

Living Super Permanent incapacity claim form



About this form

Complete this form if you wish to make a permanent incapacity claim. Permanent incapacity means ill-health (whether physical or mental) where you are unlikely, because of the ill-health, to engage in gainful employment for which you are reasonably qualified by education, training or experience.

Please return to:

Living Super
Reply Paid 93910
MELBOURNE VIC 3001

To do this you will need to:

1. Complete Parts A - E of this form.
2. Have a Registered Medical Practitioner complete Part F of this form.
3. Have a second Registered Medical Practitioner complete Part G of this form.
4. Return the form with a certified copy of your identification to the below address.
5. Attach copies of any other relevant documents to support your claim.

If you have any queries you should call our member claims team on (03) 7067 8656, 8:30am-5pm Mon-Fri (Melbourne time) or email us on memberclaims@diversa.com.au.

Part A: Your details

First name	Last name	
<input type="text"/>	<input type="text"/>	
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Living Super account number	Date of birth (DD/MM/YY)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Part B: Your occupation history

Please list all occupations and duties you have had during your working life. If you had several employers, but always the same occupation, list once and advise the total period in that type of occupation.

Employer	Job title	Duties	Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Part C: Your education history

Please advise what level of education you have (e.g. Secondary or Tertiary, diploma/ degree name)

Part D: Other licences, courses, qualifications

Please list any other courses, skills, training or trade qualifications you have obtained during your working life (e.g. nurse, bricklayer, forklift driver, computer courses, etc.).

Part E: Declaration and authorisation

Please read the following:

- The information provided is true and correct.
- I understand that the Trustee may request further information to be able to assess my claim.
- I understand that I am responsible for any costs associated with obtaining medical statements.
- I understand that subject to Trustee approval of my claim, the withdrawal proceeds will be calculated in accordance with the governing rules applicable to Living Super after all relevant information is received by Living Super.

(1) Print full name

(2) Insert condition or injury

I, confirm that I am suffering from

that has resulted in my permanent incapacity (as defined above) and I am unlikely to engage in gainful employment in the future.

Signature

Date (DD/MM/YY)

 / / 

Part F: Registered medical practitioner* 1 to complete

Registered medical practitioner* details

Title First name Last name

Postal address

Suburb State Postcode Registration number

Phone number Fax number

Qualification

Confirmation of permanent incapacity

(1) Print full name (2) Insert claimant's full name
I, confirm that is suffering
(3) Insert illness or injury
from, that has resulted in their permanent incapacity
(4) Insert date (DD/MM/YYYY)
since / /

In signing this Medical Statement I consider that due to this ill-health they are unlikely to engage in gainful employment for which they are reasonably qualified by education, training or experience.

Signature of Medical Practitioner Date (DD/MM/YY) / /

Other comments: (please use space if required)

*Registered Medical Practitioner means a person who has general or specialist registration with the Medical Board of Australia. A Registered Medical Practitioner includes a registered General Practitioner (GP).



Part G: Registered medical practitioner* 2 to complete

Registered medical practitioner* details

Title First name Last name

Postal address

Suburb State Postcode Registration number

Phone number Fax number

Qualification

Confirmation of permanent incapacity

(1) Print full name (2) Insert claimant's full name
I, confirm that is suffering
(3) Insert illness or injury
from, that has resulted in their permanent incapacity
(4) Insert date (DD/MM/YYYY)
since / /

In signing this Medical Statement I consider that due to this ill-health they are unlikely to engage in gainful employment for which they are reasonably qualified by education, training or experience.

Signature of Medical Practitioner Date (DD/MM/YY) / /

Other comments: (please use space if required)



Part H: Verifying your identity

To verify your identity follow the four simple steps below:

- Step 1** Choose either one identification document from list A or two documents from list B below
- Step 2** Select an authorised person to certify your documents
- Step 3** Take copies and originals to the certifier and ask them to complete the certification
- Step 4** Send the certified documents to Living Super Reply Paid 93910 MELBOURNE VIC 3001

Step 1: Choose identification documents

You need to choose either one document from List A or two documents from List B. Please note the certified copies will not be returned.

NOTE: The documents must verify your Full Name AND either your Residential Address OR Date of Birth.

List A

- Australian Driver's Licence (must be current, show current residential address and photograph)
- Australian Passport (either a current passport or a passport that expired within the last 2 years)
- Proof of Age Card/NSW Photo Card (must be current and show date of birth and photograph)
- International Passport or Driver's Licence – front and back of document (current, containing a photograph and a signature and accompanied by a translation from a Professional Translator accredited by the National Accreditation Authority for Translators and Interpreters if not in English)
- Current foreign National Identity Card issued for the purposes of identification – front and back of document (current, containing a photograph and a signature and accompanied by a translation from a Professional Translator accredited by the National Accreditation Authority for Translators and Interpreters if not in English)

List B

One of the documents

- Birth Certificate (issued by a State or Territory in Australia)
OR
- Citizenship Certificate (issued by the Commonwealth of Australia)
OR
- Pension Card or Health Card (must be current and issued by Centrelink entitling financial benefits)
AND
- Social Security notice issued by the Commonwealth, State or Territory in the past 12 months containing your name and residential address which records financial benefits provided to you
OR
- Notice Issued by the Australian Tax Office within the past twelve months that contains your name and residential address and records debts payable by you
OR
- Rates or Utilities notice issued in the last 3 months containing your name and residential address and recording the provision of services to you/your address

Step 2: Select a certifier

Take the originals and copies of your identification documents to a document certifier from the list below. Ask them to follow the instructions in Step 3.

1. A Pharmacist
2. A Justice of the Peace
3. A Notary Public Officer
4. A Medical Practitioner or Nurse
5. A Police Officer
6. An Accountant (CA/CPA)
7. A Legal Practitioner
8. A Full-time teacher (school or tertiary)
9. Bank/Credit Union/Building Society Officer with at least two years continuous service
10. A permanent employee of a Commonwealth, State/Territory or local government with at least two years continuous service.

Step 3: Certifier instructions

Once you (the certifier) have sighted the original proof of identity document and the copy and confirmed that both documents are identical on each page of the copy complete the following:

1. Certify as true copies by writing or stamping "I hereby certify that these pages are a true copy of the original document shown to me on [date]"
2. Sign each document and print your Name, Address, Phone Number and Certifier Classification. For example; John Smith, 1 ABC Street, Sydney, NSW, 2000 ph: 1234 5678, Accountant

*Registered Medical Practitioner means, unless the insurer agrees otherwise, a medical practitioner legally qualified and registered to practice in Australia, excluding but not limited to chiropractors, physiotherapists, psychologists and alternative health providers. A Registered Medical Practitioner includes a registered General Practitioner (GP).

For the curious: This information was prepared and sent on behalf of Diversa Trustees Limited ABN 49 006 421 638, AFSL 235153, RSE L0000635, the Trustee of Living Super, a sub-plan of OneSuper ABN 43 905 581 638 (Fund) and the issuer of interests in the Fund. Living Super is a product issued out of the Fund. Insurance cover offered by the Fund is provided by MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096. The information contained above is general advice only and has been prepared without taking account of your objectives, financial situation or needs. Consider your personal circumstances, the appropriateness of the product and read the Product Disclosure Statement and Target Market Determination available at ing.com.au before making any decision to acquire or continue to hold the product. You may also decide to seek independent financial advice before making a decision about the product. ING is a business name of ING Bank (Australia) Limited ABN 24 000 893 292, AFSL 229823.

