



Training notes

Medical Status of Scheme Members

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Contents

Medical Status of PSS Scheme Members	3
Aims and Objectives.....	3
Introduction	4
Assessment From 1 July 1990 to 17 October 1993.....	4
Assessment From 18 October 1993 to 31 January 2000	4
Assessment From 1 February 2000	4
Non-Disclosure.....	5
Reconsideration	6
Important Points to Remember	6
Exercises	8

Medical Status of PSS Scheme Members

Aims and Objectives

These training notes are designed to provide personnel staff with a detailed knowledge of the determination of medical status in the Public Sector Superannuation (PSS) scheme by addressing the following:

- > Their responsibilities in regard to medicals and CMAPS;
- > Limited benefits membership and its effect on benefits;
- > Repercussions of failure to disclose medical conditions;
- > Requests for reconsiderations.

These notes are not a substitute for the *Superannuation Act 1990*, the Trust Deeds or the Rules for the administration of the scheme.

As provisions change you will be advised by way of Employer News. If you wish to continue to use these notes, please ensure that you update them for any changes.

Introduction

Persons who become new members of the PSS must be assessed to determine whether they should remain **full benefits** members (FBM) of the scheme, or become **limited benefits** members (LBM).

On death or invalidity retirement, a **full benefits member** is entitled to a prospective benefit accrual to **age 60**.

A **limited benefits member** is entitled to **accrue benefits to date of exit only**.

Note: CSS members who transfer to the PSS cannot be issued with a Limited Benefits Membership.

Assessment From 1 July 1990 to 17 October 1993

New members from 1 July 1990 to 17 October 1993 were required to undergo a medical examination to determine their medical status.

Assessment From 18 October 1993 to 31 January 2000

New members during this period were required to complete a Confidential Medical and Personal Statement (CMAPS), and send it directly to ComSuper within **fourteen days** of joining the scheme. Members retained full benefits for the fourteen-day period.

Assessment From 1 February 2000

New members from 1 February 2000 are required to complete a Confidential Medical and Personal Statement (CMAPS), and return it to their Personnel Section within **fourteen days** of joining the scheme.

- > Members retain full benefits for the fourteen-day period.
- > If members fail to complete the CMAPS within **fourteen days**, they automatically become Limited Benefits Members and *remain so until the CMAPS is received and assessed*.
- > Delays in assessing the case could result in the incorrect entitlement of an invalidity or death benefit.
- > You must advise ComSuper of any member that does not submit the CMAPS to you within 14 days by emailing to : **cmaps@comsuper.gov.au**
- > If you do not advise ComSuper that a member has failed to complete their CMAPS, you may be held responsible for the incorrect calculation of Additional Death and Invalidity Cover, not advising the member of their correct LBM status on their Information Statement and payment of LBM entitlement on death or invalidity in the first three years of membership.

- > If a CMAPS is subsequently submitted, you must assess the member's case, determine them as a full benefits member and advise ComSuper that the form has been received, or forward the form immediately onto ComSuper for assessment if there is any doubt as to the member's medical status.

If a completed CMAPS is lodged within fourteen days:

- > Members retain full benefits **until you assess the case**.
- > Delays in assessing the case could result in the incorrect entitlement of an invalidity or death benefit.
- > In making the assessment, you are required to consider if the member has a medical condition which will cause them to take excessive sick leave in their first three years of service.
- > If the employee has no such medical conditions you should record them as a full benefits member.
- > If the employee has a medical condition **that you believe** will result in the use of excessive sick leave the CMAPS must be forwarded to ComSuper for final assessment.
- > If in doubt forward the CMAPS to ComSuper.

If ComSuper is to assess the member's medical status further information may be required and/or the member may need to undergo a medical examination. If the member does not provide the additional information or undergo the medical within the allowed time, he or she will remain a Limited Benefits Member until their condition is assessed.

After the assessment is complete, ComSuper will advise the member if they are determined to be an LBM and the reason for this decision.

In all cases, Limited Benefits Membership ceases to apply three calendar years after the date of joining.

Should members who are Limited Benefits Members die or retire invalidity, **for any reason**, the only benefit payable will be their accrual at the time of exit.

Non-Disclosure

The prior medical history of every PSS member who dies or retires invalidity within three years of joining is examined. This is to check if the member had a medical condition at the time of joining the PSS which would have made him/her a Limited Benefits Member but was not disclosed by the member either at the medical (if conducted) or on the CMAPS.

If it is apparent a condition was known, the person can be made a Limited Benefits Member retrospectively.

Reconsideration

Members made Limited Benefit Members as a result of a decision within ComSuper can ask for the matter to be reconsidered. This must be done in writing and should set out the reasons for seeking reconsideration.

Further medical evidence is not essential at this stage, but may be sought by ComSuper as part of the reconsideration process.

Important Points to Remember

- > Ensure all new employees are provided with the – PSS Product Disclosure Statement and a CMAPS form. These can be ordered via our website. Ensure that the member is aware that they must complete the CMAPS form as soon as they become a member of the PSS.
- > Ensure that new members understand the repercussions of not completing the CMAPS within the specified time. Failure to do so can result in reduced benefits for members, and your agency may be held liable for the loss.
- > Note the file that a CMAPS was provided.
- > A CMAPS **MUST** be completed for every new membership, i.e. if you give an employee a new AGS number they must complete a new CMAPS.
- > CMAPS **MUST NOT** be completed prior to commencing PSS membership. Any medical condition may develop or be diagnosed between completing the CMAPS and commencing membership. The CMAPS would be invalid.
- > CMAPS **MUST NOT** be forwarded to ComSuper for employees who join AGEST or another superannuation scheme.
- > **Prior** to giving the CMAPS to the member, so that they can complete Page 1, make sure that they know:
 - > their AGS number; and
 - > their employer's name, business address and telephone number
- > On receiving the form back check that the AGS number is on the form and that the date of birth is correct. CMAPS are received with date of signing the form as the date of birth.
- > Check that other forms are not attached to the CMAPS e.g. Election to Become A Member or Election to Vary Contribution Rate.
- > Tell staff that any 'yes' answers should be adequately explained with details of dates of occurrence and treatment etc. Page 6 may be used if further space is required. In the event that the member has said 'yes' it is best to send these to CMAPS forms to ComSuper for evaluation.

- > Warn staff that may be retiring on invalidity grounds within three years of commencing membership of the non-disclosure provisions.
- > If a member does not complete a CMAPS within 14 days of joining, advise ComSuper immediately. Then advise ComSuper when and if the CMAPS is received.
- > ComSuper's email address for advising or requesting information in regard to CMAPS is **cmaps@comsuper.gov.au**

Exercises