

# Income Protection Claim Kit

## This kit includes the following:

- Claim checklist
- Making an Income Protection claim information sheet
- Claiming my insurance form
- Medical practitioner report
- Medical specialist report\*
- ATO Tax File Number declaration
- 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)**.

\*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 completed form during the claim process as required. SSA2184

**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 an Income Protection claim

## Your questions answered

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

### What is Income Protection (IP)?

Triple S IP Insurance provides a fortnightly benefit of up to 75% of your notional salary, plus an additional Contribution Replacement Benefit (CRB) paid into your Triple S account equal to 9.5% of your fortnightly benefit, while you are incapacitated for work on account of an illness or injury. The benefit is payable for a maximum period of 24 months or to age 65, whichever occurs first. If you are a casual employee that applied to take out and was granted IP Insurance, benefits are payable up to a maximum period of 12 months.

#### Eligibility criteria

You are entitled to an IP benefit if:

- (a) you are incapacitated for work on account of a disability; and
- (b) you are absent from work in respect of your SA Government employment on account of the incapacity; and
- (c) you are receiving treatment from a medical practitioner in respect of the incapacity and following their advice.

#### Incapacitated for work definition

You are incapacitated for work if the Super SA Board is satisfied that:

- (a) you are suffering from ill health (whether physical or mental) and unable (because of that ill health) to undertake the duties of the position usually occupied or unable to undertake these duties at the same capacity as existing prior to onset of ill health; and
- (b) You are unable to undertake the duties of another available role made available to you, carrying a salary of at least 80% of the salary applicable to your usual role and you could be reasonably expected to take the other position.

### What is the waiting period?

The waiting period is the time you need to be continuously absent from and unable to work due to your incapacity before an IP benefit is payable. Your waiting period will be 30 days unless you have elected a 90 day waiting period. During the waiting period you could apply for paid leave from your employer or leave without pay. IP payments cannot be made during the waiting period.

You can work two days within the 30 day waiting period or five days (but no more than two consecutive days) within the 90 day waiting period without the waiting period being reset.

### When can I claim an IP benefit?

To be eligible to claim IP benefits you:

- Must be covered for income protection
- Must be under age 65
- Must be incapacitated for work for more than the duration of your waiting period, either 30 or 90 continuous days following the day you stop working due to your incapacity
- Cannot be receiving, or cannot have accepted a redemption of, weekly payments of workers compensation under Part 4 Division 4 of the *Return to Work Act 2014*.
- Cannot be receiving any form of paid leave (including annual leave, long service leave or sick leave)
- Have not terminated SA Government employment or a Terminal Illness benefit is approved
- Must claim within 6 months (see section **Is there a time limit to lodge a claim** in this information sheet for more information).

## Circumstances under which IP will not be paid

- If you were employed on a casual basis (that applied to take out and was granted IP Insurance) working an average of less than nine hours per week.
- If a limitation has been applied to your Income Protection cover and you are claiming in respect of an incapacity wholly or partly caused by that limitation.
- If you have returned to work within the past 2 years after being on Leave Without Pay for 12 months or more and you are claiming for a medical condition that was known to you on the day you returned to work.
- If you are a former Lump Sum or Pension Scheme member (who became a Triple S member without stopping work) you may not be able to claim for a medical condition that existed before your Triple S membership commenced, for a period of two years.

## 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 your treating Specialist (if applicable).
- Complete the Tax file number declaration form.
- Return all the completed 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.

#### Important

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

### Step 2 – Preparing your claim

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

### Step 3 – Assessing your claim

Based on the information available, your claim will be assessed and a decision made by Super SA to either:

- Approve your entitlement to a set date, ie the review date (see Steps 4 and 5)
- Defer your claim for further review
- Decline your claim if you are not entitled to a benefit under the legislation (see section **What if my claim is declined?**).

