



PSS and CSS invalidity notes



**Commonwealth
 Superannuation
 Corporation**

The information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397

Defence Force Retirement and Death Benefits Scheme
 ABN: 39 798 362 763

Australian Defence Force Superannuation
 ABN: 90 302 247 344
 RSE: R1077063

Commonwealth Superannuation Scheme
 ABN: 19 415 776 361
 RSE: R1004649

Public Sector Superannuation accumulation plan
 ABN: 65 127 917 725
 RSE: R1004601

Military Superannuation and Benefits Scheme
 ABN: 50 925 523 120
 RSE: R1000306

Australian Defence Force Cover
 ABN: 64 250 674 722

Public Sector Superannuation Scheme
 ABN: 74 172 177 893
 RSE: R1004595

1922 Scheme
 DFRB Scheme
 PNG Scheme
 DFSPB
 CSC retirement income

Contents

1.	Introduction	3
2.	Total and Permanent Incapacity (TPI)	4
3.	Pre-application strategies	4
4.	Invalidity retirement process	5
5.	Documents required by us	7
6.	Help with case presentation	7
7.	Help with SPC form	8
8.	Help with SM2 form	8
9.	Help sheet: points to be addressed by your doctor	9
10.	Help sheet for Approved Medical Practitioner (AMP)	10
11.	Terminally ill	11
12.	Practicality of employment	12
13.	Pre-assessment payments (PAPs)	12
14.	Estimate of invalidity benefit	15
15.	Contact details for Casework Services	15
	Appendix A: handout for prospective applicants	16

1. Introduction

1.1 What is the aim of this guide?

The information in this guide will enable you to:

- correctly complete all invalidity related forms
- present a comprehensive application for the consideration of Commonwealth Superannuation Corporation (CSC).

1.2 CSC as decision maker

The superannuation legislation provides that a member is not to be retired on the ground of invalidity unless we have:

- approved the invalidity retirement
- certified that the member will be entitled to receive invalidity retirement benefits
- issued an Invalidity Retirement Certificate (IRC).

This means that a CSS member under the age of 65, or PSS member under the age of 60, cannot be retired on the ground of invalidity without first being issued with an IRC by us.

In other words, **all applications for invalidity retirement for members of CSS aged less than 65, or PSS members aged less than 60, must be processed by us.**

1.3 Who is CSC and Casework Services?

We are licensed under the **Corporations Act 2001** and the **Superannuation Industry (Supervision) Act 1993**.

We are the trustee of four regulated superannuation schemes, and administer five unregulated/exempt public sector schemes. With over 30 years experience we are responsible for all aspects scheme investment strategy, administration, and member communications. We provide legislative and administrative advice and support to employers and members of the schemes.

Our Casework Services team conducts investigations into applications for:

- invalidity retirement
- pre-assessment payments
- partial invalidity pensions.

They also deal with entry medical status, Additional Death and Invalidity Cover (ADIC) claims, and the level of benefits payable to retiring members, or a deceased member's family or estate.

1.4 Why follow these procedures?

These procedures are the result of our administrative experience in the investigation of invalidity retirement matters. They are continually evolving as improved processes become available. At present, these procedures are the most efficient way to conduct an invalidity retirement investigation, to ensure that all legislative requirements are met, and that all parties receive fair and equitable treatment.

2. Total and Permanent Incapacity (TPI)

The legislative criterion to be met for invalidity retirement is total and permanent incapacity. The definitions of total and permanent incapacity are contained in subsection 54B of the **Superannuation Act 1976** and Rule 1.2.1 of the **Schedule of Rules for the Superannuation Act 1990** and are reproduced below.

CSS

54B – for the purposes of this Part, a person is totally and permanently incapacitated if, because of a mental or physical condition, it is unlikely that the person will ever be able to work in any employment or hold any office for which the person:

- (a) is reasonably qualified by education, training or experience
- or
- (b) could become reasonably qualified after retraining.

PSS

Rule 1.2.1 – ‘totally and permanently incapacitated’ means that, ‘because of a physical or mental condition, the person is unlikely ever to work again in a job for which he or she is reasonably qualified by education, training or experience, or could be so qualified after retraining’.

