

claiming a permanent incapacity benefit guide



This document explains how to make a claim for a permanent incapacity benefit and what will happen when you submit your claim to HESTA. We understand that this can be a challenging time and are here to help you through the process of making a claim. We aim to have the claim paid as quickly as possible when we receive all requirements.

What is a permanent incapacity benefit?

A permanent incapacity benefit is a payment made from your super account balance if you are injured or ill and permanently unable to work as a result.

When can I claim?

You can apply for a permanent incapacity benefit if you are medically certified as meeting this definition of permanent incapacity:

‘Permanent incapacity, in relation to a member, means ill-health (whether physical or mental), where the Trustee is reasonably satisfied the member is unlikely, because of the ill-health, to ever again engage in gainful employment for which the member is reasonably qualified by education, training or experience.’

Is there a waiting period?

There is no waiting period, but to start the claim process you must attach recent medical certificates from two different legally qualified medical practitioners confirming you meet the permanent incapacity definition above. We cannot assess your claim until we receive all the required documentation.

How much will it cost to process my application?

You will need to pay the cost of obtaining the required medical certificates and any fees charged for certifying copies of your documents.

Keeping your HESTA account open

You can keep your account open by leaving at least \$6,000 invested in it (see Section 2 of the application form) and choosing to keep any insurance you have if your account becomes inactive.

! Note: If your account has not received any contributions or rollovers for a period of 16 consecutive months you will lose your insurance cover unless you have opted in to maintain active cover. Opting in to keep your cover will also prevent your account being transferred to the Australian Taxation Office (ATO) if your account remains under \$6,000 for an extended period. You can opt-in to keep your cover in this form.

To check your estimated balance and how much insurance cover you have, access your account online at hesta.com.au/login or call 1800 813 327.

What happens if I receive a permanent incapacity benefit?

If you receive a permanent incapacity benefit, you will generally be paid the entire balance of your super account, unless you choose to retain an amount (e.g. \$6,000) in your super account to cover insurance fees for any existing death and disability insurance you have. If you do not retain an amount, any insurance cover you have will cease and you may not be eligible to claim any insured benefits.

Depending on your age and situation, there may be taxes applicable to your permanent incapacity benefit. Taxes applicable for the 2024/25 financial year are detailed in the below table:

Type of super	Type of withdrawal	Maximum rate of tax
Taxable component – taxed element	Lump sum	Under 60: 20% plus applicable Medicare levy
		Over 60: tax free
Taxable component – untaxed element	Lump sum	Under 60: 30% up to \$1.780 million, plus applicable Medicare levy. 45% on balances over \$1.780 million, plus applicable Medicare levy.
		Over 60: 15% up to \$1.780 million, plus applicable Medicare levy. 45% over \$1.780 million, plus applicable Medicare levy.

For up-to-date information on superannuation tax rates visit ato.gov.au

Income Protection

Income Protection insurance provides a monthly benefit to help you and your family meet ongoing living expenses, in the event that you are sick or injured and cannot work. If you are claiming a permanent incapacity benefit, you may be entitled to make an Income Protection claim.

To check whether you have an Income Protection insurance and submit an Income Protection claim, access your account online at hesta.com.au/login. If you have any questions, call us on 1800 813 327.

Help claiming social security benefits

The Welfare Rights Centre is an independent community legal centre specialising in social security law and its administration by Centrelink.

The Centre has a long-standing relationship with HESTA, guiding members through the social security system when they're unable to work and need financial help. This service at no extra cost for HESTA members provides information, advice and assistance to identify and access social security rights and entitlements, including:

- how to apply for Sickness Allowance, Jobseeker Allowance, Disability Support Pension and the Family Tax Benefit
- how to sort out problems with obtaining entitlements
- how receiving an insured benefit and/or the release of your super account balance could affect social security entitlements.

The above is general information only. It does not constitute legal advice. If you need legal advice about your Social Security entitlement, please contact the Welfare Rights Centre on (02) 9211 5300 (Sydney) or call 1800 226 028. The Welfare Rights Centre, Sydney, is a community legal centre which specialises in social security law, administration and policy. It is entirely independent of Centrelink. All assistance is free. For more information, visit welfare-rightscentre.org.au

Don't forget to supply your tax file number (TFN)

You don't have to supply your TFN, but if you don't, your benefits may be taxed at the highest marginal tax rate. To check or to supply your TFN, visit hesta.com.au/tfn or call us on 1800 813 327.

