



Partial invalidity pension

Application form

Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improving our products and keeping you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at www.csc.gov.au/Members/Privacy-policy/

Explanatory notes

A PSS member may be entitled to a partial invalidity pension if they have suffered a permanent decrease in basic salary and/or allowances because of physical or mental incapacity.

A PSS member may also be entitled to a partial invalidity pension if they are a former PSS invalidity pensioner who has returned to employment and has experienced a decrease to their basic salary and/or allowances because they are working reduced hours, working in a lower position or level, or a combination of both due to a physical or mental incapacity.

A PSS member is not eligible for a 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 in the current period and did not disclose a pre-existing medical condition within their Confidential Medical and Personal Statement (CMAPS)
- have reached the maximum retirement age.

Instructions for employers

After receiving medical advice from both a treating doctor and independent medical examiner that the member should reduce their hours and/or level because of physical or mental incapacity, and that this change means the member has suffered a permanent decrease in basic salary and/or allowances, complete this application form and submit it to us along with the documents listed in **Section E**. You can submit your application to us via email at formsandapplications@csc.gov.au

For more information on partial invalidity pensions, including more detail on the application process and the documents you need to submit with this application form, refer to our website. You can also call us on **1300 338 240** or email employer.service@csc.gov.au. Collate all the documents into chronological order and attach to this form.



Section A to be completed by member

A Declaration by member

I declare that I am not in receipt of any compensation of any type, did not receive any compensation for the period of time my PIP application relates to, and have not submitted or intend to submit a claim for compensation for the same condition my partial invalidity pension application relates to.

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



Sign

SIGNATURE

Date signed

D	D	/	M	M	/	Y	Y	Y	Y

Section B – F to be completed by employer

B Member's details

Title Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y

Address

SUBURB STATE POSTCODE

C Employer's details

Employer's name

Employer's address

Case manager's name

Phone

BUSINESS HOURS				AFTER HOURS			

MOBILE NUMBER

Email

@

D

Employment details

Date of initial reduction

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

Nature of reduction

(only complete the boxes relevant to the member's reduction)

former fortnightly hours:

hours and minutes

reduced fortnightly hours:

hours and minutes

AND/OR

former level:

reduced level:

What is the employment status of the member?

- formal reduction in hours
 informal reduction in hours

When did the member's sick leave expire?

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

- formal redeployment
 informal redeployment

Your application must include evidence of the employment status as follows:

- Formal reduction in hours – part-time agreement
 Informal reduction in hours – delegate's instrument
 Formal redeployment – letter from your agency's delegate regarding the substantive level change
 Informal redeployment – delegate's instrument

Salary details

Annual salary before reduction

\$

Annual salary after reduction

\$

Checklist of attachments to this form

- Treating doctor's report dated within last 6 months
 Report from an independent medical examiner dated within last 6 months
 Any other relevant medical documents, including rehabilitation reports, graduated return to work reports, and any other treating doctor or independent specialist reports
 leave records
 duty statement
 CMAPS form (PSS members with less than three years contributory service)



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

Date signed

D	D	/	M	M	/	Y	Y	Y	Y
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Where can I get more information?



EMAIL employer.service@csc.gov.au

PHONE 1300 338 240

FAX (02) 6275 7010

MAIL Employer Service

GPO Box 2252
Canberra ACT 2601

WEB csc.gov.au



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employer.service@csc.gov.au



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