This means we will agree to invalidity retirement and payment of invalidity retirement benefits if satisfied that the member is suffering from a permanent medical condition which is likely to prevent the member from ever working again, and which prevents the member from being retrained for any other suitable position.

Please note that this is a strict criterion and means more than **unfit to perform the full duties of the position**. We will, when applying the TPI criterion, assess the member’s potential for employment both within and outside the public sector.

3. Pre-application strategies

3.1 General

An application for invalidity retirement should be the final step in the management of an ill or injured employee. It is expected that employers would have attempted all other reasonable avenues of management before considering invalidity retirement, to avoid losing a valuable employee, or to negate a member unnecessarily relinquishing working status. Pre-retirement strategies could include:

- health assessment reports
- any treatment or strategy recommended at medical assessment
- for compensation cases, any recommendations made by Comcare or the administering authority
- rehabilitation and retraining
- workplace assessments
- functional capacity evaluations
- vocational assessments
- counselling
- psychological testing
- work conditioning programs
- pain management
- employee assistance programs
- daily living assessments
- graduated return to work
- redeployment or reduction in hours (may qualify the member for partial invalidity pension)
- any other treatment recommended
- appropriate leave to allow adequate recovery time.

3.2 Medical providers

Employers may use their choice of medical providers for the management of ill or injured employees. However, in invalidity retirement applications, it is a legislative requirement that an examination and recommendation regarding TPI must be obtained from an Approved Medical Practitioner (AMP). An AMP report is also required before a decision can be made regarding pre-assessment payments.

3.3 Approved Medical Practitioners (AMPs)

We have contracted AMPs whom employers **may use** for:

- health assessment reports and recommendations for medical management of employees
- liaison with treating doctors and specialists
- arrangements for independent specialist examinations

and **must use** for:

- recommendations regarding TPI.

3.4 AMP contact details

Contact details are available in the **Invalidity** section of the **Employer Administration Centre website** at eac.csc.gov.au

4. Invalidity retirement process

4.1 Employer

When all appropriate pre-retirement strategies have been attempted and an AMP has recommended that the employee is or is likely to become TPI, the Personnel Officer/Case Manager collects and collates the evidence, completes the requisite forms and forwards the application to CSC. See **Help with case presentation** at **section 6**.

4.2 CSC

A Case Manager is allocated and the documentation is reviewed for completeness.

In compensation cases, an acknowledgment of receipt is forwarded to the employer and the applicant. In non-compensation cases, a determination is made whether pre-assessment payments are payable.

The applicant and the employer are advised of the pre-assessment payment decision. If approved, the employer is advised of the rate and method of payment and of reimbursement procedures.

We may ask the employer to collect further evidence. After all of the evidence is received the case is submitted to the Panel.

4.3 Invalidation Assessment Panel (IAP)

The case is examined by a panel of medical, para-medical and administrative professionals who have expertise in the assessment of invalidity claims. The Panel is contracted to us to make a recommendation regarding the TPI criterion based on the medical evidence.

If the Panel recommends to **accept** the claim, our delegate may approve retirement and issue an Invalidation Retirement Certificate (IRC).

If the Panel recommends to **defer** the claim (normally to obtain additional medical evidence), we will arrange to obtain that evidence and then resubmit the case to the Panel.

If the Panel recommends that a **home visit** be made to the employee, in a case where the paper evidence is inconclusive, a counsellor will visit the employee and report back to us. The case is then resubmitted to the Panel for review and recommendation about TPI.

If the Panel recommends to **decline** the application:

- we advise the employee and offer the opportunity to make comment or provide more information
- we advise the employer and request an investigation into the practicality of re-employment
- once this information has been provided, Casework Services prepares the case for submission to the delegate.

4.4 Decision of the delegate

If the delegate approves invalidity retirement:

- an IRC is issued
- the employer formally retires the member
- the appropriate benefit application form is completed.

If the delegate defers a decision, CSC and the employer follow the recommendations of the delegate.

If the delegate does not approve invalidity retirement, the employer resumes management of the case. Options could be:

- further attempts to return the employee to work
- an appeal against the primary decision
- submission of a second application
- another method of exit.