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 an 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 approved, your Claims Management Officer will contact both you and your employer.
- Income Protection payments will be paid fortnightly (less PAYG tax) directly into your nominated personal bank account.
- A payment summary will be sent to you at the end of the financial year to lodge with your tax return.
- Any Contribution Replacement Benefit will be paid fortnightly into your Triple S account.

### Step 5 – Future payments

- Your incapacity for work needs to be regularly assessed to determine if you remain eligible for payments.
- You will be sent the forms that both you and your treating medical practitioners will need to complete if you wish to receive IP benefits past the review date.
- You will need to arrange for all forms to be fully completed and returned to Super SA.

## What if my claim is declined?

If your 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.

## Frequently asked questions

### Is there a time limit to lodge a claim?

To be eligible for Income Protection you must apply:

- Within six months of the last day you worked, or
- If you have been receiving weekly payments of Workers Compensation or paid leave since the last day you worked, within six months of the date when paid leave or Workers Compensation payments ceased.

### 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 report referred to in Step 1.

You will also need to pay the cost of obtaining ongoing reports requested by Super SA from your treating doctors to review your claim (see Step 5).

Where you attend an appointment with an 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.

### How is my IP benefit calculated?

Your Income Protection payments are 75% of your notional salary. This is the salary you were receiving immediately before your incapacity for work adjusted with CPI every six months. In addition, Super SA will provide a Contribution Replacement Benefit (CRB) paid into your Triple S account equal to 9.5% of your fortnightly benefit while you are in receipt of income protection payments.

If you were working less than full time or as a casual employee at the time of your incapacity, your notional salary will be your SA Government salary averaged over a period of up to three years prior to incapacity.

### When will IP payments start?

Income Protection payments cannot commence until your claim is approved, which can take several months. Once approved, payments will generally be backdated to the later of the date following the expiry of the waiting period or the last day of paid leave.

If you are receiving income from employment during the time you are receiving IP benefits from Super SA, your IP payments will be reduced.

### When do IP payments stop?

IP benefits will stop on the earliest of the following:

- You are no longer incapacitated for, and absent from, work on account of a disability;
- You fail to provide medical evidence requested by Super SA;
- Your employment with the SA Government terminates for any reason (including cessation of a contract or a Terminal Illness benefit is approved);
- For those employed on a casual basis (for nine or more hours per week) that applied to take out, was granted IP Insurance and has been approved an entitlement, 12 months after the date you last worked;
- You resume your normal working hours (see section What happens if I go back to work on a Rehabilitation or Return to Work Agreement? below);
- The maximum benefit payment period of 24 months is reached;
- You turn age 65;
- If you are receiving weekly payments of workers compensation or paid leave entitlements of any kind;
- You request payments be suspended (the period of suspension will still count towards the 24 month maximum entitlement period); or
- You die.

To prevent overpayment of your benefit, it is important that you notify us as soon as possible if any of the above circumstances occur. Any overpayment of benefits will need to be paid back to Super SA.

### What happens if I go back to work on a Rehabilitation or Return to Work Agreement?

If you go back to work your IP payments will cease unless this is under a Rehabilitation or Return to Work Agreement. If approved, your employer will pay for the hours you work and Super SA will pay a top up payment (up to a maximum of your notional salary). You must advise Super SA prior to commencing a Return to Work Program with your employer.

### Need more information?

If you have any questions about Income Protection 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](https://supersa.sa.gov.au).

For the complete rules of Triple S, 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 is 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](https://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:** This information sheet provides a general summary to help you understand your entitlements in Triple S. 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, 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 is 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.

To find out more visit [supersa.sa.gov.au](https://supersa.sa.gov.au) or call **1300 369 315**

Client ID:



**STOP:** Before you complete this claim form you need to read the information sheet relevant to your claim. Income Protection claims must read **Making an Income Protection Claim**.

TPD and TI claims must read **Making a TPD Claim**.

