

Application for Invalidity Benefit - Employer Statement

Please select which scheme(s) you are a member of and enter your member number(s):

Retirement Scheme member no.

□ □ □ □ □ □ □ □ □ □

Defined Benefit Scheme member no.

□ □ □ □ □ □ □ □ □ □

This form is to be completed by **your employer**. The following information is required to assess your eligibility for an invalidity benefit.

Please use a black pen and CAPITAL letters or type directly into this form online, print it and send it to us. Use (✖) to mark boxes.

Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) available at lgsuper.com.au

I. Member information

Full member name

Date of birth

Date employment terminated

Reason for termination: Resignation Medical termination Medically dismissed

Aged retirement Other (please specify)

Member's termination notice/letter is attached Yes No

Employment status prior to termination:

Please tick **ONLY ONE** (1) of these options. Permanent full-time Permanent part-time Casual

Full-time annual salary at Scheme exit date \$

If employee was part-time, please provide attributed full-time salary \$

Last date actively employed

Commencement date of current position

a) Occupation or classification

b) Major duties

c) Job description attached Yes No

d) Was the member fully engaged in those duties prior to termination? Yes No

e) If 'No', what alternate duties were being performed?

f) How long were these alternate duties performed prior to termination?

g) Would the member be able to perform these or like duties on a permanent basis? Yes No

h) How many days of sick leave were taken in the last 12 months of employment?

i) Have Workers' Compensation payments been made? Yes No

j) If 'Yes', please provide details, and attach copies of relevant information.

k) Has any rehabilitation attempt been made? Yes No

l) If 'Yes', please provide details, and attach copies of relevant information.

IMPORTANT

Where a member is under maturity age and is approved for a pension on the grounds of invalidity, if their health is restored to a level that enables them to return to pre-retirement employment the trustee may communicate with the Employer in this regard in accordance with the rules of the Scheme.

*Maturity age is 60 years of age except in the case of a female contributor who elected to contribute at the rate prescribed for retirement at 55 years of age.

m) Are there any other alternate roles that the employee would be able to perform if unable to return to their normal occupation? Yes No

n) If 'Yes', please give details.

o) Are you aware of the employee being engaged in any other form of employment since ceasing employment with you? Yes No

p) If 'Yes', please give details.

q) Are you aware of any other factors that may assist us or has any relevance to this application? Yes No

r) If 'Yes', please give details.

Please ONLY complete this section if the former employee was medically terminated or medically dismissed.

2. Invalidity Benefit Statutory Declaration

I MAKE this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900 (NSW).

Declared at in the State of New South Wales

on Signed

in the presence of an authorised witness, who states:

I,

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. I saw the face of the person.
OR
 I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.

2. I have known the person for at least 12 months.
OR
 I have not known the person for at least 12 months but I have confirmed the person's identity using an identification document and the document I relied on was a

(describe identification document relied on)

3. I also certify that the requirements of the Oaths Act 1900 (NSW) have been complied with.

Signed
(Authorised witness)

Date

AUTHORISED WITNESSES

- a solicitor or barrister who has a current practising certificate (whether NSW or some other State/Territory);
- a Justice of the Peace;
- a notary public;
- a commissioner of the court for taking affidavits; a person by law who may administer an oath.

Please use (✖) to mark the box that applies in both 1 and 2

3. Employer details and declaration

Employer name

Phone no.

I declare that I have fully read this form and the information completed is true and correct:

I certify that I have obtained the necessary consent to disclose personal information to LGS.

Name of authorised person

Position

Signed

Date

Please return your completed form to:

Mail: Local Government Super
PO Box N835
Grosvenor Place NSW 1220

Email: admin@lgsuper.com.au

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