



Partial invalidity pension

Approval application form

Explanatory notes

A PSS member may be entitled to partial invalidity pension if they have suffered a permanent decrease in pay because of physical or mental incapacity. They may also be entitled to partial invalidity pension if they are a former PSS invalidity pensioner who has resumed employment but is receiving less pay than during their previous PSS membership.

A permanent decrease in pay could result from having to work reduced hours, work in a lesser paid or lower position, or a combination of both reduction in hours and redeployment to a lesser position.

A PSS member is not eligible for partial invalidity pension if they:

- are a casual member
- are a limited benefits member
- · are receiving compensation for the condition
- are a member with less than three years membership and it is determined they did not disclose a pre-existing medical condition
- have reached your maximum retirement age

Instructions for employers

To apply for partial invalidity pension on behalf of a PSS member:

- 1. Obtain comprehensive medical reports from the member's treating practitioners.
- 2. Obtain a work performance report from the member's supervisor and copies of his/her sick leave records and duty statement.
- 3. Arrange for an assessment and report from an Occupational Physician.
- 4. Complete this form.
- 5. Collate all the documents into chronological order and attach to this form.
- 6. Forward the submission to Casework Services at PSS.

Detailed information about the documents required, standard of evidence, and issues to be addressed by the Approved Medical Practitioner (AMP) in partial invalidity applications can be found in the Invalidity section of the Employer Administration Centre at eac.csc.gov.au or by telephoning 1300 000 377.

Please note





Application/declaration by member

I wish to apply for partial invalidity pension under the Superannuation Act 1990.

I declare that I am not in receipt of compensation benefits not including Military or Third Party compensation payments, nor have I submitted or intend to submit a claim for compensation benefits, for the same condition for which I am applying for partial invalidity pension.

I am aware that if I become entitled to compensation benefits in the future, I will not be entitled to partial invalidity pension. I am aware that I must repay any partial invalidity pension which has been paid for any period for which I later receive compensation benefits.



Signature and date

	Date	e sig	ned	ı						
	D	D		M	M		Υ	Υ	Υ	Υ
			/			/				

Applicant details

To be completed by employer

Reference number (AGS)																			
Salutation		Mr			_ N	1rs			Ms			Viss		Ot	her				
Surname																			
Given name(s)																			
Date of birth	D	D	/	М	М	/	Υ	Υ	Υ	Y									
Address																			
	SUBU	RB												STATE			POST	CODE	
Date joined PSS	D	D	/	М	М	/	Υ	Υ	Υ	Y									



Employer details

То	be	comp	leted	by	emp	loyer
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Employer department/agency													
Employer contact officer													
Postal address of employer													
contact officer													
	SUBU	RB							STATE		POST	CODE	

DI.	BUSINESS HOURS										AFTER HOURS										
Phone																					
	МОВІ	ILE NUN	IBER																		
Fax																					
Email																					
	@																				



Employment details

Date reduction commenced	D D M M Y Y Y Y
Nature of reduction	former position/shorter hours
	former fortnightly hours:
	hours and minutes
	reduced fortnighly hours:
	hours and minutes
	OR
	lower paid position/same hours
	former designation:
	reduced designation:
	reduced designation.
	OR
	lower paid position/shorter hours
	former designation:
	reduced designation:
	former fortnightly hours:
	hours and minutes
	reduced fortnighly hours:
	hours and minutes
	mours andmmates
Yes No	Is/was the member a casual employee?
Yes No	Is the member receiving compensation benefits for the condition
res no	for which he/she is applying for partial invalidity pension?
Yes No	Has the member applied for compensation benefits?
Checklist for attachments	Medical reports
	Duty statement
	Sick leave records for past 2 years
	CMAPS (if less than 3 years membership)
	Section D

Did the member formally become a permanent part–time employee?	Yes No If yes, copies of PT agreements attached If no, your delegate's statement of informal arrangements attached If no, date of expiration of sick leave
	D D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Salary details Please attach a copy of your payer	roll's employment and salary history for this applicant.
Annual rate of pay on day before reduction/ redeployment	\$
minus Annual rate of pay on day of reduction/redeployment	\$
equals Loss of salary	\$



Declaration by authorised officer

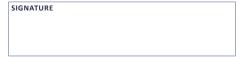
GIVEN NAME(S)

SURNAME

 $being \ the \ of ficer \ authorised \ to \ sign \ on \ behalf \ of \ the \ Chief \ Of ficer, \ certify \ that \ the \ above \ information \ is \ true \ and \ correct.$



Signature and date





Where can I get more information?

EMAIL employer.service@csc.gov.au

WEB csc.gov.au





Email
employer service@csc.gov a



one Fax 0 338 240 (02