PI benefit document checklist

To ensure your claim is processed as quickly as possible, please return these documents.

- ☐ Fully completed *Application for claiming a permanent incapacity benefit* form
- ☐ Copies of medical certificates from two different legally qualified medical practitioners which state that you meet the definition of permanent incapacity.
- ☐ the *Certifying your identification* form

How to claim

Step 1

Return your completed documents (see the *document checklist* above) to us. Scan and email all requirements to hesta@hesta.com.au or mail to: Locked Bag 35007, Collins St West VIC 8007.

Step 2

We will check that your application to claim has been correctly completed and all required documents are attached.

Step 3

We will assess your application to claim and either accept or decline based on the information you have supplied. If we need more information we'll be in touch.

Step 4

If your claim is not accepted, we will write to advise you of the outcome and your options.

If you have any questions or need help with your application, contact us on 1800 813 327.

Note: We may require additional information from you, or from your medical practitioners, to assess your claim. We will advise you of any such requirements after we have completed an initial review.

application for claiming a permanent incapacity benefit

HESTA

Please read *Claiming a permanent incapacity benefit* before you complete this application.

Type in your details or complete in pen using CAPITAL LETTERS. Print 'X' to mark boxes where applicable. **The form must be completed in full.**

1. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Residential address (PO Box not accepted):

Suburb

State/Terr.

Postcode

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Postal address (only complete if different from above):

Suburb

State/Terr.

Postcode

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Mobile or daytime phone number:

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Email:

Have you permanently ceased all employment?

☒ **Yes.** Complete the following sections.

☒ **No.** You cannot claim a permanent incapacity benefit.

2. Payment options

Please choose how you wish to receive your benefit payment.

Note: if you request a partial payment of your account balance, you must retain a minimum balance of \$6,000 in your account after the payment has been processed.

Option 1

☒ I wish to claim my entire benefit. I understand in doing so, my insurance arrangements through HESTA will cease.

or

Option 2

I wish to claim a partial benefit.

☒ **2A.** Amount I wish to claim (before tax):

\$

or

☒ **2B.** Amount I wish to leave in my account:

\$

Keeping your insurance with HESTA

☒ I want to keep my insurance cover if I become inactive.

Payment will only be paid via electronic funds transfer (EFT). Provide all details as requested below.

Bank name/financial institution:

Name of bank account holder:

Note: Your nominated bank account must be held in your name or, if it is a joint account, you must be one of the account holders.

Branch number (BSB):

--	--	--	--	--	--	--	--	--	--

Account number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

! Please ensure the information you have provided is correct as it may not be possible to recover your money if it is paid to an unintended recipient. HESTA will not verify your bank details

3. Statutory declaration

Statutory Declarations Act 1959

I, (Name)

(Occupation)

of (Address)

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

make the following declaration under section 9 of the *Statutory Declarations Act 1959*:

I declare I have permanently ceased employment due to my illness/injury, resulting in my inability to be employed ever again in any capacity for which I am reasonably qualified by education, training or experience.

I believe that the statements in this declaration are true in every particular, and I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, the punishment for which is imprisonment for a term of 4 years.

[Signature of person making the declaration]

Declared at (place):

on

3. Statutory declaration (continued)

Before me:

[Full name, qualification and address of person before whom the declaration is made (please print)]

For a full listing of people who can witness your declaration, please refer to Part 2 of Schedule 1 of the *Statutory Declarations Regulations 2023*.

4. Declaration

- I apply to the Trustee of HESTA for payment of my superannuation account on the grounds of permanent incapacity. I understand that if my full account balance in HESTA is paid, my membership of HESTA, and all rights and obligations under the HESTA trust deed (available at hesta.com.au/disclosures or by calling 1800 813 327) will cease.
- I acknowledge any decision made by the Trustee of HESTA regarding my permanent incapacity claim is independent of any claim on HESTA's insurance policies and any decision made by HESTA's insurers.
- I have read and understood HESTA's Privacy Collection Statement which is available at hesta.com.au/privacy or by calling 1800 813 327, and accept that the information on this form is true and correct to the best of my knowledge and belief. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers.
- By providing my email address and/or phone number, I nominate those as my up-to-date contact details, and consent to HESTA providing me with information about HESTA's products and services, as well as marketing communications including third party products and services.