### Checklist

Before submitting your claim to us, please ensure you attach completed copies of the below documents which can be found on the Super SA website:

For Income Protection	For Total & Permanent Disablement	For Terminal Illness
This Claim Form	This Claim Form	This Claim Form
Copies of any relevant medical reports	Copies of any relevant medical reports	Copies of any relevant medical reports
Medical Practitioner Report	Medical Practitioner Report	Medical Practitioner Report
Medical Specialist Report*	Medical Specialist Report	Medical Specialist Report
Tax file number declaration	Education, training and experience form	Most recent bank statement**
Most recent bank statement**	Most recent bank statement**	Certified Proof of Identity (POI)
<small>*Optional, however may increase the initial approved payment period.</small>	Certified Proof of Identity (POI)	

\*\* 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.

## 1. Personal details

Title



If your name differs from what is recorded in our system, you must submit a Change of Details form along with certified copies of Proof of Identity (POI)

Date of birth

Given Name(s)

Family Name

Street address

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

## 2. Which scheme are you claiming under?

☐

Triple S

☐

Flexible Rollover Product

Account ID:

Account ID:

**!** Income Protection cover and any associated benefits cease if you make a fund selection to another super fund (other than to Super SA Select)\*

\* If a member has more than one SA Government employer and has not exercised fund selection in respect of all employers, any Income Protection held will continue on the same terms and conditions in respect of the employers continuing to contribute to Triple S.



# Claiming my insurance



Super SA



## Triple S and Flexible Rollover Product

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### 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



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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

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### 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



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### 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, Kaurua 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:



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)
<input type="text"/>	<input type="text"/>
Family Name	Date of birth
<input type="text"/>	<input type="text"/>

## 2. Diagnosis

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

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

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

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

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

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



### 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



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)

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 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)

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

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.

## 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)																																								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Family Name	Date of birth																																								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y										
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"/> <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 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

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)

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
			<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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---

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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 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.

### 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
- 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

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

# Tax file number declaration

Information you provide in this declaration will allow your payer to work out how much tax to withhold from payments made to you.

— This is not a TFN application form.  
To apply for a TFN, go to [ato.gov.au/tfn](https://ato.gov.au/tfn)

## ! Terms we use

When we say:

- **payer**, we mean the business or individual making payments under the pay as you go (PAYG) withholding system
- **payee**, we mean the individual being paid.

## Who should complete this form?

You should complete this form before you start to receive payments from a new payer – for example:

- payments for work and services as an employee, company director or office holder
- payments under return-to-work schemes, labour hire arrangements or other specified payments
- benefit and compensation payments
- superannuation benefits.

! You need to provide all information requested on this form. Providing the wrong information may lead to incorrect amounts of tax being withheld from payments made to you.

- ! You don't need to complete this form if you:
- are a beneficiary wanting to provide your tax file number (TFN) to the trustee of a closely held trust. For more information, visit [ato.gov.au/trustsandtfnwithholding](https://ato.gov.au/trustsandtfnwithholding)
  - are receiving superannuation benefits from a super fund and have been taken to have quoted your TFN to the trustee of the super fund
  - want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093)
  - want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you. You should complete a withholding declaration form (NAT 3093).

> For more information about your entitlement, visit [ato.gov.au/taxoffsets](https://ato.gov.au/taxoffsets)




## Section A: To be completed by the payee

### Question 1

#### What is your tax file number (TFN)?

You should give your TFN to your employer only after you start work for them. Never give your TFN in a job application or over the internet.

-  We and your payer are authorised by the *Taxation Administration Act 1953* to request your TFN. It's not an offence not to quote your TFN. However, quoting your TFN reduces the risk of administrative errors and having extra tax withheld. Your payer is required to withhold the top rate of tax from all payments made to you if you do not provide your TFN or claim an exemption from quoting your TFN.

#### How do you find your TFN?

You can find your TFN on any of the following:

- your income tax notice of assessment
- correspondence we send you
- a payment summary your payer issues to you.

If you have a tax agent, they may also be able to tell you.

If you still can't find your TFN, you can:

- phone us on **13 28 61** between 8.00am and 6.00pm, Monday to Friday.

