



Early Release of Superannuation on Compassionate Grounds

Report by registered medical practitioner

Instructions for the applicant

This is not an application form. This is a report to be completed by registered medical practitioners. This report may be used for more than one application and/or compassionate ground.

Reports need to be signed, dated and be **no older than 6 months** from the date of your application.

Reports **older than 6 months** will not be accepted.

This report can be completed for a patient who is the applicant or their dependant.

What the applicant should do

As the applicant, you need to complete the Applicant's details section of this report questions 1– 5 on page 3. The registered medical practitioner must complete the remainder of this report. **We cannot accept any reports where the registered medical practitioner's section has been completed by the applicant.**

Please advise the registered medical practitioner at the time of making the appointment that you require this report to be completed. You are responsible for any costs in obtaining this report.

What the applicant needs to provide

If you live in Australia, you must apply online by going to humanservices.gov.au/earllysuper

If you live overseas, you must also provide one of these application forms:

- ***Early Release of Superannuation on Compassionate Grounds Medical Treatment or Medical Transport***
- ***Early Release of Superannuation on Compassionate Grounds Home or Vehicle Modifications***
- ***Early Release of Superannuation on Compassionate Grounds Palliative Care or Funeral Expenses.***

You will also need to provide quotes or unpaid invoices for the expenses you are applying for and a copy of this medical report. Depending on what ground(s) you are applying under, you may need to provide more than one report.

If you are applying for medical treatment or medical transport, you will need to provide:

- one report from a registered medical practitioner, **and**
- one report from a relevant registered medical specialist.

If you are applying for modifications to a home or vehicle or palliative care, you will need to provide a report from one registered medical practitioner.

Instructions for the registered medical practitioner

This report will help the Australian Government Department of Human Services determine if an applicant is eligible to access their superannuation early.

You are under no legal obligation to complete this report. This report will assist the Department of Human Services to determine if the applicant meets the eligibility criteria set out in Regulation 6.19A of the Superannuation Industry (Supervision) Regulations 1994 and Regulation 4.22A of the Retirement Savings Accounts Regulations 1997.

Completing this report

This report must be completed by a registered medical practitioner/specialist or a registered dental practitioner/specialist. An applicant can only complete the Applicant's details section of this report questions 1– 5 on page 3. **We cannot accept reports completed by Allied Health Professionals.**

Registered medical specialists should only comment on conditions which are specific to their field of expertise. The registered medical specialist needs to be a specialist in the field of the medical condition being categorised as a life threatening illness or injury, acute or chronic pain or an acute or chronic mental illness. Generally, the registered medical specialist should be able to comment on the appropriateness of the treatment and the medical condition being treated.

Under Regulation 6.19A of the Superannuation Industry (Supervision) Regulations 1994 and Regulation 4.22A of the Retirement Savings Accounts Regulations 1997, a person may apply for an early release of superannuation to pay for out-of-pocket treatment expenses when the condition can be categorised as:

- a life threatening illness or injury, **or**
- acute or chronic pain, **or**
- an acute or chronic mental illness, **or**
- a severe disability, **or**
- a terminal illness.

Early Release of Superannuation Benefits Programme definitions

Life threatening illness or injury is a medical condition where **within a 12 month** timeframe there is a likelihood of severe degeneration or death.

Acute refers to the rapid progress or onset of a condition suggesting urgency of treatment.

Chronic is a reference to a condition having indefinite duration or less rapid change. In relation to pain, it would refer to a pain of **at least 3 months** duration. The condition may have been stable for some time.

Severe disability refers to a severe physical or mental impairment which either temporarily or permanently seriously limits one or more functional capacities such as mobility, communication, self-care and causes substantial functional limitation in every day activities.

Terminal illness refers to an illness or injury that is likely to result in death within 24 months.

Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this with a ✓ or ✗
- Where you see a box like this ➔ **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

Returning your form

Check that all required questions are answered and that the form is signed and dated.

Send the completed form to:

Department of Human Services
Early Release of Superannuation Benefits
PO Box 7832
CANBERRA BC ACT 2610

For more information

Go to humanservices.gov.au/earlysuper or for help to complete this form call **1300 131 060** Monday to Friday, between 9.00 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges may apply.



Early Release of Superannuation on Compassionate Grounds Report by registered medical practitioner

Applicant's details

For the purpose of this report, the applicant can be the patient or the applicant can have a dependant that is the patient.

Only progress with this report if you (or the patient) are claiming the early release of superannuation benefits on one of the following compassionate grounds:

- medical treatment
- medical transport
- home or vehicle modifications to accommodate a severe disability
- palliative care
- disability aids.

