Your insurance

Permanent Incapacity Claim Kit

This checklist will help you keep track of the paperwork contained in this kit that you need to complete.

What you need to complete

Tax file number declaration form
EFT payment instructions form
Declaration and consent form
Confirmation in regard to employment status

What you MAY need to complete

	Declaration of ineligibility for a tax free component
\mathbf{U}	Only required if you are not able to get 2 medical certificates which
	include the declaration that, in your doctors' opinions, you satisfy the
	definition of 'permanent incapacity'.

What your doctors need to complete

A letter from your treating specialist
A letter from another treating doctor

Other documents you need to provide

Certified identification documents

A certified copy of your Driver's Licence or passport (or an acceptable alternative) must be provided to pay your benefit if your claim is approved. For more information please see the Completing Proof of Identity pages in this Claims Kit.



When complete, post your forms to:

ElectricSuper, Level 1, 89 Pirie Street, Adelaide SA 5000

It may take a few weeks to process your claim.

Submitting a claim does not guarantee that your claim will be paid.



A delay in providing us with the

required documents (including your certified ID and bank details), may lead



Your insurance

Permanent Incapacity: Important information

This information may help you and your doctors complete the forms and may help you understand why we ask for some of the information we do.

Costs

Costs associated with requesting or being issued with a Medical Statement is your responsibility. ElectricSuper does not cover the cost of medical appointments or the cost of preparing or issuing reports.

Medical Statements

We need 2 MetLife Medical Statements to assess your claim. At least one of them needs to be from your treating specialist.

If you have no treating specialist, you need to tell us. You can do this by completing the statement in the forms pack you received with your letter.

Both MetLife Medical Statements need to say that, in your doctors' opinions, you satisfy the definition of 'permanent incapacity'. You can find the definition below. Share this information with your doctors.

What is permanent incapacity Share this information with your doctors

The 'permanent incapacity' test is different to the 'total and permanent disablement' test (which is a test that may apply in other superannuation funds).

In particular, the 'permanent incapacity' test relates to your medical condition at the date of application, not the date you ceased employment.

The definition of permanent incapacity, under legislation, is:

"in relation to a member, means ill-health (whether physical or mental), where the trustee is reasonably satisfied that the member is unlikely, because of the ill-health, to ever engage in gainful employment for which the member is reasonably qualified by education, training or experience."

To allow ElectricSuper to apply a tax-free component to your payment, your doctors should also include the statement below in their medical certificate:

"I advise, that in my opinion, Member Name is unlikely because of ill-health to ever engage in gainful employment in a capacity for which he/she is reasonably qualified by education, training or experience."



Your insurance

Permanent Incapacity: Important information

The tax-free component and benefit payments

ElectricSuper can apply a 'tax free component' to certain payments, which would lead to your payment being treated with 'concessional' tax treatments. This would likely mean you would pay less tax on any benefit paid to you.

To allow ElectricSuper to do this, you need to provide 2 medical certificates which include the required wording as shown above.

The requirement to have this sentence included in 2 medical certificates before a tax free component can be applied is a legislative requirement. ElectricSuper has no discretion in this matter.

If you can't arrange for this statement to be included in the 2 MetLife Medical Certificates, you can arrange for this statement to be included in 2 other medical certificates. However, if you can't arrange for this statement to be included in 2 medical certificates at all, please use the Declaration that forms part of this letter so we know the taxation status to apply.

Your payment (if approved) will then be made without taking a tax-free component into account.

Under Chapter 6, Part 6-5, Section 995-1 of the Income Tax Assessment Act 1997, ElectricSuper is able to apply a tax free component to certain payments, known as a "disability superannuation benefit", which is defined as:

Disability Superannuation Benefit means a superannuation benefit:

- a) the benefit is paid to a person because he or she suffers from ill-health (whether physical or mental), and
- (b) 2 legally qualified medical practitioners have certified that, because of the ill-health, it is unlikely that the person can ever be gainfully employed in a capacity for which he or she is reasonably qualified because of education, experience or training

Your privacy

The scheme is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage, process and make a decision regarding your claim or request for insurance underwriting, and respond to any subsequent correspondence in relation to your request.

Our Privacy Policy is available to view at www.electricsuper.au/privacypolicy.

If you do not provide the personal information requested, we may not be able to manage your claim or request for underwriting.



EFT payment instructions

Provide your bank or credit union details below.

