

# Confidential medical report on terminal illness



Use this form if you are applying for early release of your superannuation on the basis of terminal illness.

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 terminal illness. 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. Two medical practitioners need to certify that you have a medical condition/injury that is likely to result in your death within 24 months. One of the medical practitioners must be a specialist in an area related to your illness or injury. This must be sent in with the *Application for payment of a terminal illness 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 terminal illness* forms (one of the medical practitioners must be a specialist in an area related to your illness or injury).

### Medical practitioners

This report forms part of this member's application for payment of benefits on the grounds of terminal illness 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Last name	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Address		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime contact number	Mobile number	M F
<input type="text"/>	<input type="text"/>	<input type="text"/>



## 2. Medical practitioner or treating specialist's details

Name

Professional qualifications  Daytime contact number

Postal address

Suburb  State  Postcode

## 3. Terminal illness certification

Member's name

has consulted with me since -- (DD-MM-YYYY)  
for the injury/illness/medical condition described below:

and in the normal course of events, it is expected to result in their death within 24 months of this certification.

- Treating specialist  
**OR**  
 Medical practitioner of the patient

 Please sign and date form here.

Medical practitioner signature  Date (DD-MM-YYYY)

## 4. Privacy

The personal information you provide 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 your account and providing you with services associated with your fund membership. For further information about how your 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 how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

 Send the form to this address.

## 5. 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**.