



Triple S and Flexible Rollover Product

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA. Use this form for Income Protection (IP), Total & Permanent Disablement claim (TPD), and Terminal Illness (TI) claims.

ing an Income Protection Claim.	found on the Super SA website: For Income Protection	For Total & Permanent Disablement	For Terminal Illness
and TI claims must read Making a TPD Claim .	This Claim Form	This Claim Form	This Claim Form
	Copies of any relevant medical repo	orts Copies of any relevant medical reports	s Copies of any relevant medical re
	Medical Practitioner Report	Medical Practitioner Report	Medical Practitioner Report
ent ID:	Medical Specialist Report*	Medical Specialist Report	Medical Specialist Report
	Tax file number declaration	Education & Experience Report	
	*Optional, however may increase the i	nitial approved payment period.	
1. Personal details			
		5	
ītle		Date of bi	rth
			/ M M / Y Y Y
Given Name(s)			
amily Name			
mail address*			
and dad ess			
Aobilo mbono*	Mark rhans		
Mobile phone*	Work phone	Home phone	
Street address			
Suburb			State Postcode
Postal address (if different from above)			
(,, 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Suburb			State Postcode
Name of employer		Employee number	
Name of employer		Employee number	

(!) Income Protection Triple S cover and any associated benefits cease if you make a fund selection to another super fund (other than to Super SA Select)*

Account ID:

Flexible Rollover Product

3. Which scheme are you claiming under?

Triple S
Account ID:

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^{*} If a member has more than one SA Government employer and has not exercised fund selection in respect of all employers, any Income Protection held will continue on the same terms and conditions in respect of the employers continuing to contribute to Triple S.



NOTE: TPD claims must also attach a completed



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Income Protection (IP)

4. What type of insurance are you claiming?

Total & Permanent Disablement (TPD)

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Important! – If you have terminated employment because of accepting a Targeted Voluntary Separation Package (TVSP), you may not be eligible to claim for insurance benefits. For more information, please refer to the relevant information sheet applicable to your claim type available on our website.

Terminal Illness (TI)

Education & Experience Report Important! Approval for some claim types may invalidate your insurance under a different entitlement type, if you are unsure, please contact our claims team on medicalsuper@sa.gov.au or 08 8214 7805. 5. Your current/most recent employment details Occupation Annual salary (before tax) Status Full time Part time Casual Line managers name Managers title Managers phone number Managers email address What date did you last work? Has your employment been terminated? If Yes, what date? Yes No If Yes, what date will Have you taken paid leave? Yes No your paid leave cease? Have you received, applied for, or are you entitled to receive any workers compensation payments? Yes No If Yes, please provide details Injury manager's name Injury manager's phone number Injury manager's email Have you received, applied for, or are you entitled to receive, a workers' compensation redemption No Yes (under the Return to Work Act)? If Yes, please provide details Yes No Have you received, applied for, or are you entitled to receive, any other entitlements (eg VSP)? If Yes, please provide details No Are you receiving a Disability Support Pension (DSP) or Veterans Affairs Pension (VAP)? Yes VAP Pension No. If Yes, which type? DSP Pension No. Date granted Important! Any entitlement to workers' compensation may affect your insurance entitlement.

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6. What is your medical condition(s) for this claim
What is the exact nature of your claimed injury/medical condition(s) (in order of most incapacitating for work to least)?
When did you first consult a medical practitioner for this injury/medical condition?
When did you first suffer from the above injury/condition(s)? D D D D D D D D D D D D D
If an injury, how did your injury occur?
ii arr ii jar y, now ala your ii jar y occar.
Have you been able to perform any work (paid or unpaid) since you first suffered from the above injury/condition? No
If Yes, provide details
What specific work duties are you unable to perform and why?
What alternate work duties do you think you could perform?
What alternate work duties do you think you could perform?

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7. Your Doctors and Specialists information

Please provide details of any surgery/procedures

Doctor's name and address	Details of surgery/procedures in relation to the condition(s)	Date
		DD/MM/YYYY

(If you need more space, please list and attach)

Please give details of all doctors, specialists etc. consulted in relation to the condition(s).

Condition	Doctor's name and address	Date
		Date of first consultation
		D D M M Y Y Y Y
		Date of most recent consultation
		Date of first consultation
		D D M M J Y Y Y
		Date of most recent consultation
		D D / M M / Y Y Y Y
		Date of first consultation
		D D M M / Y Y Y
		Date of most recent consultation
		D D / M M / Y Y Y Y
		Date of first consultation
		D D / M M / Y Y Y
		Date of most recent consultation
		D D / M M / Y Y Y
(If you need more space, please list and attach)		
If there are any other comments/additional informa	tion which you believe may be relevant in the assessmer	nt of this claim, please provide.

IMPORTANT!

To assist with the assessment of your claim, please attach copies of any documentation you hold regarding your injury/condition. This may include, but is not limited to:

- List of current medications - Specialists Reports
- Any Test Results (eg biopsy/blood)
- Health Care Plans
- Orthopaedic/Radiological Reports (eg X-rays/MRI)
- Hospital or Separation Reports
- Workers' compensation - Return to Work Reports





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8. Payment information Please pay any successful claim as follows:				
Pay any benefits to me directly Bank details ① please ensure y Account name (account holder na	ou attach a copy of your most recent bank statement			
BSB Number A	Account number			
Helpful tip The next time you visit your doctor, consider asking them to certify a copy of your driver's license or passport. Although you're not required to provide us with proof of identity when you make an insurance claim, we will ask you for it if your claim is approved for payment. You could save time by submitting it in advance with this form.				
For TPD payments only Part or all of your TPD payment can be transferred to another fund. Please select the amount you would like paid directly to you (please complete your bank details above). Any TPD payment above this will be paid directly to the fund listed below. Transfer amount				
1. Pay all my benefit to th	e fund below.			
2. Pay \$	directly to me and transfer the remaining to the fund below.			
3. Pay all my benefit to my	y bank account above			
Transfer my TPD benefits to: Name of fund	Super fund ABN			
Super fund member number	Super fund USI			

9. Member declaration

- I declare that all the information supplied by me is true and correct.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I acknowledge it is an offence to provide false or misleading
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness or injury, medical history, consultations, prescriptions or treatment.
- I understand Super SA (with authority under the Southern State Superannuation Act 2009) can gain access to any information held by RTW or Worker compensation authority (or any provider of these services) to assess my claim.
- Super SA may provide a copy of this declaration to the third party to obtain necessary information.
- I authorise Super SA to provide information to any other medical practitioner for the purpose of assessing my claim.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application.
- I understand that Super SA will obtain information from my employer and may provide my medical details to my employer, which it is authorised to do under the relevant Act and Regulations.
 - (!) Important! By signing this declaration I declare I have read the information sheet relevant to my claim. TPD and TI claims must read Making a TPD Claim.

IP claims must read Making an Income Protection Claim.

Signature

Important! We are unable to start assessing your claim for any insurance entitlement until we have received the completed documents listed in

Contact us



(🕲) **EMAIL** medicalsuper@sa.gov.au



or TI, you must also obtain a Medical Specialist Report by a medical practitioner who is a specialist in the relevant field.

WEBSITE supersa.sa.gov.au

the checklist on page 1 of this form. This includes a Medical Practitioners Report that has been completed by your treating doctor. If claiming TPD



PHONE (08) 8214 7800





MEMBER CENTRE (Appointment preferred) 151 Pirie St Adelaide SA 5000

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