

claiming a permanent incapacity benefit guide

HESTA

This document explains how to make a claim for a permanent incapacity (PI) benefit and what will happen when you submit your claim to HESTA. Everyone involved in processing your claim will try to complete it as quickly as possible.

What is a permanent incapacity benefit?

A permanent incapacity (PI) benefit is a payment made from your super account balance if you are injured or ill and permanently unable to work as a result.

When can I claim a PI benefit?

You can apply for a PI benefit if you are medically certified as meeting this definition of permanent incapacity:

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

Is there a waiting period?

There is no waiting period, but to start the claim process you must attach recent medical certificates from two different legally qualified medical practitioners confirming you meet the PI definition above. We cannot assess your claim until we receive all the required documentation (see the document checklist on page 2 and *Certifying your identification* on page 9 for details).

How much will it cost to process my application?

You will need to pay the cost of obtaining the required medical certificates and any fees charged for certifying copies of your documents.

Keeping your HESTA account open

You can keep your HESTA super or HESTA personal super account open by leaving at least \$6,000 invested in it (see Section 2 of the application form) and choosing to keep any insurance you have if your account becomes inactive.

! **Note:** If your account has not received any contributions or rollovers for a period of 16 consecutive months you will lose your insurance cover unless you have opted in to maintain your cover. Opting in to keep your cover will also prevent your account being transferred to the ATO if your account remains under \$6,000 for an extended period. You can opt-in to keep your cover in this form.

To check your estimated balance and how much insurance cover you have, access your account online at hesta.com.au/login or call 1800 813 327.

What happens if I receive a PI benefit?

If you receive a PI benefit, you will generally be paid the entire balance of your super account, unless you choose to retain an amount (e.g. \$6,000) in your super account to cover insurance fees for any existing death and disability insurance you have. If you do not retain an amount, any insurance cover you have will cease and you may not be eligible to claim any benefits.

Depending on your age and situation, there may be taxes applicable to your PI benefit. Taxes applicable for the 2021/22 financial year are detailed in the below table:

Type of super	Type of withdrawal	Maximum rate of tax
Taxable component – taxed element	Lump sum	Under preservation age: 20% plus applicable Medicare levy
		Over preservation age but under 60: Nil up to \$225,000 15% on balances over \$225,000, plus applicable Medicare levy.
		Over 60: tax free
Taxable component – untaxed element	Lump sum	Under preservation age: 30% up to \$1.615 million, plus applicable Medicare levy. 45% on balances over \$1.615 million, plus applicable Medicare levy.
		Over preservation age but under 60: 15% up to \$225,000, plus applicable Medicare levy. 30% on balances between \$225,000 and \$1.615 million, plus applicable Medicare levy. 45% on balances over \$1.615 million, plus applicable Medicare levy.
		Over 60: 15% up to \$1.615 million, plus applicable Medicare levy. 45% over \$1.615 million, plus applicable Medicare levy.

For up-to-date information on superannuation tax rates visit ato.gov.au

Income Protection

Did you know HESTA members usually have two units of Income Protection insurance?

If you have an injury or illness, you may be eligible to receive an Income Protection benefit if you have insurance cover. For more information contact us on 1800 813 327.

Help claiming social security benefits

The Welfare Rights Centre is an independent community legal centre specialising in social security law and its administration by Centrelink.

The Centre has a long-standing relationship with HESTA, guiding members through the social security system when they're unable to work and need financial help. This free service for HESTA members provides information, advice and assistance to identify and access social security rights and entitlements, including:

- how to apply for Sickness Allowance, Jobseeker Allowance, Disability Support Pension and the Family Tax Benefit
- how to sort out problems with obtaining entitlements
- how receiving an insured benefit and/or the release of your super account balance could affect social security entitlements.

The above is general information only. It does not constitute legal advice. If you need legal advice about your Social Security entitlement, please contact the Welfare Rights Centre on (02) 9211 5300 (Sydney) or call 1800 226 028. The Welfare Rights Centre, Sydney, is a community legal centre which specialises in social security law, administration and policy. It is entirely independent of Centrelink. All assistance is free. For more information, visit welfarerights.org.au

Don't forget to supply your tax file number (TFN)

You don't have to supply your TFN, but if you don't, your benefits may be taxed at the highest marginal tax rate. To check or to supply your TFN, visit hesta.com.au/tfn or call us on 1800 813 327.