Signature of claimant:

Date:

If you have Income Protection, would you like us to contact you to discuss how to claim?

☐ Yes ☐ No

contact us

hesta@hesta.com.au | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | hesta.com.au

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medical report form 1

permanent incapacity claim

HESTA

Give this form to your medical practitioner to complete and return to you.

Scan and email all requirements to **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 35007, Collins St West VIC 8007.**

1. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

Address

Suburb

State/Terr. Postcode

2. Your medical practitioner to complete

This member has applied for a permanent incapacity benefit. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

Please note: The member is responsible for any costs involved in obtaining this report.

1. Are you the member's usual medical attendant?

☒ Yes ☒ No

2. What is the nature of the member's present disability? Please provide details of the member's present medical condition and, if available, the history of the disability.

3. When did the member first consult you regarding the disability?

4. What treatment is the member currently receiving in relation to this disability?

2. Your medical practitioner to complete (continued)

5. The definition of permanent incapacity requires the Trustee of HESTA to be reasonably satisfied that the member is suffering from ill health (whether physical or mental), to such an extent that the member is unlikely, because of the ill health, to ever engage in gainful employment for which the member is reasonably qualified by education training or experience.

Having discussed with the member what their previous occupations have been and the nature of their education training and experience, in your opinion, does the member meet the above definition?

☒ Yes ☒ No

If the member does meet the above definition of permanent incapacity, please provide your detailed explanation below:

6. If you answered 'No' to the previous question please indicate the nature of any employment that might be open to them that could reasonably be within their existing education, training and experience:

Additional comments:

2. Your medical practitioner to complete (continued)

I hereby certify that I have examined the above named HESTA member and that the statements made in this certificate are true and correct to the best of my knowledge. Please include your provider stamp.

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Qualifications:

Provider number:

Given name/s:

Family name:

Contact address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

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Postcode

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contact us

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medical report form 2

permanent incapacity claim

HESTA

Give this form to your medical practitioner to complete and return to you.

Scan and email all requirements to **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 35007, Collins St West VIC 8007.**

1. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

Address

Suburb

State/Terr. Postcode

2. Your medical practitioner to complete

This member has applied for a permanent incapacity benefit. Please complete this report as fully as possible and if necessary, provide additional sheets for further information.

Please note: The member is responsible for any costs involved in obtaining this report.

1. Are you the member's usual medical attendant?

☒ Yes ☒ No

2. What is the nature of the member's present disability? Please provide details of the member's present medical condition and, if available, the history of the disability.

3. When did the member first consult you regarding the disability?

4. What treatment is the member currently receiving in relation to this disability?

2. Your medical practitioner to complete (continued)

5. The definition of permanent incapacity requires the Trustee of HESTA to be reasonably satisfied that the member is suffering from ill health (whether physical or mental), to such an extent that the member is unlikely, because of the ill health, to ever engage in gainful employment for which the member is reasonably qualified by education training or experience.

Having discussed with the member what their previous occupations have been and the nature of their education training and experience, in your opinion, does the member meet the above definition?

☒ Yes ☒ No

If the member does meet the above definition of permanent incapacity, please provide your detailed explanation below:

6. If you answered 'No' to the previous question please indicate the nature of any employment that might be open to them that could reasonably be within their existing education, training and experience:

Additional comments:

2. Your medical practitioner to complete (continued)

I hereby certify that I have examined the above named HESTA member and that the statements made in this certificate are true and correct to the best of my knowledge. Please include your provider stamp.

Signature:

Date:

Qualifications:

Provider number:

Given name/s:

Family name:

Contact address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

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certifying your identification

Name:

Member number (if known):

Proving your identity

You need to provide us with identification documents. This is to protect you from the risk of identity fraud, and to ensure your super is paid to you. There are three ways you can provide us with your identification. You can:

1. provide document details and your consent for us to verify your identity electronically, or
2. scan your certified identification documents and email all requirements to: hesta@hesta.com.au, (you will need to provide a copy of a bank statement issued within the last three months if you select this option), or
3. provide certified documents in hard copy and mail all requirements to **HESTA, Locked Bag 35007, Collins St West VIC 8007**.

Your ID and account details must match - if you need to change your name, you'll need to provide a completed *Change of member details* form which can be found at hesta.com.au/forms

Option 1: Electronic proof of identity

If you select this option you do not have to attach any certified documents. We will do all the checks for you.

