



Training notes—PSS

Medical assessment to determine PSS membership status



**Commonwealth
 Superannuation
 Corporation**

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Purpose of these training notes

These training notes are designed to provide you (personnel staff) with information about:

- the requirements of the PSS Rules in relation to medical assessments of members re-entering PSS
- the health standard to be met
- Confidential Medical and Personal Statement (CMAPS)
- when and why a member may be classified as a limited benefits member and the effect of this classification
- appeal provisions
- your responsibilities in regard to processing CMAPS.

These notes are not a substitute for the *Superannuation Act 1990*, the Trust Deeds or the Rules for the administration of the scheme.

Why assess a member's state of health?

The PSS legislation requires members who have re-entered PSS to complete a medical questionnaire, and/or undergo a medical examination within 14 days of joining, to determine whether they are healthy enough to carry out all the duties of their new position without taking excessive sick leave during the first three years of their membership.

What is the medical standard?

The member's state of health on re-entry to PSS is assessed against the Superannuation Entry Medical Standard (SEMS). The SEMS are medical guidelines which set down the standard of fitness relating to all body systems and medical disorders, which a member must meet to be entitled to claim invalidity or death benefits, which are not restricted on medical grounds in their first three years of membership.

The SEMS do not purport to set out rules for determining whether or not a person is of sufficiently sound health to perform the duties of their position for at least three years without taking excessive sick leave. Instead they offer guidance in relation to that issue. We will use the SEMS to assess all the answers provided by the member on their CMAPS form, but additional information may be required to assist the Delegate to make a decision.

A decision is unlikely to be made based on the SEMS standard alone.

What is a CMAPS?

The CMAPS form is the questionnaire used to obtain information about the member's state of health on re-entry to PSS. Completion of this form is compulsory.

The CMAPS form is not connected with any medical assessment you may require for employment purposes.

It is relevant only for assessing the member's state of health to determine their membership status within PSS.

You do not give a CMAPS to a member who has joined another superannuation scheme.

What is a Limited Benefits Member (LBM)?

The PSS Rules define a LBM as:

- a member whose health has been determined to not be sufficiently sound to allow them to perform their duties without taking excessive sick leave in their first three years of membership
- a member who has failed to provide a completed CMAPS or other medical questionnaire
- a member who has failed to give information or who has given false or misleading information on their CMAPS or other medical questionnaire or in a medical examination.

What are the effects of LBM classification?

A LBM, or their dependants, who claim invalidity or death benefits in the first three years of membership will be entitled to benefits restricted to those they have accrued to date of cessation of PSS membership. A member, or their dependants, who is not a LBM is entitled to invalidity and death benefits which include a prospective accrual to age 60.

In addition, a LBM is not eligible to apply for pre-assessment payments or a partial invalidity pension in the first three years of membership.

Limited benefits membership ceases three calendar years after the member's date of commencement of membership. In the case of a person becoming LBM as a result of failing to provide a CMAPS or other medical questionnaire, we can determine that they cease to be a LBM earlier than three years. Any such decision is, however, dependent on the receipt of a completed questionnaire or the participation by the member in a medical examination or test. After the first three years membership, the member is entitled to normal benefits not reduced on medical grounds.

When is a member classified as a LBM?

A member will be classified as a LBM:

- if they do not return a fully completed CMAPS to us within 14 days of becoming a member. This is an automatic application of the PSS Rules.
- if they complete a CMAPS but then do not provide additional medical information which we have requested within an allocated timeframe. This is also an automatic classification.
- if their completed CMAPS is assessed and they are determined to be not of sufficiently sound health to perform their duties without taking excessive sick leave in the first three years of membership, that is, they are made a LBM for medical reasons.
- if they, or their dependants, claim an invalidity or death benefit in the first three years of membership and they are found to have failed to disclose information, or provided false or misleading information on their CMAPS, other questionnaires, or in a medical examination. This means that a member who is not a LBM can be made a LBM retrospectively at the time of claiming an invalidity benefit or following their death during the first three years membership.

We will inform the member by written advice to their postal address if they are classified as a LBM for medical reasons. They will be provided with the reasons for the LBM classification and information about their appeal rights.

Appeals

A member who is classified a LBM for medical reasons may ask for the decision to be reconsidered. Their request for reconsideration should specify the grounds on which they are appealing and should be in writing addressed to CSC's Reconsideration section. You can read detailed information about appeal rights here: pss.gov.au/education-and-advice/your-appeal-rights/

Processing CMAPS – your responsibilities

You must make sure that you follow these instructions carefully. If you fail to adhere to these instructions, you could cause a serious decrease to the level of invalidity or death benefits paid to a member or their dependants in the first three years of membership.

These are the steps in the procedure you must follow:

- provide a CMAPS to every employee who is re-entering PSS on every occasion you re-employ them under a new AGS number
- ensure you and the member read the information and instructions on the CMAPS form
- ensure the new AGS number is used on the CMAPS form
- advise the member that they are obliged to complete and return this form to us within 14 days, otherwise they will automatically be a LBM
- attach a note to the member's personal file stating that they have been given a CMAPS and the date it was provided
- email us any completed CMAPS forms that are returned to you, so we can assess the questionnaire. The email address to use is caseworkservices@admin.csc.gov.au



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