GPO Box 1088
Melbourne VIC 3001
Telephone: 1800 060 215
childcaresuper.com.au

Permanent incapacity medical certificate

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

Important information for members and medical practitioner

If you have any questions, please call us on 1800 060 215 or email us at info@childcaresuper.com.au

Information for members

You have received two copies of this certificate which, when completed, will be part of your application for the release of your preserved accumulation account balance on the grounds of permanent incapacity. The certificates 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 information may also be used in the assessment of a potential insured benefit (if applicable).

What you need to do

- Complete **Section 1** of each certificate with your current member details.
- Review **Section 6: Privacy**.
- Make appointments with two (2) qualified *Medical Practitioners*.
- Provide each one with a certificate and ask them to complete **Sections 2, 3 and 4**.
- Make sure that they fully complete the certificates. (Incomplete certificates will be returned and this may lead to delays in assessing your claim.)
- Return the completed certificates to Child Care Super, GPO Box 1088, Melbourne, VIC, 3001.
- Pay all costs associated with completing the certificates.

Information for Medical Practitioner

This certificate will assist the insurer and trustee in determining whether the member is eligible for the release of benefits on the grounds of permanent incapacity and will assist the trustee in determining whether the member is eligible for:

- payment of a superannuation benefit on the grounds of disability for the purpose of sections 995-1 and 307-145 of the *Income Tax Assessment Act 1997*.
- release of a superannuation benefit that is otherwise subject to compulsory preservation, on the grounds of permanent incapacity, in accordance with the standards prescribed under Regulation 6.01(2) *Superannuation industry (Supervision) Regulations 1994*.

Information obtained from this certificate will be treated confidentially at all times, although we may be obliged under legislative provisions to disclose the contents to a court or tribunal. This information may also be used in the assessment of a potential insured benefit (if applicable).

What you need to do

- Complete **Sections 2, 3 and 4** of this certificate. Incomplete certificates will be returned.
- Use extra pages if you need more space. At the top of each page write the member's name and membership number.

ChildCareSuper

1. Claimant details

Member number

Title

Given names

Surname

Date of birth

Sex (M or F)

Email

Postal Address

Suburb

State

Postcode

Telephone

Mobile

Normal occupation

Date employment ceased

Employer at time of incapacity

2. Medical practitioner details

Name

Area of specialisation

Professional qualifications

Postal Address

Suburb

State

Postcode

Telephone

Email

Send your completed form to: Child Care Super, GPO Box 1088, Melbourne, VIC, 3001

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3. Consultation details

Date of first consultation

Date of most recent consultation

4. Report on permanent incapacity and declaration by medical practitioner

I certify and declare that:

1. _____ (insert member's name) has ceased to be gainfully employed and is claiming payment of a benefit in the above Fund on the grounds of permanent incapacity.

2. The above named member is suffering from a medical condition which in my opinion, is likely to result in him/her being unlikely ever again to be employed in a capacity for which he/she is reasonably qualified by education, training or experience.

☐ Yes ☐ No

3. His/her incapacity is caused by a

(please print clearly)

4. In my opinion, the member has suffered from this condition since

5. Please list the member's recent occupation

6. Please list the member's past occupations

7. Please show the member's training, education, skills and experience

8. Signature of medical practitioner

9. Printed full name of medical practitioner

10. Date of declaration

Medical practitioner's stamp

Send your completed form to: Child Care Super, GPO Box 1088, Melbourne, VIC, 3001

5. Where to send this completed certificate

Return the completed certificate to Child Care Super, GPO Box 1088, Melbourne, VIC, 3001. If you have any questions, please call us on 1300 361 477 or email us at info@childcaresuper.com.au

6. Privacy

The fund is subject to the trustee's privacy statement, which is available at **stewarda.com.au/privacy-policy**

By completing this form, you acknowledge that you have read the privacy statement and agree that we can handle any personal information you have provided to us as set out in the privacy statement.

Send your completed form to: Child Care Super, GPO Box 1088, Melbourne, VIC, 3001

Issued by Stewarda Pty Ltd ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185 as trustee of the Smart Future Trust ABN 68 964 712 340, RSE Registration No R1000566 (the Fund). Child Care Super is a product in the Fund.

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