1. Your de	tails
Title Mr	Ms Mrs Other Member number
Your name	
2. Your ba	nk details
BSB	
Account number	
Account name	an account in your name or a joint account where you are one of the account holders
Name of bank/ credit union	an account in good name of a joint account where good are one of the account holders
3. Authoris	sation
I authorise Merce bank/credit union	er as administrator of ElectricSuper to credit my insurance benefit payments to my n account above.
Signature	Date /





Declaration and consent

1. Your details	
Title Mr Ms Mrs Other Member number	
Your name	
2. Your acknowledgement	
I acknowledge:	
1. This declaration forms part of the processing of my Disablement benefit.	
I understand and consent to my information being collected, disclosed and used in the mann set out in ElectricSuper's privacy policy.	er
3. I understand that if I do not provide all or part of the necessary information, my claim may r progress.	ot
Signature Date/	





Confirmation in regards to employment status

1. Your details	
Title Mr Ms Mrs Othe	er Member number
Your name	
2. Your declaration	
To the Trustee of the Electricity Industr	ry Superannuation Scheme,
I,	confirm that I am not gainfully employed (that is,
employed for wages) and am therefor Incapacity.	e eligible to receive my benefits on grounds of Permanent
Signature	





Declaration of ineligibility for a tax-free component

Title Mr Ms Mrs Other Member number Your name 2. Your declaration To the Trustee of the Electricity Industry Superannuation Scheme, I,	i. Your details	
2. Your declaration To the Trustee of the Electricity Industry Superannuation Scheme, I, do not consider that my situation satisfies the conditions set out in the Income Tax Assessment Act 1997 relating to whether my super payout attracts a tax-free component and, as such, do not intend to apply to ElectricSuper for concessional tax treatment. Please arrange for payment of my benefit in line with my instructions.	Title Mr Ms Mrs Other	Member number
To the Trustee of the Electricity Industry Superannuation Scheme, I, do not consider that my situation satisfies the conditions set out in the Income Tax Assessment Act 1997 relating to whether my super payout attracts a tax-free component and, as such, do not intend to apply to ElectricSuper for concessional tax treatment. Please arrange for payment of my benefit in line with my instructions.	Your name	
I, do not consider that my situation satisfies the conditions set out in the Income Tax Assessment Act 1997 relating to whether my super payout attracts a tax-free component and, as such, do not intend to apply to ElectricSuper for concessional tax treatment. Please arrange for payment of my benefit in line with my instructions.	2. Your declaration	
conditions set out in the Income Tax Assessment Act 1997 relating to whether my super payout attracts a tax-free component and, as such, do not intend to apply to ElectricSuper for concessional tax treatment. Please arrange for payment of my benefit in line with my instructions.	To the Trustee of the Electricity Industry Superann	luation Scheme,
attracts a tax-free component and, as such, do not intend to apply to ElectricSuper for concessional tax treatment. Please arrange for payment of my benefit in line with my instructions.	l,	_ do not consider that my situation satisfies the
	attracts a tax-free component and, as such, do no	
Signature Date /	Please arrange for payment of my benefit in line w	vith my instructions.
	Signature	Date/

Information

(This is a copy of the information included on the flyer "Permanent Incapacity: Important Information" which formed part of your letter and forms pack)

ElectricSuper can apply a 'tax free component' to certain payments, which would lead to your payment being treated with 'concessional' tax treatments. This would likely mean you would pay less tax on any benefit paid to you.

To allow ElectricSuper to do this, you need to provide 2 medical certificates which include the required wording as shown on the Important Information flyer.

The requirement to have this sentence included in 2 medical certificates before a tax free component can be applied is a legislative requirement. ElectricSuper has no discretion in this matter.

If you can't arrange for this statement to be included in the 2 MetLife Medical Certificates, you can arrange for this

statement to be included in 2 other medical certificates. However, if you can't arrange for this statement to be included in 2 medical certificates at all, please use the Declaration that forms part of this letter so we know the taxation status to apply.

Your payment (if approved) will then be made without taking a tax-free component into account.

Under Chapter 6, Part 6-5, Section 995-1 of the Income Tax Assessment Act 1997, ElectricSuper is able to apply a tax free component to certain payments, known as a "disability superannuation benefit", which is defined as:

Disability Superannuation Benefit means a superannuation benefit:

a) the benefit is paid to a person because he or she suffers from ill-health (whether physical or mental), and

(b) 2 legally qualified medical practitioners have certified that, because of the ill-health, it is unlikely that the person can ever be gainfully employed in a capacity for which he or she is reasonably qualified because of education, experience or training



Completing proof of identity

Primary photographic identification

You will need to provide a copy of one of the following primary identification documents:

- current Australian or foreign driver's licence (including the back of the licence if your address has changed)
- Australian passport
- current foreign passport* or similar document issued for the purpose of international travel*
- current card issued under a State or Territory for the purpose of proving a person's age
- current national identity card issued by a foreign government for the purpose of identification*

Identification documents must not be expired (except an Australian passport which may be expired within 2 years).