If the employee is dissatisfied with the delegate's decision, they may appeal to us for reconsideration of the delegate's decision. The request for reconsideration should be in writing, quoting their AGS number, and setting out the particulars of the decision and the reasons for the appeal. These requests are treated as complaints under the *Superannuation Industry (Supervision) Act 1993*. There is no time limit within which these requests must be lodged, however, it is desirable that they be lodged promptly after the decision. Information about appeal rights are available on the **PSS** and **CSS** websites.

5. Documents required by us

An invalidity retirement application must contain:

- **Fully completed Application for issue of invalidity retirement certificate (SPC)** form.
- **Background information** including earlier medical reports and reports resulting from any pre-application strategies attempted such as rehabilitation or redeployment.
- **Treating specialists/doctors reports.** Reports must detail medical conditions, symptoms, treatment and prognosis. The latest treating doctor's report should not be more than six months old. See **section 9** for **Help Sheet for doctors providing these reports.**

AMP report and completed Medical examination report for invalidity retirement (SM2) form. The AMP assessment would normally be conducted by an Occupational Physician (OP). However, if the condition is psychiatric, the employee must be assessed by an AMP Consultant Psychiatrist, who will provide a report and complete the **SM2**. If the condition is one of chronic pain, chronic fatigue syndrome etc the employee should be assessed by both an AMP, psychiatrist, and OP.

- **Sick leave records.**
- **Duty statement for current position.** If no duty statement is available, a description of the duties performed by the employee.
- **Confidential Medical and Personal Statement (CMAPS)** form – if the application relates to a PSS member who has less than three years contributory service and if this form is in the possession of the employer.
- **Compensation provider's recommendation.** If the employee is receiving compensation for the condition for which he/she is applying for invalidity retirement, Comcare or the relevant administering authority must be asked to review the case and to provide a delegate's recommendation, stating **with reasons** whether or not they recommend invalidity retirement.
- **Departmental covering letter** summarising the main features of the case.

6. Help with case presentation

Here are some tips for Case Managers preparing applications for invalidity retirement.

Your submissions will be processed with fewer delays if you:

- Preface all applications with a brief summary of the case.
- Present the fully completed application **SPC** form as the first document in the submission. This form, and others required for an invalidity application can be downloaded from the **Forms section** of the **EAC** website at **eac.csc.gov.au**
- Ensure the checklist is completed at **Section D** of the **SPC** and include all relevant documents.
- Collate the evidence in chronological order – earliest to latest, not file order, and not grouped in divisions such as specialists' reports, rehab report etc. Documentation not in chronological order may be returned to the employer for collation.
- Present all copies of evidence in legible black print on white background, **single – sided**, loose – leafed, and held together by a bulldog clip – not stapled or bound in any way.
- Do not annotate the evidence by numbers and do not use tabs, unless you are drawing attention to a particular document referred to in your covering letter.
- Despatch the case in an envelope addressed to:

CSC
Casework Services,
GPO Box 2252
Canberra ACT 2601

This will ensure the submission is delivered directly to the correct business area.

7. Help with SPC form

The **SPC** form is the official application form for invalidity retirement and must be provided with every application. The information provided on the form is also used to calculate pre-assessment payments.

Complete all sections and please **print** within the boxes.

Do not use abbreviations – identify department names, position designations etc **in full**.

Date on which sick/compensation leave commenced – this is the date on which the employee commenced continuous sick or compensation leave, and has not returned to work since. Dates for subsequent accruals of sick leave are not required here.

Checklist – tick each box as documents are attached.

Declaration must be signed and dated by appropriate departmental delegate.

8. Help with SM2 form

The **SM2** form **must be completed** by an AMP when a medical examination is conducted in order to establish whether or not the employee is totally and permanently incapacitated.

Employer and employee must **read** all printed information carefully.

Employer must complete all boxes in **Sections A** and **B**.

Date on which sick/compensation leave commenced – see explanation for **SPC** form above.

Documentation – all reports and other relevant material should be supplied to the examining AMP with the **SM2** form prior to the examination, and then to us when application is made.

Print answers within boxes using blue or black ink. Other colours and highlighters do not photocopy well.

