

Fact Sheet > Super SA > Triple S > Your Questions Answered

MAKING AN INCOME PROTECTION CLAIM

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- > Circumstances under which IP will not be paid
- > Step 1 – Lodging your claim
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- > Step 4 – Paying your benefit
- > Step 5 – Future payments
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- > Frequently asked questions

This pack includes...

- An *Application to Claim an Income Protection Benefit* form
 - Part A: to be completed by you
 - Part B: Medical Report to be completed by your treating medical practitioner
- A Direct Deposit of Fortnightly Income form for you to complete
- A Tax File Number Notification form for you to complete.

What is Income Protection (IP)?

If you have Triple S IP Insurance and are unable to work due to temporary disability, you may be eligible to claim an IP benefit. Triple S IP Insurance cover 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 off work due to temporary incapacity through 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, benefits are payable up to a maximum period of 12 months. A CRB is only paid where a member's incapacity commenced on or after 3 September 2018.

Temporary Disability definition

Temporary Disability means that the Super SA Board is reasonably satisfied that:

- 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
- 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; and
- you are receiving treatment from a medical practitioner in respect of ill health and following their advice.

What is the waiting period?

The waiting period is the time you need to be continuously 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 temporarily or permanently incapacitated 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 Return to Work payments of any kind, including weekly or interim payments.
- Cannot be receiving any form of paid leave (annual leave, long service leave or sick leave)
- Have not terminated SA public sector employment or had a Terminal Illness benefit approved
- Must claim within 6 months (see **Is there a time limit to lodge a claim** in this fact sheet for more information).

Last updated September 2018

Sensitive: Medical (when completed) - I2 - A2

IPFS01

To find out more visit supersa.sa.gov.au



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Circumstances under which IP will not be paid

- If you were employed on a casual basis working less than nine hours per week.
- If a limitation has been applied to your Income Protection cover and you are claiming for a condition related to 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 enclosed forms.
- The Part B: Medical Report is to be completed by your treating medical practitioner.
- 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.



Please check that you and your medical practitioners 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)
- Request more information from you or your treating doctors
- Request that you attend an appointment for you to have a medical examination with one or more independent medical specialists
- Defer your claim for further review
- Decline your claim if you are not entitled to a benefit under the legislation (see **What if my claim is declined?**).

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 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.

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What if my claim is denied?

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

The Complaints Officer will investigate the matter thoroughly and 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), in respect of an entitlement under the governing rules of your superannuation fund, 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.

Refer to the *Resolving Your Complaint* fact sheet for further information.

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 Workers Compensation payments or paid leave since the last day you worked, within six months of the date when paid leave or Return to Work 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 unable to work due to temporary incapacity through illness or injury.

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

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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 temporarily or permanently disabled;
- You fail to provide medical evidence requested by Super SA;
- Your employment with the SA public sector terminates for any reason (including cessation of a contract);
- For those employed on a casual basis (for nine or more hours per week), 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 Return to Work payments 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); and
- You die or receive a terminal illness benefit.

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 75% of your notional salary).

You must advise Super SA prior to commencing a Return to Work Program.

Need more information?

If you have any questions about Income Protection Benefits or the information in the pack, contact Super SA on 8207 2094.

Alternatively, there are fact sheets on a range of topics relating to your super available at www.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

Address

Ground floor,
151 Pirie Street
Adelaide SA 5000 (Enter from Pulteney Street)

Postal GPO Box 48, Adelaide, SA 5001

Call 8207 2094

Email supersa@sa.gov.au

Website www.supersa.sa.gov.au

Disclaimer

This fact 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.

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 fact sheet.

CLAIM FOR DISABLEMENT ENTITLEMENTS



Please complete this form in BLOCK LETTERS using a BLACK PEN and return all the signed ORIGINAL forms to Super SA.

14. What is the exact nature of your medical condition(s)?

15. If an injury, how did your injury occur?

16. Please provide the date of any surgery/procedures / /

17. Provide details of surgery/procedures

18. When did you first suffer from the above condition(s)?

19. Please give details of all doctors, specialists etc. consulted in relation to the condition(s)

Condition(s)	Doctor's name	Doctor's address	Date of first consultation	Date of last consultation
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /

(If you require more space, please attach a separate sheet.)

20. Have you been able to perform any work (paid or unpaid) since you were disabled? Yes No

If yes, please provide details:

21. Please list the work duties that you are not able to perform

22. Please list any alternative work duties that you think that you may be able to do (if applicable)

23. Other comments/additional information (which you believe may be relevant in the assessment of this claim)

CLAIM FOR DISABLEMENT ENTITLEMENTS



Please complete this form in BLOCK LETTERS using a BLACK PEN and return all the signed ORIGINAL forms to Super SA.

