Pirie Street  
Adelaide SA 5000  
(Enter from Pulteney Street)



**Post**  
GPO Box 48  
Adelaide SA 5001



**Email** [supersa@sa.gov.au](mailto:supersa@sa.gov.au)



**Call** (08) 8214 7800



**Web** [supersa.sa.gov.au](http://supersa.sa.gov.au)