

APPLICATION REQUEST FOR RETROSPECTIVE CONSIDERATION TO BE TREATED AS MEDICALLY UNFIT FOR SUPERANNUATION PURPOSES

SUB-SECTION 51(6) OF THE *DEFENCE FORCES RETIREMENT BENEFITS ACT 1948 (DFRB)*

About the information you give

Privacy and your personal information

Personal information is protected by the [Privacy Act 1988](#).

The purpose of collecting personal information during this application process is to establish whether at the time the member was retired, grounds existed on which he could have been retired on the ground of invalidity or of physical or mental incapacity to perform his duties, he may, for the purposes of [sub-section 51\(6\) of the Defence Forces Retirement Benefits Act 1948](#), be treated as if the member had been retired on that ground.

Any personal information you provide Defence pursuant to your application will be used by Service Chiefs and Defence for the purpose of determining whether, at the time of your separation, you could have been retired on the grounds of invalidity or of physical or mental incapacity, and for related purposes. If Defence considers that such grounds exist, Defence will provide your personal information to the Authority.

Completing this form

Please complete this form include any supporting evidence and submit by either of the following methods:

Post:

Retrospective Consideration for Superannuation
Department of Defence
Directorate of National Programs
PO Box 7921
CANBERRA BC ACT 2610

Email: defence.sam@defence.gov.au

1. Personal Details

Last Name	First Name	Other Names	Former Last Name(s) (if applicable)
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Date of Birth	Home Phone Number	Mobile Phone Number
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Postal Address

Email Address

2. Service Details

<input type="checkbox"/> Navy	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force
Period(s) of Service (include all periods of Service)		
Service Number(s) (include all Service Numbers)		
Date of Separation (if known)	Reason for Separation (if known)	

3. What condition(s) are you claiming you could have been medically separated for?

4. When did this condition commence

5. Did this condition exist during your Service and/or at the time of separation?

6. Have you sought treatment for this condition? If so, when did you first seek treatment? Is the treatment ongoing?

7. **Medical / Psychological Information** - Attach all records, documents or reports to support your application.

8. **Additional Evidence / Information** - Attach any additional evidence or information to support your application.

9. **Sign the Release Authority and Certification** –The following Release Authority authorises the release of Medical, Psychological (if applicable), Service and Personnel Records to the Department of Defence and ComSuper, for the purposes of determining your application under sub-section 51(6) of the DFRB Act. If the Release Authority is not signed, the Department of Defence is unable to assess your application.

Authorisation to Access Medical, Psychological, Service and Personnel Records

I, _____ hereby authorise the release of the following records (tick the appropriate) to be used for the purpose of determining my application under sub-section 51(6) of the DFRB 1948:

- Medical
- Psychological
- Service
- Personnel

Please initial the following boxes:

- In the event that the Service Chief (or their authorised delegate) considers, based on the evidence available, that I may have been medically separated, I consent to my personal information being released to the Defence Force Retirement and Death Benefits Authority for the purpose of considering my application.
- This authority is to remain in force until revoked by me in writing.
- I certify that to the best of my knowledge and belief the information given in this form is correct and complete and that I will notify the Department of Defence of any changes of circumstances.

_____/_____/_____
Applicant's Signature Date