24. To assist with the assessment of your claim, please provide copies of the following (if applicable)

- | | | | | | |
|---------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------------|--------------------------|
| • List of Current Medications | <input type="checkbox"/> | Health Care Plans | <input type="checkbox"/> | Orthopaedic Assessments | <input type="checkbox"/> |
| • Specialist Reports | <input type="checkbox"/> | X-Ray/MRI/Radiological Reports | <input type="checkbox"/> | Hospital or Separation Reports | <input type="checkbox"/> |
| • Test Results (eg blood tests) | <input type="checkbox"/> | Biopsy Reports | <input type="checkbox"/> | Return to Work Reports | <input type="checkbox"/> |

25. Is any further medical evidence/information attached? Yes No

Before posting in your form, please ensure the following sections have been completed and signed:



- All questions under Part A: Member Statement
- Part B: Medical Report (to be completed by your medical practitioner)
- Part C: Medical Specialist Report (to be completed by your medical specialist)
- Copies of any supporting documentation is attached

Please send all parts of this form together, to ensure we are able to process your claim.

Declaration

- I declare that all the information supplied by me is true and correct.
- I acknowledge it is an offence to provide false or misleading information.
- I 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 authorise Super SA to gain access to any Return to Work reports (if applicable).
- 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.
- I understand I will have to pay the cost of providing any medical evidence to support my application.

Signature:

Date: / /

Important:

- Please return the **original signed form and supporting information** to Super SA by post:

Super SA, GPO Box 48, Adelaide, SA 5001

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part B: Medical Report (To be completed by the claimant's medical practitioner)



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

1. **Name of claimant** _____ Date of Birth / / _____
2. From what date have you been the claimant's treating doctor? / / _____
3. On what date did you first see the claimant in connection with his/her condition(s)? / / _____
4. Does the claimant have an appointment to see you again? Yes No If yes, please give date / / _____
5. Please complete the following in respect of the claimant's medical condition(s)

Medical Condition	Date first suffered
1.	/ /
2.	/ /
3.	/ /
4.	/ /
How do these conditions affect the claimant's ability to perform work duties?	
Provide details of investigations or tests performed (Please attach results).	
Provide details of treatments, current and trialed.	
What is the prognosis, including the likely outcome of any treatments?	

(If you require more space, please attach a separate sheet.)

6. Is the claimant's condition terminal? Yes No
 If yes, is the condition likely to be terminal within: 12-24 months 2-5 years 5-10 years
7. Any other comments which you believe may be relevant in the assessment of this claim

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part B: Medical Report (To be completed by the claimant's medical practitioner)



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

Based on your professional medical opinion:

8. Is the claimant fit for his/her **usual work**?

- Full time (>30 hrs) Yes No
- Part time (15-30 hrs) Yes No
- Nature of work – please indicate Light Moderate Heavy Other

Please provide details:

9. Is the claimant fit for **any other alternative work** including sedentary work?

- Full time (>30 hrs) Yes No
- Part time (15-30 hrs) Yes No
- Nature of work – please indicate Light Moderate Heavy Other

Please provide details:

10. If the claimant is currently not fit for his/her usual work or alternative work, please estimate when, in your opinion, the claimant is likely to be able to return to **any** form of work.

11. Please indicate if there is any type of work the claimant may be able to perform in the future. If so, what medical treatment, rehabilitation, training or other steps may be required?

12. If it is premature to express an opinion about when the claimant could return to work, please provide an estimate as to when an opinion could be expressed.

13. Please estimate the claimant's overall level of incapacity for all kinds of work.

%

Note 100% incapacity means that the claimant is completely unable to perform any type of work.

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part B: Medical Report (To be completed by the claimant's medical practitioner)



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Please complete this form in BLOCK LETTERS using a BLACK PEN and return all the signed ORIGINAL forms to Super SA.

14. To assist with the assessment of this claim, please provide copies of the following (if applicable)

- | | | | | | |
|-------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------------|--------------------------|
| List of Current Medications | <input type="checkbox"/> | Health Care Plans | <input type="checkbox"/> | Orthopaedic Assessments | <input type="checkbox"/> |
| Specialist Reports | <input type="checkbox"/> | X-Ray/MRI/Radiological Reports | <input type="checkbox"/> | Hospital or Separation Reports | <input type="checkbox"/> |
| Test Results (eg blood tests) | <input type="checkbox"/> | Biopsy Reports | <input type="checkbox"/> | Return to Work Reports | <input type="checkbox"/> |

15. Is any further medical evidence/information attached? Yes No

Declaration (By medical practitioner completing this form)

- I hereby certify that I have personally attended the claimant 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 claimant or to any medical practitioner, or to any other person deemed necessary to assist in the assessment of this claim.

Name _____

Name of Practice _____

Address _____

Postcode _____

Telephone _____

Registration and/or provider number _____

Qualifications _____ Medical Specialty _____

Signature

Date / /



Please Note

If all sections are not completed the processing of this claim will be delayed.