Permanent incapacity (PI) benefit document checklist

To ensure your claim is processed as quickly as possible, please return these documents.

Mandatory

- Fully completed *Application for claiming a permanent incapacity benefit* form, signed at both section 3 and section 4.
- Copies of medical certificates from two different legally qualified medical practitioners which state that you meet the definition of permanent incapacity.
- Certified copies of proof of identity documents, unless you have opted for electronic verification (see page 9 for information on certifying your identification).

If required

- Certified copy of any change of name document, such as a copy of your marriage certificate or deed poll document.
- A copy of your bank statement OR a deposit slip showing your BSB, Account Number and Account Name.

How to claim

Step 1

Return your completed documents (see the *document checklist* above) to us. Scan and email all requirements to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

Step 2

We will check that your application to claim has been correctly completed and all required documents are attached.

Step 3

We will assess your application to claim and either accept or decline based on the information you have supplied. If we need more information we'll be in touch.

Step 4

If your claim is not accepted, we will write to advise you of the outcome and your options.

If you have any questions or need help with your application, contact us on 1800 813 327.

Note: We may require additional information from you, or from your medical practitioners, to assess your claim. We will advise you of any such requirements after we have completed an initial review.

application for claiming a permanent incapacity benefit

HESTA

Please read *Claiming a permanent incapacity benefit* before you complete this application. Complete all sections in capital letters. Check you have signed and dated the declaration and all required documentation is attached.

Scan and email all requirements to hesta@hesta.com.au or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

1 Your member details

Complete this section in full. Your details will help us identify your account.

Member number:

Date of birth:

Title: Ms Mrs Miss Mr Dr Other

Given name/s:

Family name:

Postal address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr. Postcode

Preferred contact number:

Email:

Last employer's name:

Date last worked:

Employer's address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr. Postcode

Have you permanently ceased all employment?

Yes. Complete the following sections.

No. You cannot claim a PI benefit.

2 Payment options

Please choose how you wish to receive your benefit payment.

Note: if you request a partial payment of your account balance, you must retain a minimum balance of \$6,000 in your account after the payment has been processed (see *Keeping your HESTA account open* on page 1).

Option 1

I wish to claim my entire benefit. I understand in doing so, my insurance arrangements through HESTA will cease.

or

Option 2

I wish to claim a partial benefit.

2A. Amount I wish to claim (before tax):

\$

or

2B. Amount I wish to leave in my account:

\$

Keeping your insurance with HESTA

I want to keep my insurance cover if I become inactive.

Specify your preferred payment method by placing an 'X' in the appropriate box

I would like an electronic funds transfer (EFT) into my account.

Account name:

Note: Your nominated bank account must be held in your name or, if it is a joint account, you must be one of the account holders.

I confirm that the bank account is in my name (or jointly) and the details provided above are correct.

BSB:

! Ensure you provide a copy of your bank statement to verify details.

Account number:

I would like a cheque in my name.

Note: Cheques can only be sent to the address on your account.

* If a bank statement is not provided, is unreadable or not in your name, we will issue you a cheque.

3 Statutory declaration

Statutory Declarations Act 1959

I, (Name)

(Occupation)

of (Address)

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

make the following declaration under the *Statutory Declarations Act 1959*

I declare I have permanently ceased employment due to my illness/injury, resulting in my inability to be employed ever again in any capacity for which I am reasonably qualified by education, training or experience.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

[Signature of person making the declaration]

Declared at (place):

on

3 Statutory declaration (continued)

Before me:

[Full name, qualification and address of person before whom the declaration is made (please print)]

For a full listing of people who can witness your declaration, please refer to Schedule 2 of the *Statutory Declarations Regulations 2018*.

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years – see section 11 of the *Statutory Declarations Act 1959*.

Note 2: Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

4 Declaration

- I apply to the Trustee of HESTA for payment of my superannuation account on the grounds of permanent incapacity. I acknowledge that full payment of my account balance discharges the Trustee of HESTA from all liability in respect of this entitlement under the Fund.
- I acknowledge any decision made by the Trustee of HESTA regarding my permanent incapacity claim is independent of any claim on HESTA's insurance policies and any decision made by HESTA's insurers.