If you phone or visit us, we need to know we are talking to the correct person before discussing your tax affairs. We will ask you for details only you, or your authorised representative, would know.

#### You don't have a TFN

If you don't have a TFN and want to provide a TFN to your payer, you will need to apply for one.

For more information about applying for a TFN, visit [ato.gov.au/tfn](https://ato.gov.au/tfn)

#### You may be able to claim an exemption from quoting your TFN.

Print X in the appropriate box if you:

- have lodged a TFN application form or made an enquiry to obtain your TFN. You now have 28 days to provide your TFN to your payer, who must withhold at the standard rate during this time. After 28 days, if you haven't given your TFN to your payer, they will withhold the top rate of tax from future payments
- are claiming an exemption from quoting a TFN because you are under 18 years of age and do not earn enough to pay tax, or you are an applicant or recipient of certain pensions, benefits or allowances from the:
  - Department of Human Services – however, you will need to quote your TFN if you receive a Newstart, Youth or sickness allowance, or an Austudy or parenting payment
  - Department of Veterans' Affairs – a service pension under the *Veterans' Entitlement Act 1986*
  - Military Rehabilitation and Compensation Commission.

#### Providing your TFN to your super fund

Your payer must give your TFN to the super fund they pay your contributions to. If your super fund doesn't have your TFN, you can provide it to them separately. This ensures:

- your super fund can accept all types of contributions to your accounts
- additional tax will not be imposed on contributions as a result of failing to provide your TFN
- you can trace different super accounts in your name.

-  For more information about providing your TFN to your super fund, visit [ato.gov.au/superelegibility](https://ato.gov.au/superelegibility)

### Question 2–6

Complete with your personal information.

### Question 7

#### On what basis are you paid?

Check with your payer if you're not sure.

### Question 8

#### Are you an Australian resident for tax purposes or a working holiday maker?

Generally, we consider you to be an Australian resident for tax purposes if you:

- have always lived in Australia or you have come to Australia and now live here permanently
- are an overseas student doing a course that takes more than six months to complete
- migrate to Australia and intend to reside here permanently.

If you go overseas temporarily and don't set up a permanent home in another country, you may continue to be treated as an Australian resident for tax purposes.

If you are in Australia on a working holiday visa (subclass 417) or a work and holiday visa (subclass 462) you must place an X in the working holiday maker box. Special rates of tax apply for working holiday makers.


-  For more information about working holiday makers, visit [ato.gov.au/whm](https://ato.gov.au/whm)

If you're not an Australian resident for tax purposes or a working holiday maker, place an X in the foreign resident box, unless you are in receipt of an Australian Government pension or allowance.

Temporary residents can claim super when leaving Australia, if all requirements are met. For more information, visit [ato.gov.au/departaustralia](https://ato.gov.au/departaustralia)

#### Foreign resident tax rates are different

A higher rate of tax applies to a foreign resident's taxable income and foreign residents are not entitled to a tax-free threshold nor can they claim tax offsets to reduce withholding, unless you are in receipt of an Australian Government pension or allowance.

-  To check your Australian residency status for tax purposes or for more information, visit [ato.gov.au/residency](https://ato.gov.au/residency)

## Question 9

### Do you want to claim the tax-free threshold from this payer?

The tax-free threshold is the amount of income you can earn each financial year that is not taxed. By claiming the threshold, you reduce the amount of tax that is withheld from your pay during the year.

Answer **yes** if you want to claim the tax-free threshold, you are an Australian resident for tax purposes, and one of the following applies:

- you are not currently claiming the tax-free threshold from another payer
- you are currently claiming the tax-free threshold from another payer and your total income from all sources will be less than the tax-free threshold.

Answer **yes** if you are a foreign resident in receipt of an Australian Government pension or allowance.

Answer **no** if none of the above applies or you are a working holiday maker.