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CLAIM FOR DISABLEMENT ENTITLEMENTS

Part C: Medical Report (To be completed by a medical specialist in the relevant field)



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

1. **Name of claimant** _____ Date of Birth / / _____
2. From what date have you been the claimant's treating doctor? / / _____
3. On what date did you first see the claimant in connection with his/her condition(s)? / / _____
4. Does the claimant have an appointment to see you again? Yes No If yes, please give date / / _____
5. Please complete the following in respect of the claimant's medical condition(s)

Medical Condition	Date first suffered
1.	/ /
2.	/ /
3.	/ /
4.	/ /

How do these conditions affect the claimant's ability to perform work duties?

Provide details of investigations or tests performed (Please attach results).

Provide details of treatments, current and trialed.

What is the prognosis, including the likely outcome of any treatments?

(If you require more space, please attach a separate sheet.)

6. Is the claimant's condition terminal? Yes No
 If yes, is the condition likely to be terminal within: 12-24 months 2-5 years 5-10 years
7. Any other comments which you believe may be relevant in the assessment of this claim

CLAIM FOR DISABLEMENT ENTITLEMENTS

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8. Is the claimant fit for his/her **usual work**?

- Full time (>30 hrs) Yes No
 - Part time (15-30 hrs) Yes No
 - Nature of work – please indicate Light Moderate Heavy Other
- Please provide details

9. Is the claimant fit for **any other alternative work** including sedentary work?

- Full time (>30 hrs) Yes No
 - Part time (15-30 hrs) Yes No
 - Nature of work – please indicate Light Moderate Heavy Other
- Please provide details

10. If the claimant is currently not fit for his/her usual work or alternative work, please estimate when, in your opinion, the claimant is likely to be able to return to **any** form of work

11. Please indicate any work the claimant may be able to perform in the future. If so, what medical treatment, rehabilitation, training or other steps may be required?

12. If it is premature to express an opinion about when the claimant could return to work, please provide an estimate as to when an opinion could be expressed

13. Please estimate the claimant's overall level of incapacity for all kinds of work.

%

Note 100% incapacity means that the claimant is completely unable to perform any type of work.

CLAIM FOR DISABLEMENT ENTITLEMENTS

Part C: Medical Report (To be completed by a medical specialist in the relevant field)



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14. To assist with the assessment of this claim, please provide copies of the following (if applicable)

- | | | | | | |
|-------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------------|--------------------------|
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| Specialist Reports | <input type="checkbox"/> | X-Ray/MRI/Radiological Reports | <input type="checkbox"/> | Hospital or Separation Reports | <input type="checkbox"/> |
| Test Results (eg blood tests) | <input type="checkbox"/> | Biopsy Reports | <input type="checkbox"/> | Return to Work Reports | <input type="checkbox"/> |

15. Is any further medical evidence/information attached? Yes No

Declaration (By medical specialist completing this form)

- I hereby certify that I have personally attended the claimant 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 claimant to any medical practitioner, or to any other person deemed necessary to assist in the assessment of this claim.

Name _____

Name of Practice _____

Address _____

Postcode _____

Telephone _____

Registration and/or provider number _____

Qualifications _____ Medical Specialty _____

Signature: ✖

Date / /

Please Note 

If all sections are not completed the processing of this claim will be delayed.

Important: 

- Please return the **original signed form and supporting information** to Super SA by post:

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

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

1. Personal Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (M)

(W)

(H)

* 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 any important account information from us.

Contact us

Address

Ground floor, 151 Pirie Street
Adelaide SA 5000

Postal

GPO Box 48, Adelaide, SA 5001

Email

supersa@sa.gov.au

Call

(08) 8207 2094
1300 369 315 (for regional callers)

Website

www.supersa.sa.gov.au

2. Payment Details

Electronic transfer of funds

Complete this section if you wish to have all or part of your entitlement paid directly to you via electronic funds transfer.

Complete the following:

Name of financial institution

Branch

Account name (account holder name)

BSB number (compulsory) -

Account number - -

When completing your account details, please use numbers only. Characters and symbols will not be recognised. For more information, contact your financial institution.

Important

If you wish to nominate a bank account for your benefit to be paid to, we require you to provide a bank statement (eg printed statement or online statement from a bank or credit union) for the account. These statements need to be current (ie less than 12 months old) and must show your BSB, account number and your full name on the account.

Please note payments cannot be made to third party accounts, credit cards or overseas accounts. Super SA does not accept responsibility for rejection of transfer due to incorrect account details being provided by you.

For Income Protection payments: an additional Contribution Replacement Benefit (CRB) will be paid into your superannuation account equal to 9.5% of your fortnightly benefit. This CRB will not be paid to your nominated bank account.

3. Declaration

- I certify that the details provided above are true and correct.

Signature:

Date: / /



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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

! 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
- 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



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

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

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

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

⊖ 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

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

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

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

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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Canberra
June 2019

DE-6078



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your primary e-mail address?

6 What is your date of birth?

Day / Month / Year

7 On what basis are you paid? (select only one)

Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

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

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes No Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

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?

Yes No Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

Date Day / Month / Year

You MUST SIGN here

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:

Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT

See next page for:
■ payer obligations
■ lodging online.



30920619

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

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

For the tax table "working holiday maker" visit our website at 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

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

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.