Check that the scale of incapacity for each condition has been inserted by the AMP. This helps us identify whether the reports supplied are sufficiently detailed, having regard to the contribution each condition has made to the overall incapacity.

Check that the AMP has answered all questions and has attached a written report.

Employees should be made aware that refusal to sign the authority and **declaration** at **Section D** may cause difficulties and delays with the processing of the application.

If the AMP does not recommend TPI **do not send the application to us** but follow the medical recommendations. If this action is unsuccessful, the member should be reviewed by the AMP and another report obtained.

9. Help sheet: points to be addressed by your doctor

The IAP and CSC rely solely on written evidence and it's important that the evidence is as comprehensive and current as possible, to assist them in reaching a considered and fair conclusion.

Please address the following issues in your report:

- **History of the employee's illness or accident**
 - Date of first consultation.
 - History as recorded in medical notes.
- **Current symptoms/signs**
 - As described by the employee.
 - As observed by you at presentation.
- **Diagnosis**
 - Including the severity of the condition.
 - Whether the condition is transitory or long-term.
- **Treatment**
 - Current medications/physical therapy/psychotherapy and your comment on their results.
 - Your comments on the results of relevant testing conducted.
 - A description of any additional treatment which you would recommend and your opinion. About the likely results of those treatments.
- **Prognosis**
 - Normal course of this illness/disease/injury.
 - Expected outcome in this case.
- **Capacity for work/employment**
 - The member could be rehabilitated back to his/her former position (within the department, in another department, or in the private sector) or its equivalent.
 - The member could work modified duties or reduced hours.
 - The member could be retrained for any other position (within the department, in another department, or in the private sector).
- **Terminal conditions**

The member's medical condition is terminal and life expectancy is:

 - less than six months
 - less than 12 months
 - less than 24 months.

Note: your description of life expectancy will be used to determine processing priority and taxation treatment. The member will require assistance with personal or nursing care on a daily basis within the next two years.

Any other issues relevant to this assessment.

This page should be copied and provided to all doctors who are asked for a report about an invalidity retirement applicant.

10.Help sheet for Approved Medical Practitioner (AMP)

The Invalidity Assessment Panel and the Trustee rely solely on written evidence and it is important that the evidence is as comprehensive and current as possible, to assist them in reaching a considered and fair conclusion.

Please address the following issues:

- **History of the employee's illness or accident**
 - Date of first consultation.
 - History as recorded in medical notes.
- **Current symptoms/signs**
 - As described by the employee.
 - As observed by the practitioner at presentation.
- **Diagnosis**
 - Including the severity of the condition.
 - Whether the condition is transitory or permanent.
- **Treatment**
 - Current medications/physical therapy/psychotherapy and your comment on their results.
 - Your comments on the results of any tests conducted.
 - A description of any additional treatment which you would recommend and your opinion about the likely results of those treatments.
- **Prognosis**
 - Normal course of this illness/disease/injury.
 - Expected outcome in this case.
- **Capacity for work/employment**
 - Could the member be rehabilitated back to his/her former position or its equivalent?
 - Could the member work modified duties or reduced hours?
 - Could the member be retrained for any other position? (within the department, in another department or in the private sector?)
- **Terminal conditions**

Your description of life expectancy will be used to determine processing priority and taxation treatment.

 - Is the member's medical condition of a terminal nature such that life expectancy is:
 - less than six months
 - less than 12 months
 - less than 24 months.
 - Will the member require assistance with personal or nursing care on a daily basis within the next two years?
- **Please provide a recommendation about Total and Permanent Incapacity (TPI).**
- **Any other issues relevant to this assessment.**

This page should be copied and provided to all doctors who are asked for a report about an invalidity retirement applicant.

11. Terminally ill

11.1 Fast-track provisions

We have a fast-track process to provide rapid processing of applications for invalidity retirement for employees who are suffering from a terminal medical condition. The superannuation legislation's definition of a terminal medical condition is:

- a condition suffered by an affected person that has been certified by two or more medical practitioners, at least one of whom is not treating the affected person, who have experience in the condition(s), as being of either a terminal nature or of such severity that within two years of the date of their certificate the affected person would need assistance with personal or nursing care on a daily basis.