Alternative identification

If you are unable to provide any primary photographic identification, you will need to provide 2 identification documents, one from each of the following lists:

- Birth certificate or birth extract*
- Citizenship certificate issued by the Commonwealth
- Pension card issued by Services Australia (Centrelink) that entitles the person to financial benefits

AND

- Letter from Services Australia (Centrelink) or other Government body in the last 12 months regarding a Government assistance payment
- Tax Office Notice of Assessment issued in the last 12 months
- Rates notice from local council issued in the last 3 months
- Electricity, gas or water bill issued in the last 3 months
- Landline phone bill issued in the last 3 months (mobile phone bills are not accepted)

Name change

if you have changed your name, you must provide a certified copy of the relevant name change document*, for example a marriage certificate issued by the Registry of Births, Deaths and Marriages, a Decree Nisi or Deed Poll (in addition to the above identification).

If your legal name or date of birth does not match exactly to our records (excluding aforementioned name changes), please contact us for further instructions.

How to have a document certified

To certify your documents, the authorised person needs to:

- 1. Compare the photocopy to the original
- 2. Write the following details on the copy:
 - 'Certified true copy', and
 - their name, qualification and registration number (if applicable), and
 - sign and date the photocopy

The date of certification must be within 12 months



Verification

We may verify the certifying party. If a discrepancy arises, you may be asked to provide re-certified documentation.

Signing on behalf of another person

If you are signing on behalf of the applicant, you will need to provide certified copies of following:

- the Guardianship papers or Power of Attorney, and
- the appropriate proof of identity for the holder of the Guardianship or Power of Attorney

Certified ID is still also required for the member.

* Translation

If your identification is written in a language other than English, the identification must be accompanied by an English translation prepared by a translator accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the level of Professional Translator or higher (or an equivalent accreditation) to translate from a language other than English into English.



Completing proof of identity

Who can certify documents in Australia?

- Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public
- Agent of the Australian Postal Commission who is in charge of an office supplying postal services to the public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955)
- Bailiff
- Bank officer, building society officer or credit union officer (with 2 or more continuous years of service)
- Commissioner for Affidavits or Declarations
- Court Officer, Registrar or Deputy Registrar of a Court, Judge, Clerk, Magistrate, Master of a Court, Chief Executive
 Officer of a Commonwealth Court
- Fellow of the National Tax Accountant's Association
- Finance Company Officer (with 2 or more continuous years of service with one or more finance companies)
- Justice of the Peace
- Legal practitioner
- Marriage celebrant (registered under Subdivision C of Division 1 of Part IV of the Marriage Act 1961)
- Medical practitioner, chiropractor, dentist, nurse, optometrist, physiotherapist, psychologist
- Member of Chartered Secretaries Australia
- Member of Engineers Australia (other than at the grade of student)
- Member of the Association of Taxation and Management Accountants
- Member of the Australasian Institute of Mining and Metallurgy
- Member of the Australian Defence Force (who is an officer; or a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 2 or more years of continuous service or a warrant officer within the meaning of that Act)
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or Member of the Institute of Public Accountants
- Member of Commonwealth Parliament, State Parliament, Territory Legislature or a Local Government Authority (State or Territory)
- Minister of Religion (under Subdivision A of Division 1 of Part IV of the Marriage Act 1961)
- Notary Public
- Officer with, or Authorised Representative of an Australian Financial Services Licensee (who has had at least 2 years of continuous service with one or more licensees)
- Officer with, or a credit representative of, a holder of an Australian credit licence (who has had at least 2 years of continuous service with one or more licensees).
- Permanent employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority) or a Local Government Authority with two or more years of continuous service
- Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
- Pharmacist
- Police Officer, Sheriff or Sheriff's Officer
- Senior Executive Service Employee of the Commonwealth (or Commonwealth Authority) or a State or Territory (or State or Territory Authority)
- Teacher employed on a full-time basis at a school or tertiary education institution
- Trade marks attorneu
- Veterinary surgeon

Who can certify documents outside of Australia?

- an authorised staff member of an Australian Embassy, High Commission or Consulate
- an authorised employee of the Australian Trade Commission who is in a country or place outside Australia
- an authorised employee of the Commonwealth of Australia who is in a country or place outside Australia
- a Member of the Australian Defence Force who is an officer or a non-commissioned officer with 5 or more years of continuous service
- a Notary Public from a country ranked 129 or below in the latest Transparency International Corruptions Perception Index: www.transparency.org



Draft letter for medical practitioner confirming that a member is permanently incapacitated

(must be printed on the specialist's own letterhead)

Privo	te and confidential
The '	Trustee
c/- E	lectricSuper
Leve	1, 89 Pirie Street
Adel	nide SA 5000

Dear Sir/Madam,

ElectricSuper Confirmation of Permanent Incapacity for First Name Last Name.

I have treated the above for < > years.

(Please provide a summary of the nature of the illness and the prognosis)

I advise that, in my opinion, <First Name Last Name> is unlikely because of ill-health to ever engage in gainful employment in a capacity for which he/she is reasonably qualified by education, training or experience.

Doctor's name:		_
Provider number:		
Address:		
an Talandard		
Yours faithfully,		