- ! If you receive any taxable government payments or allowances, such as Newstart, Youth Allowance or Austudy payment, you are likely to be already claiming the tax-free threshold from that payment.
- > For more information about the current tax-free threshold, which payer you should claim it from, or how to vary your withholding rate, visit [ato.gov.au/taxfreethreshold](https://ato.gov.au/taxfreethreshold)

## Question 10

### Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Answer **yes** if you have a HELP, VSL, FS, SSL or TSL debt.

Answer **no** if you do not have a HELP, VSL, FS, SSL or TSL debt, or you have repaid your debt in full.

- ! You have a HELP debt if either:
  - the Australian Government lent you money under HECS-HELP, FEE-HELP, OS-HELP, VET FEE-HELP, VET Student loans prior to 1 July 2019 or SA-HELP.
  - you have a debt from the previous Higher Education Contribution Scheme (HECS).
- You have a SSL debt if you have an ABSTUDY SSL debt.
- You have a separate VSL debt that is not part of your HELP debt if you incurred it from 1 July 2019.
- > For information about repaying your HELP, VSL, FS, SSL or TSL debt, visit [ato.gov.au/getloaninfo](https://ato.gov.au/getloaninfo)

### Have you repaid your HELP, VSL, FS, SSL or TSL debt?

When you have repaid your HELP, VSL, FS, SSL or TSL debt, you need to complete a *Withholding declaration* (NAT 3093) notifying your payer of the change in your circumstances.

#### ! Sign and date the declaration

Make sure you have answered all the questions in section A, then sign and date the declaration. Give your completed declaration to your payer to complete section B.

## Section B: To be completed by the payer

- ! Important information for payers – see the reverse side of the form.

#### > Lodge online

Payers can lodge TFN declaration reports online if you have software that complies with our specifications.

For more information about lodging the TFN declaration report online, visit [ato.gov.au/lodgetfndeclaration](https://ato.gov.au/lodgetfndeclaration)

## More information

### Internet

- For general information about TFNs, tax and super in Australia, including how to deal with us online, visit our website at **ato.gov.au**
- For information about applying for a TFN on the web, visit our website at **ato.gov.au/tfn**
- For information about your super, visit our website at **ato.gov.au/checkyoursuper**

### Useful products

In addition to this TFN declaration, you may also need to complete and give your payer the following forms which you can download from our website at **ato.gov.au**:

- *Medicare levy variation declaration* (NAT 0929), if you qualify for a reduced rate of Medicare levy or are liable for the Medicare levy surcharge. You can vary the amount your payer withholds from your payments.
- *Standard choice form* (NAT 13080) to choose a super fund for your employer to pay super contributions to. You can find information about your current super accounts and transfer any unnecessary super accounts through myGov after you have linked to the ATO. Temporary residents should visit **ato.gov.au/departaustralia** for more information about super.

Other forms and publications are also available from our website at **ato.gov.au/onlineordering** or by phoning **1300 720 092**.

### Phone

- Payee – for more information, phone **13 28 61** between 8.00am and 6.00pm, Monday to Friday. If you want to vary your rate of withholding, phone **1300 360 221** between 8.00am and 6.00pm, Monday to Friday.
- Payer – for more information, phone **13 28 66** between 8.00am and 6.00pm, Monday to Friday.

If you phone, we need to know we're talking to the right person before we can discuss your tax affairs. We'll ask for details only you, or someone you've authorised, would know. An authorised contact is someone you've previously told us can act on your behalf.

If you do not speak English well and need help from the ATO, phone the Translating and Interpreting Service on **13 14 50**.

If you are deaf, or have a hearing or speech impairment, phone the ATO through the National Relay Service (NRS) on the numbers listed below:

- TTY users – phone **13 36 77** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 7799**)
- Speak and Listen (speech-to-speech relay) users – phone **1300 555 727** and ask for the ATO number you need (if you are calling from overseas, phone **+61 7 3815 8000**)
- Internet relay users – connect to the NRS on **relayservice.gov.au** and ask for the ATO number you need.