If the employer is notified that an employee is terminally ill, arrangements should be made to have the employee medically assessed by an AMP, asking for a home or hospital visit, if the employee is unable to attend the AMP's rooms. The employer must also obtain reports from the employee's treating specialist(s) and ensure that the reports include a prognosis from the doctor as to the member's life expectancy, in terms of weeks/months/years.

Cases requiring fast-tracking should be clearly marked on the front page. Under the fast-track process, we are usually able to provide a decision in three working days, once all required evidence is provided.

Employers should obtain estimates of the range of possible benefits available to terminally ill employees, including comparison estimates between invalidity retirement and death in service benefits. Estimate request forms are available on the csc.gov.au

11.2 PSS terminal lump sum option

Terminally ill members of PSS who provide evidence to show that they meet the definition of suffering from a terminal medical condition have the option of claiming their invalidity benefit as a lump sum. This is an alternative benefit to the invalidity pension options. It must be stressed that this benefit does not include a component for prospective service to age 60. Employees wishing to elect for this option should provide reports from two medical practitioners giving the life-expectancy in days/months/years.

11.3 Australian Taxation Office (ATO) taxation arrangements for terminally ill members

Employees who are exiting their employment by any means because they are terminally ill may be eligible to receive any lump sum component of their benefit tax-free. In order to be considered for this tax concession, the case evidence should include medical opinions which shows they meet the ATO definition of terminally ill, which is explained below.

A terminal medical condition exists if:

- two registered medical practitioners have certified jointly or separately that the member suffers from an illness, or has incurred an injury, that is likely to result in the member's death within 24 months of the date of certification
- at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury, and the certification period has not ended for each of the certificates.

12. Practicality of employment

If the IAP recommends that the employee is not totally and permanently incapacitated, we must consider whether it is **practical** for the employee to find employment for which he/she is reasonably qualified, or could become reasonably qualified after retraining.

After considering evidence relating to this matter, we may approve an application on the ground that it is not practical for the employee to find suitable employment, even though it does not consider that the employee meets the criterion of TPI as defined in the legislation.

The importance of properly addressing the practicality issue cannot be overstated and employers should investigate this matter thoroughly. It is suggested that the following issues are addressed:

- any specific recommendation, suggestions, or observations as made by the Panel
- the possibility of rehabilitating the employee back to his/her former position, and all attempts at rehabilitation should be fully documented, and reasons for failure reported
- the employee's potential for employment having regard to his/her education, training, skills and interests
- the possibility of retraining or redeployment of the employee to another position either:
 - within the department
 - within another department or agencyor
 - within the private sector.

Report any other information which you consider relevant. For example, if the employee's incapacity is adversely affecting work colleagues, details should be provided.

Please note: Your report and supporting documents should show proof of genuine attempts to identify and locate suitable employment for the employee through rehabilitation, retraining or redeployment.

Detailed reasons for the failure of retraining, or the inability to identify suitable positions should be provided. Do not rely on the argument that the member has been found to be TPI by medical practitioners and therefore cannot be rehabilitated or retrained. Remember that the Panel has already considered the medical evidence and has recommended that the member is **not** TPI.

13. Pre-assessment payments (PAPs)

Pre-assessment payments are designed to provide income maintenance in non-compensation cases during the invalidity retirement process. PAPs are generally payable until we decide whether to issue an IRC. PAPs are not deducted from any invalidity benefit which might become payable, nor do they have to be repaid if an application is unsuccessful.

13.1 Eligibility for PAPs

PAPs are **not** payable :

- while the employee still has sick leave credits (full or half pay) in the first six months
- while the employee is on compensation leave in respect of the condition in relation to which retirement is sought to limited benefits members of PSS.

Before deciding to grant PAPs, CSC must have a final report from an AMP containing a recommendation about the **likelihood** that the employee is, or will become, totally and permanently incapacitated.

When considering whether to approve PAPs, our delegate must decide whether there is a **real likelihood** that the employee is, or will become, totally and permanently incapacitated.

The decision to commence PAPs **has no influence** on the eventual decision by us on the employee's application for the issue of an IRC. The granting of PAPs is not a guarantee that an IRC will be issued.