The HESTA Privacy Collection Statement is available at hesta.com.au/privacy or by calling 1800 813 327.

Signature of claimant:

Date:

If you have Income Protection, would you like us to contact you to discuss how to claim?

Yes No

contact us

hesta@hesta.com.au | 1800 813 327 | [Email form to hesta@hesta.com.au](mailto:hesta@hesta.com.au) or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249 Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. The information you provide on this form, and any subsequent information you provide to us or our service providers in relation to this form, is collected in accordance with the HESTA Privacy Collection Statement available at hesta.com.au/privacy or by calling 1800 813 327. Where you provide us with personal information about another person, it is your responsibility to notify that person about the disclosure of their personal information to us.

medical report form 1

permanent incapacity claim

HESTA

Give this form to your medical practitioner to complete and return to you.

Then scan and email all requirements to hesta@hesta.com.au or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

HESTA member to complete:

1 Your member details

Member number:

Date of birth:

Member given name/s:

Member family name:

Member address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

2 Your medical practitioner to complete

This member has applied for a Permanent Incapacity Benefit. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

Please note: The member is responsible for any costs involved in obtaining this report.

1. Are you the member's usual medical attendant?

Yes No

2. What is the nature of the member's present disability?

Please provide details of the members present medical condition and if available the history of the disability.

3. When did the member first consult you regarding the disability?

4. What treatment is the member currently receiving in relation to this disability?

2 Your medical practitioner to complete (continued)

5. The definition of Permanent Incapacity requires the Trustee of HESTA to be reasonably satisfied that the member is suffering from ill health (whether physical or mental), to such an extent 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.

Having discussed with the member what their previous occupations have been and the nature of their education training and experience, in your opinion, does the member meet the above definition?

Yes No

If the member does meet the above definition of Permanent Incapacity, please provide your detailed explanation below:

6. If you answered 'No' to the previous question please indicate the nature of any employment that might be open to them that could reasonably be within their existing education, training and experience:

Additional comments:

2 Your medical practitioner to complete (continued)

I hereby certify that I have examined the above named HESTA member and that the statements made in this certificate are true and correct to the best of my knowledge.

Signature:

Date:

Qualifications:

Provider number:

Given name/s:

Family name:

Full contact address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

contact us

hesta@hesta.com.au | 1800 813 327 | Locked Bag 5136, Parramatta NSW 2124 | hesta.com.au

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medical report form 2

permanent incapacity claim

HESTA

Give this form to your medical practitioner to complete and return to you.

Then scan and email all requirements to hesta@hesta.com.au or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

HESTA member to complete:

1 Your member details

Member number:

Date of birth:

Member given name/s:

Member family name:

Member address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

2 Your medical practitioner to complete

This member has applied for a Permanent Incapacity Benefit. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

Please note: The member is responsible for any costs involved in obtaining this report.

1. Are you the member's usual medical attendant?

Yes No

2. What is the nature of the member's present disability?

Please provide details of the members present medical condition and if available the history of the disability.

3. When did the member first consult you regarding the disability?

4. What treatment is the member currently receiving in relation to this disability?

2 Your medical practitioner to complete (continued)

5. The definition of Permanent Incapacity requires the Trustee of HESTA to be reasonably satisfied that the member is suffering from ill health (whether physical or mental), to such an extent 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.

Having discussed with the member what their previous occupations have been and the nature of their education training and experience, in your opinion, does the member meet the above definition?

Yes No

If the member does meet the above definition of Permanent Incapacity, please provide your detailed explanation below:

6. If, in your opinion, the member is not incapacitated, please indicate the nature of any employment that might be open to them that could reasonably be within their existing education, training and experience:

Additional comments:

2 Your medical practitioner to complete (continued)

I hereby certify that I have examined the above named HESTA member and that the statements made in this certificate are true and correct to the best of my knowledge.

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Qualifications:

Provider number:

Given name/s:

Family name:

Full contact address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

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contact us

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Name: Member number (if known):

Proving your identity

To protect you from the risk of identity fraud, you will need to provide certified identification to make a change of name or details, benefit claim, open a HESTA Income Stream or apply for refund of contributions. You can provide certified documents in hard copy or you can provide consent for us to verify your identity electronically with your accompanying application form.

