

# Confidential medical report on permanent incapacity



Use this form if you are applying for early release of your superannuation on the basis of permanent incapacity and/or for an insurance claim for total and permanent disablement.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option.

If you have any questions, please call us on 1300 650 873.

## Important information for members and medical practitioners

### Members

This report is part of your application for the release of your preserved accumulation account balance on the grounds of permanent incapacity. This report will be treated at all times with confidentiality, although we may be obliged under legislative provisions to disclose the contents to a court or tribunal. This must be sent in with the *Application for payment of a permanent incapacity benefit* form.

### What you need to do

- Complete **Section 1. Your current membership details** below.
- Make an appointment with a qualified medical practitioner and ask them to complete the rest of this form.
- Pay all the costs associated with completing this form.
- Provide two *Confidential medical report on permanent incapacity* forms completed by two separate medical practitioners, unless you are also claiming a total and permanent disablement benefit, in which case only one report is required. This must be provided by a different medical practitioner from the one who completed your insurance claim Attending Doctor's Statement.

### Medical practitioners

This report forms part of this member's application for payment of benefits on the grounds of permanent incapacity and will be used to help determine benefit eligibility. This report will be treated confidentially at all times, although we may be obliged under legislative provisions to disclose the contents to a court or tribunal.

### What you need to do

- Complete all sections of this form.
- Use extra pages if you need more space. At the top of each extra page write the member's name and superannuation fund member number.
- Return this form and any attachments to: Aware Super PO Box 1229, Wollongong NSW 2500

## 1. Your current membership details

Member number

Account number

Date of birth

Title

Last name

Given name(s)

Address

Suburb

State

Postcode

Daytime contact number

Mobile number

M F



## 2. Medical practitioner details

Name

Professional qualifications

Daytime contact number

Postal address

Suburb

State

Postcode

Are you:

Treating specialist

OR

Medical practitioner of the patient

## 3. General medical report

Name and contact details of any specialists consulted

Does this incapacity prevent the member from managing their own financial affairs?

YES (i.e. the incapacity DOES prevent the member from managing their own financial affairs)

NO (i.e. the incapacity DOES NOT prevent the member from managing their own financial affairs)

Any other comments

## 4. Permanent incapacity certification

Member's name

has consulted me since -- (DD-MM-YYYY)

for the injury/illness/medical condition described below:

and in my opinion, is unlikely to ever again engage in gainful employment for which he/she is reasonably qualified by education, training or experience.

 Please sign and date form here.


Medical practitioner signature

Date (DD-MM-YYYY)  
--

## 5. Terminal illness certification

If the member's condition is terminal, please also complete this section. Additional insurance benefits and tax concessions may be available to members who are terminally ill:

- YES – in the normal course of events, the member's illness or injury is expected to result in the member's death within **12 months** of the date of this certificate; or
- YES – in the normal course of events, the member's illness or injury is expected to result in the member's death within **12 to 24 months** of the date of this certificate; or
- No – the member's current state of health does not meet the above definitions of terminal illness.

 Please sign and date form here.


Medical practitioner signature

Date (DD-MM-YYYY)

--	--	--	--	--	--	--	--	--	--

## 6. Privacy

The personal information provided on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988* (Cth), for the purpose of administering accounts and providing services associated with fund membership. For further information about how personal information is handled, please call us on **1300 650 873** or visit [aware.com.au/privacy](http://aware.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about access to and correction of personal information, how a complaint can be made about a privacy breach and other important information about how personal information is collected, used and disclosed.

 Send the form to this address.

## 7. Where to send your completed form

Return the completed form to **Aware Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.

This page has been left blank deliberately.