13.2 Commencement of PAPs

If approved we will send written advice to the employer, including eligibility dates, rates of payments and information about reimbursement procedures.

Contributions to the superannuation scheme and any member premiums for ADIC are to be deducted from the PAPs each fortnight at the normal rate.

13.3 Rate of payment of PAPs

The rate of payment will be:

(a) in the **first six months**

- i) zero payment of PAPs while the person is on paid sick leave, whether at full or half pay rates
- ii) equal to 50% of normal fortnightly salary (including recognised superannuation allowances) – the same as half pay sick leave.

less

- partial invalidity pension
- and/or
- compensation payments related to a condition that is not the condition causing the member to be off work (if any).

(b) in the **second six months** – the greater of:

- i) a rate equivalent to the maximum invalidity benefit that would be payable if the person retired on that day and had not elected to take a refund of accumulated contributions.

less

- the sum of any fortnightly amounts of sick leave pay
- partial invalidity pension
- compensation payments in relation to a condition other than the condition to which the retirement application relates

or

- ii) 50% rate as calculated in (a)(ii) above.

Please note:

- In the first six months, all full pay sick leave credits must be exhausted prior to commencing pre-assessment payments.
- For partial invalidity pension recipients, **the updated former salary** (including recognised superannuation allowances) should be used.

13.4 Cessation of PAPs

Pre-assessment payments (PAPs) cease on a contribution day specified by us after:

- notification of decision on invalidity retirement
- the employee's return to work
- the employee ceasing to be a member of the scheme

or

- the employee failing to commence a rehabilitation program or to undergo a medical examination without sufficient reason when directed by us.

13.5 Help with the PAP calculation

50% of fortnightly salary means **actual salary** – any salary adjustments are applied to actual salary and will therefore affect PAPs.

Maximum invalidity benefit is the amount of maximum pension the member would have received had invalidity retirement been effected on the day six months after commencement of continuous sick leave. This rate will be adjusted by the CPI increase, which will be advised by us.

Salary adjustments occurring after six months of continuous sick leave **must not be applied**. The salary that this should be based on is the salary that you would report as the final salary had the member exited on invalidity grounds on that day, which would be the greater of:

- annual salary at the date of exit
- or
- the salary on which contributions are based
- or
- the highest salary for superannuation purposes received on or after the last birthday anniversary.

13.6 Other information about PAPs

Approval of PAPs has no influence on our eventual decision regarding invalidity retirement.

If a compensation claim is later accepted and periods of payment overlap, PAPs are recoverable.

PAPs can be ceased for non-compliance with the Panel or our instructions, on advice to employers from us.

PAPs are paid by the employer but funded by us. The reimbursement arrangements appear later in this guide. The date of cessation of PAPs will also be advised by us.

13.7 PAP calculator

The calculation sheet is available at eac.csc.gov.au by clicking on the Invalidity quick link, and then going to Information and calculators and selecting the appropriate scheme's calculator.

A separate taxation invoice is required for each claim.

13.8 Reimbursement of PAPs

We will provide reimbursement of PAPs upon written request from the employer on the appropriate reimbursement claim form. The reimbursement can be calculated using the automatic **calculator** in the **Invalidity** quick links, and a copy of this sheet is to be mailed to us with the employer's tax invoice attached.

Requests for reimbursement should be made at the completion of the invalidity case, or six-monthly in protracted cases. Any overpayment of reimbursements are recoverable by us.

Requests for reimbursements, including calculation sheets and departmental invoices, should be emailed to: **caseworkservices@csc.gov.au**

The ACT Government has a cost-sharing arrangement with the Commonwealth Government in respect of CSS and PSS benefits, including the payment of pre-assessment payments. Under this arrangement, the ACT Government is required to meet the costs arising from superannuation membership for the period commencing 1 July 1989. Therefore, we will not provide reimbursement of pre-assessment payments to ACT Government departments unless there is a pre-1989 component.

With regard to pre-1989 service, consideration is currently being given by the ACT Department of Treasury and Infrastructure for the Commonwealth portion of PAPs for pre-1989 service employees to be taken into account in the triennial actuarial reviews of ACT Government liabilities. This will negate the need for reimbursement to the ACT Government on a case-by-case basis.