X

Electronic verification

Please provide at least **TWO** of the following for verification.

Full name as appears on my Medicare card:

My Medicare number is:

Exp. date:

M

M

Y

Y

Y

Y

I am person number on this Medicare Card

Full name as appears on my Australian driver licence:

My Australian driver licence number is:

Card number: see *Driver licence card number* under Proof of identification at hesta.com.au/forms-brochures

Exp. date:

D

D

M

M

Y

Y

Y

Y

State of issue:

Full name as appears on my Australian passport:

My Australian passport number is:

Exp. date:

D

D

M

M

Y

Y

Y

Y

Place of birth:

Family name at birth (not shown on your passport):

Option 2: Provide certified copies of ID documents

This step-by-step guide details the types of documents we can accept as proof of your identity and what you need to do to certify them correctly.

X

Hard copy verification

If you select this option you must attach all certified documents.

!

If you decide to email your requirements, you will need to include a copy of a bank statement issued within the last three months.

Acceptable documents

Either

A certified copy of a primary photographic identification document:

• current photographic driver licence issued under state or territory law (copy of the front and back)

• current passport (including English translation where required).

or

A certified copy of a primary non-photographic identification document:

• birth certificate

• citizenship certificate issued by the Commonwealth of Australia

• pension card issued by Centrelink that entitles you to financial benefits.

and

A certified copy of a secondary identification document:

• a notice issued by a local government body or utilities provider within the preceding three months that shows your name and residential address

• a notice issued by Commonwealth, state or territory government within the past 12 months that shows your name and residential address. For example:

– Tax Office notice of assessment

– a notice recording the provision of financial benefits i.e. a Centrelink assistance payment.

Verification of identification

Option 1: I confirm that I am authorised to provide the personal details presented and by signing below I consent to the Trustee for HESTA verifying my identification via electronic means and to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Option 2 (optional): This section is optional where Option 2 is selected above. Where option 2 is selected, by signing below I confirm that I am authorised to provide the personal details presented and that in the event my certified documents have not been correctly certified or cannot be read, I consent to the Trustee for HESTA verifying my identification via electronic means and to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Signature:

Date:

D

D

M

M

Y

Y

Y

Y

Have you changed your name or are you signing on behalf of another person?

If you've changed your name you'll need to provide a certified linking document proving a relationship exists between two (or more) names.

For a change of name you can request linking documents (eg Marriage certificate, Deed poll, Change of name certificate, Divorce decree or Registered relationship certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers or Power of Attorney documents.

If you can't provide the identification documents we've asked for, give us a call on 1800 813 327 to discuss alternatives.

How to certify

The person authorised to sight and certify documents must:

- sight the ORIGINAL and the copy and make sure they are identical, and
- write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.

What does a certified document look like?

Samantha Sample has provided a photocopy of her identification that included signature, full name, date of birth, and current residential address.

- The certifying authority has sighted the original identification, and confirmed that the copy is a true copy.
- Details for the certifying authority are included: full name, qualification, registration number (if applicable), date and signature.



"I certify that this document is a true copy of the original"

Name: Kate Anderson Qualification: JP
Date: 31 July 2015 Registration no: 222222

Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

Who can certify my identification document?

For a full listing of people who can certify your documents, see Part 2 of Schedule 1 of the *Statutory Declarations Regulations 2023*. Some of the people who can certify documents are:

- a medical practitioner
- a nurse
- an optometrist
- a psychologist
- a pharmacist
- a chiropractor
- a veterinary surgeon
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed on a full time or part time basis at a school or tertiary institution
- a notary public
- a police officer
- a Justice of the Peace
- a magistrate
- a marriage celebrant
- a member of the Governance Institute of Australia Ltd
- a SES employee of the Commonwealth.

What if I don't certify my identity documents correctly?

If the identification documents you send with your application are not certified or incorrectly certified, we may call you to verify your identity over the phone. If you're unable to give us enough information to identify you over the phone, you may need to resend certified proof of identity documents. This will lead to delays in processing your application.

Return your completed and signed form to hesta@hesta.com.au or mail to:

HESTA, Locked Bag 35007, Collins St West VIC 8007.

If you have any questions about completing this form, call us on 1800 813 327 between 8.00am and 8.00pm (AET) Monday to Friday.

contact us

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