1 Applicant's name

Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

2 Applicant's date of birth

 / /

3 Applicant's Centrelink Reference Number (if known)

 - - -

4 Applicant's address

 Postcode

5 Applicant's contact phone number

 ()


The remainder of this report must be completed by the registered medical practitioner

6 You are completing this form as a:

- Registered medical practitioner **Go to 8**
 Registered medical specialist

7 Are you a specialist in the field of the condition the patient requires treatment for?

A registered medical specialist needs to be a specialist in the field of the medical condition being categorised as a life threatening illness or injury, acute or chronic pain or an acute or chronic mental illness. Generally, a registered medical specialist should be able to comment on the appropriateness of the treatment and the medical condition being treated.

No  You may not be the appropriate registered medical specialist to complete this form.

Yes

8 Is the applicant also the patient?

No

Yes **Go to 18**

Patient's details

9 Patient's name

Dr Mr Mrs Miss Ms Other

Family name

First given name

Second given name

10 Patient's gender

Male

Female

11 Patient's date of birth

 / /

12 Patient's address

 Postcode


CLK0MO017 1701

13 What is the applicant's relationship to the patient?

14 Does the applicant provide ongoing care or support to the patient?

No **Go to 17**

Yes

15 Does the patient live at the same address as the applicant?

No

Yes

16 How long has care been provided for?

 weeks

17 What type of care or support has been provided?

18 What is the applicant applying for?

An applicant can only apply for one compassionate ground per application with the exception of medical treatment and medical transport.

Medical treatment or medical transport **Go to 19**

Disability aids **Go to 25**

Home/Vehicle modifications **Go to 25**

Palliative care **Go to 28**

None of the above The applicant may not be eligible for an early release of superannuation. For eligibility criteria, go to humanservices.gov.au/earllysuper **Go to 32**

Medical treatment or medical transport

19 What is the medical treatment needed for?

The treatment **must** be for an existing medical condition, which is currently a life threatening illness or injury, acute or chronic pain or an acute or chronic mental illness.

Tick ALL that apply

A life threatening illness or injury

Acute or chronic pain

An acute or chronic mental illness

None of the above If medical treatment is for none of the above, the applicant is not eligible for an early release of superannuation. For eligibility criteria, go to humanservices.gov.au/earllysuper

20 What is the name of the condition?

21 What treatment is necessary to treat the condition?

22 Can the patient access this medical treatment through the public health system?

No **Go to 24**

Yes

23 Is it necessary for the patient to have treatment before it is available in the public health system?

No

Yes Give details below

24 Complete the following sections for each treatment location

Treatment location 1

Address where the treatment is provided

 Postcode

How often must the patient attend medical treatment?

Complete ONE only with a NUMERAL

times per week

times per month

times per year

How many weeks will the patient require treatment?

The maximum period that can be considered is 52 weeks of medical treatment.

weeks

Treatment location 2

Address where the treatment is provided

Postcode

How often must the patient attend medical treatment?
Complete ONE only with a NUMERAL

times per week

times per month

times per year

How many weeks will the patient require treatment?

The maximum period that can be considered is 52 weeks of medical treatment.

weeks

Treatment location 3

Address where the treatment is provided

Postcode

How often must the patient attend medical treatment?
Complete ONE only with a NUMERAL

times per week


times per month

times per year

How many weeks will the patient require treatment?

The maximum period that can be considered is 52 weeks of medical treatment.

weeks

 If additional treatment locations need to be listed, attach a separate sheet with details.

Disability Aids and Home/Vehicle Modifications

25 Does the patient have a severe disability?
No **Go to 31**
Yes

26 What is the name of the severe disability?

27 What personal aids or modifications are required to accommodate the severe disability?

Palliative care

28 Does the patient have a terminal illness with life expectancy of 24 months or less?
No **Go to 31**
Yes

29 What is the name of the condition?

30 What palliative care is required (i.e. homecare or hospice)?

Additional information

31 Is there additional information you want to provide?

Registered medical practitioner's details

32 Dr Mr Mrs Miss Ms Other
Family name

First given name

33 Professional qualifications

34 Australian Health Practitioner Regulation Agency (AHPRA) registration number

35 Practice name

36 Practice address

Postcode

37 Practice phone number

Privacy notice

38 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at humanservices.gov.au/privacy

Registered medical practitioner's declaration

39 I declare that:

- the information I have provided in this form is complete and correct.
- I have completed the registered medical practitioner's section of this form in full.
- I have discussed the content of this report with the applicant/patient.

I understand that:

- giving false or misleading information is a serious offence.

Registered medical practitioner's signature

Date

Registered medical practitioner's stamp (optional)