If you would like further information about the National Relay Service, phone **1800 555 660** or email **helpdesk@relayservice.com.au**

### Privacy of information

Taxation law authorises the ATO to collect information and to disclose it to other government agencies. For information about your privacy, go to **ato.gov.au/privacy**

### Our commitment to you

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at **ato.gov.au** or contact us.

This publication was current at **June 2019**.

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## Payer information

The following information will help you comply with your pay as you go (PAYG) withholding obligations.

### — Is your employee entitled to work in Australia?

It is a criminal offence to knowingly or recklessly allow someone to work, or to refer someone for work, where that person is from overseas and is either in Australia illegally or is working in breach of their visa conditions.

People or companies convicted of these offences may face fines and/or imprisonment. To avoid penalties, ensure your prospective employee has a valid visa to work in Australia before you employ them. For more information and to check a visa holder's status online, visit the Department of Home Affairs website at [homeaffairs.gov.au](http://homeaffairs.gov.au)

### Is your payee working under a working holiday visa (subclass 417) or a work and holiday visa (subclass 462)?

Employers of workers under these two types of visa need to register with the ATO, see [ato.gov.au/whmreg](http://ato.gov.au/whmreg)

For the tax table "working holiday maker" visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Payer obligations

If you withhold amounts from payments, or are likely to withhold amounts, the payee may give you this form with section A completed. A TFN declaration applies to payments made after the declaration is provided to you. The information provided on this form is used to determine the amount of tax to be withheld from payments based on the PAYG withholding tax tables we publish. If the payee gives you another declaration, it overrides any previous declarations.

### Has your payee advised you that they have applied for a TFN, or enquired about their existing TFN?

Where the payee indicates at question 1 on this form that they have applied for an individual TFN, or enquired about their existing TFN, they have 28 days to give you their TFN. **You must withhold tax for 28 days at the standard rate according to the PAYG withholding tax tables.** After 28 days, if the payee has not given you their TFN, you must then withhold the top rate of tax from future payments, unless we tell you not to.

### If your payee has not given you a completed form you must:

- notify us within 14 days of the start of the withholding obligation by completing as much of the payee section of the form as you can. Print 'PAYER' in the payee declaration and lodge the form – see 'Lodging the form'.
- withhold the top rate of tax from any payment to that payee.

➤ For a full list of tax tables, visit our website at [ato.gov.au/taxtables](http://ato.gov.au/taxtables)

## Lodging the form

You need to lodge TFN declarations with us within 14 days after the form is either signed by the payee or completed by you (if not provided by the payee). **You need to retain a copy of the form for your records.** For information about storage and disposal, see below.

You may lodge the information:

- **online** – lodge your TFN declaration reports using software that complies with our specifications. There is no need to complete section B of each form as the payer information is supplied by your software.
- **by paper** – complete section B and send the original to us within 14 days.

➤ For more information about lodging your TFN declaration report online, visit our website at [ato.gov.au/lodgetfndeclaration](http://ato.gov.au/lodgetfndeclaration)

## Provision of payee's TFN to the payee's super fund

If you make a super contribution for your payee, you need to give your payee's TFN to their super fund on the day of contribution, or if the payee has not yet quoted their TFN, within 14 days of receiving this form from your payee.

## Storing and disposing of TFN declarations

The TFN Rule issued under the *Privacy Act 1988* requires a TFN recipient to use secure methods when storing and disposing of TFN information. You may store a paper copy of the signed form or electronic files of scanned forms. Scanned forms must be clear and not altered in any way.

If a payee:

- submits a new *TFN declaration* (NAT 3092), you must retain a copy of the earlier form for the current and following financial year.
- has not received payments from you for 12 months, you must retain a copy of the last completed form for the current and following financial year.

### — Penalties

You may incur a penalty if you do not:

- lodge TFN declarations with us
- keep a copy of completed TFN declarations for your records
- provide the payee's TFN to their super fund where the payee quoted their TFN to you.

**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)