



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

that if the PSS member becomes entitled to compensation leave and/or compensation benefits for the condition for which they are receiving a partial invalidity pension, they must repay any partial invalidity pension which was paid for periods for which they were subsequently granted compensation benefits.



A

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.



Sign

Signature and date

SIGNATURE

Date signed

D D / M M / Y Y Y Y

B

Applicant details

To be completed by employer

Reference number (AGS)

[Grid for Reference number]

Salutation

Mr Mrs Ms Miss Other [Grid]

Surname

[Grid for Surname]

Given name(s)

[Grid for Given name(s)]

Date of birth

D D / M M / Y Y Y Y

Address

[Grid for Address]

SUBURB STATE POSTCODE

Date joined PSS

D D / M M / Y Y Y Y

C

Employer details

To be completed by employer

Employer department/agency

[Grid for Employer department/agency]

Employer contact officer

[Grid for Employer contact officer]

Postal address of employer contact officer

[Grid for Postal address of employer contact officer]

SUBURB STATE POSTCODE

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

Salary details

Please attach a copy of your payroll'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 \$

E Declaration by authorised officer

I,

GIVEN NAME(S)

SURNAME

being the officer authorised to sign on behalf of the Chief Officer, certify that the above information is true and correct.



Sign

Signature and date

SIGNATURE

Date signed

^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Where can I get more information?

EMAIL employer.service@csc.gov.au

PHONE 1300 338 240

FAX (02) 6275 7010

MAIL Employer Service

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