If you are providing ID for an IP or TPD claim, and to avoid any delays in processing your request, send all requirements to: **AIA Australia, PO Box 6111, Melbourne VIC 3004.**

If you are providing ID for any other claim, and to avoid any delays in processing your request, scan and email all requirements to: **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

Option 1: Electronic proof of identity

Please provide at least **TWO** of the following for verification.

Electronic verification
 If you select this option you do not have to attach any certified documents. We will do all the checks for you.
 I authorise the use of the below information for this purpose (complete 'Verification of identification' on this form):

My Medicare number is:

Exp. date:

I am person number on this Medicare card
 and
 My Australian Driver licence number is:

Exp. date: State of issue:

and/or my Australian passport number is:

Exp. date:

Place of birth:

Country of residence:

Name on citizenship document (if applicable):

Family name at birth:

Option 2: Provide certified copies of ID documents

This step-by-step guide details the types of documents we can accept as proof of your identity and what you need to do to certify them correctly.

Hard copy verification
 If you select this option you must attach all certified documents.

Acceptable documents

Either

- A certified copy of a primary photographic identification document:
- current photographic driver's licence issued under state or territory law (copy of the front and back)
 - current passport (including English translation where required).

or

- A certified copy of a primary non-photographic identification document:
- birth certificate
 - citizenship certificate issued by the Commonwealth of Australia
 - pension card issued by Centrelink that entitles you to financial benefits.

and

- A certified copy of a secondary identification document:
- a notice issued by a local government body or utilities provider within the preceding three months that shows your name and residential address.
 - notice issued by Commonwealth, state or territory government within the past 12 months that shows your name and residential address. For example:
 - Tax Office notice of assessment
 - a notice recording the provision of financial benefits i.e. a Centrelink assistance payment.

Verification of identification

I consent to the Trustee of HESTA verifying my identification via electronic means including in the event my certified documents have not been correctly certified or if I apply for TPD and have been approved for payment.

Signature: Date signed:

Have you changed your name or are you signing on behalf of another person?

If you've changed your name or are signing on behalf of the applicant, you'll need to provide a certified linking document proving a relationship exists between two (or more) names.

For a change of name you can request linking documents (eg Marriage certificate, Deed poll, Change of name certificate, Divorce decree or Registered relationship certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers and Power of Attorney documents.

How to certify

The person authorised to sight and certify documents must:

- sight the ORIGINAL and the copy and make sure they are identical, and
- write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (eg. Justice of the Peace), registration number (if applicable) and date.

What does a certified document look like?

Samantha Sample has provided a photocopy of her identification that included signature, full name, date of birth, and current residential address.

- The certifying authority has sighted the original identification, and confirmed that the copy is a true copy.
- Details for the certifying authority are included: full name, qualification, registration number (if applicable), date and signature.



'I certify that this document is a true copy of the original'

[Handwritten signature]

Name: Kate Anderson Qualification: JP
Date: 31 July 2015 Registration no: 222222

Who can certify my identification document?

For a full listing of people who can certify your documents, see Schedule 2 of the *Statutory Declarations Regulations 2018*. Some of the people who can certify copies of originals as true copies are:

- a medical practitioner
- a nurse
- an optometrist
- a psychologist
- a pharmacist
- a chiropractor
- a veterinary surgeon
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed full time or part time basis at a school or tertiary institution
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public
- a police officer
- a Justice of the Peace
- a magistrate
- a bank officer with 2 or more continuous years of service
- a marriage celebrant
- a member of the Governance Institute of Australia Ltd
- a permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- a SES employee of the Commonwealth.

What if I don't certify my identity documents correctly?

If the identification documents you send with your application are not certified or incorrectly certified, we may call you to verify your identity over the phone. If you're unable to give us enough information to identify you over the phone, you may need to resend certified proof of identity documents. This will lead to delays in processing your application.

Alternatively you can give your consent for electronic verification of your documents to be completed in the event that your documents have not been correctly certified, please sign the consent section under 'Verification of identification'.

Return your completed form

Scan and email all requirements to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

contact us

hesta@hesta.com.au | 1800 813 327 | **Email form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**