14. Estimate of invalidity benefit

CSS and **PSS benefit estimate request (BERF)** forms are available on the EAC **Publications** webpage at eac.csc.gov.au under **Forms**.

15. Contact details for Casework Services

Mail: CSC
Casework Services
GPO Box 2252
Canberra ACT 2601

Email: caseworkservices@csc.gov.au

Web: eac.csc.gov.au
csc.gov.au

Phone: 1300 338 240

Fax: 02 6275 7010

Appendix A: handout for prospective applicants

What is invalidity retirement?

You can apply for invalidity retirement if you think you are too sick to ever return to any form of work. If your application is approved, you would be entitled to a life – time invalidity pension from your superannuation scheme.

What are the criteria for invalidity retirement?

You must be totally and permanently incapacitated for your application to be approved. This is a strict criterion, and means **more than** unfit to perform the full duties of the position.

We will agree to your invalidity retirement and to payment of invalidity benefits, if we are satisfied that you are suffering from a permanent medical condition which is likely to prevent you from ever working again, and which prevents you from being retrained for any other suitable position. We will assess your potential for either part–time or full–time employment, within both the public and private sector.

Whom should I contact?

You should contact your employer (personnel section or Case Manager) if you wish to apply for invalidity retirement. If they are satisfied that they have tried all other reasonable strategies to assist you, they will arrange your medical assessments and collect the evidence required for an invalidity retirement application.

The documents are:

- Fully completed **Application for issue of invalidity retirement certificate (SPC)** form.
- Background information including earlier medical reports and reports resulting from any pre–application strategies attempted such as rehabilitation or redeployment.
- Reports from your treating specialists/doctors, the latest dated not more than six months old. Reports should be comprehensive and address all issues on the **Help Sheet – points to be addressed by doctor**.
- Report and completed **Medical examination report for invalidity retirement (SM2)** form from an AMP. The AMP assessment is normally conducted by an Occupational Physician. However, if you have a psychiatric condition, you will be assessed by an AMP Consultant Psychiatrist, who will provide the report and completed **SM2**.
- Sick leave records.
- Duty statement for current position. If no duty statement is available, a description of the duties you perform.
- **Confidential Medical and Personal Statement (CMAPS)** form – if you are a member of PSS with less than three years membership
- Compensation provider’s recommendation. If you are receiving compensation for the condition for which you are applying for invalidity retirement, your employer must ask Comcare or your compensation provider to review the case and to provide a recommendation, stating **with reasons**, whether or not they recommend invalidity retirement.
- Departmental covering letter summarising the main features of your case.

Please note carefully: Evidence obtained for the purpose of the invalidity process may be referred to any doctors or service providers who are asked to examine you and/or provide reports about you, to assist in the examination and report–writing. Copies of evidence obtained by us may be provided to the employer, unless otherwise restricted, to assist in establishing future employment prospects.

What is an approved medical practitioner (AMP)?

The superannuation legislation states that you must be examined by an AMP who will provide medical opinion about the likelihood of you being TPI. You will find a list of our contracted AMPs available at eac.csc.gov.au by clicking on the **Invalidity** quick link.

Who is CSC?

We provide legislative and administrative advice and support to employers and members.

Our Casework Services team is responsible for ensuring that all applications for invalidity retirement contain sufficient medical and administrative information to allow us, or our delegate, to make a fair decision.

When we receive your invalidity application, our Case Manager will review all documentation for completeness. They may ask the employer to collect more information.

Our delegate will determine whether you are eligible for pre-assessment payments (PAPs). We will advise you of the granting of PAPs and instruct your employer to pay you the calculated rate of PAP.

We will submit all medical and other relevant evidence to the assessment Panel (the Panel) for a recommendation about whether or not you should be classified as TPI.

What is the assessment Panel?

The assessment Panel is an independent panel of medical and other members who have expertise in invalidity matters. They are contracted by us to provide recommendations about whether applicants are TPI. Please note that the Panel makes recommendations about TPI, it does not make decision.

The Panel may recommend:

- there is a real likelihood that you are TPI, and our delegate will then decide whether invalidity retirement should be approved.
- the application be deferred so that additional medical evidence can be obtained, or to allow more time for your prognosis to become clearer. We will advise you and your employer in writing about such a recommendation and will arrange for any further medical examination and/or reports requested by the Panel. When these additional reports are received, or when the deferral period has elapsed, we will then resubmit the case to the Panel.
- the application be declined. We will advise you and your employer in writing. You will be given the opportunity to comment on the matter and the employer will be asked for advice/comment on the practicality of finding you appropriate employment with them, in another department/agency or in the private sector.

Who is the final decision maker?

Our delegate will make the final decision about whether to approve your application for invalidity retirement.

If the delegate **approves** invalidity retirement, they will issue an Invalidity Retirement Certificate (IRC). We will advise you and your employer of the decision in writing, and will provide copies of the IRC and the Panel recommendation. Your employer would then consult with you to arrange a retirement date and to complete your benefit application form.

If our delegate **defers** making a decision, for example to obtain more medical evidence or seek additional information about the practicality of employment, or so that a program of rehabilitation can be undertaken, we will advise you and your employer of the additional requirements.

If our delegate **does not approve** invalidity retirement, we will write to you and your employer providing copies of the decision, which will include the Panel recommendation, and appeal provisions.

How long does this take?

The time taken to investigate and approve your invalidity application is variable, depending on the quality and correctness of the evidence presented to us.

There are fast-track procedures in place to allow for rapid processing of applications for invalidity retirement by members who are terminally ill. Your employer must make urgent arrangements for an examination by an AMP, requesting a home or hospital visit if you are unable to attend the AMP rooms. Your employer must also obtain a report from your treating specialist which must include the diagnosis, a brief summary of treatment, and the doctor's opinion about your life expectancy in weeks/months/years.

This information is used to determine whether you meet the ATO definition to be eligible for the ATO tax – free lump sum. The definition is explained below.

A terminal medical condition exists if:

- two registered medical practitioners have certified jointly or separately that the member suffers from an illness, or has incurred an injury, that is likely to result in the member’s death within 24 months of the date of certification
- at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury, and the certification period has not ended for each of the certificate

If you wish to apply for the ATO tax – free lump sum, your employer must include two medical reports, including at least one by a specialist in the relevant field, that your life expectancy is less than 24 months.

What are pre–assessment payments (PAPs)?

Pre–assessment payments (PAPs) are a form of income maintenance which you may be entitled to receive while we are assessing your invalidity claim. You may be granted PAPs if you are not a limited benefits member of PSS, you have been off work continuously for more than 28 days because of a serious medical condition and you are not receiving compensation payments for the same condition which you are claiming is making you TPI, and you have used all your paid sick leave within the first six months of being on continuous sick leave.

We will determine whether you are eligible for PAPs as soon as we receive your invalidity retirement application.

You should note that the decision to grant you PAPs **has no influence** on our delegate’s decision about invalidity retirement, that is, the granting of PAPs is not a guarantee that an IRC will be issued.

PAPs are paid at the following rates:

- from the date of commencement of continuous sick leave, and after all sick leave credits have been exhausted, the rate is 50% of your normal fortnightly salary.
- **Note:** if you are a permanent part–time employee (PPTe), not for medical reasons, normal fortnightly salary is the part–time salary. If you are receiving a partial invalidity pension, normal fortnightly salary is the salary applicable prior to approval of your partial invalidity pension.
- then, with effect from the date six months after commencement of continuous sick leave, PAPs are paid at the rate of either 50% of normal fortnightly salary or a notional invalidity rate which is calculated by us, whichever is the greater.

We will advise you if PAPs are approved and will instruct your employer of the correct rate of payment.

PAPs are not deducted from any invalidity benefit which might become payable, and you do not have to repay them if your application is not successful. However, you would have to repay PAPs if:

- your retirement is backdated, causing an overlap of retirement benefits and PAPs and/or
- you are successful in a compensation claim and compensation is awarded for periods when PAPs have been paid.

Who else can I talk to?

We are happy to answer any questions about invalidity. You can ring us on the numbers below:

Phone: **1300 338 240**

You may send an email to our Case Managers at: caseworkservices@csc.gov.au



Email
employer.service@csc.gov.au



Phone
1300 338 240



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