

## What is invalidity?

Invalidity is when a member retires due to permanent disability before their last retirement date. Please note that the sliding preservation age as determined by the ATO.

## Why fill in this form?

Invalidity has a different tax treatment than normal redundancy claims so it is important for us to know that you are claiming due to permanent disability. The tax free component will be calculated as required by tax legislation and in accordance with the legislation all or part of the claim may be taxed.

## What is required to claim Invalidity?

In accordance with the Australian Tax office requirements two registered medical practitioners must certify in writing that “because of ill-health it is unlikely that the claimant can ever be gainfully employed in a capacity for which he/she is reasonably qualified because of education, experience or training”.

## What do I need to provide to Incolink to claim?

1. Complete all sections of this form including Personal Details, Statutory Declaration and Your Payment Details.
2. Attach the originals of the two medical practitioner letters stating that you are “unlikely to ever be gainfully employed in a capacity for which he/she is reasonably qualified because of education, experience or training”.
3. Send this completed form and the letters to Incolink at: Invalidity Claims, Incolink, 1 Pelham St, Carlton VIC 3053.

**Please use a black pen when completing this form.**

**If you have any questions or require any assistance, please contact our office and have your Incolink Member Number ready.**

**Please turn over**

## PERSONAL DETAILS

Incolink Member No

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode

Home Phone

Mobile Phone

Email Address \_\_\_\_\_

Date of Birth   /   /

Your Tax File No.

## VERIFY IDENTITY

Incolink has partnered with VixVerify\*, a safe and easy way to help verify identity.

Please provide **one** of the following forms of identification to verify your identity.

- Australian Driver Licence and Card Number
- Australian/New Zealand Passport  
(Please contact Incolink for information on how to claim with an alternate passport)
- Medicare Number

Full Name (as it appears on your ID e.g. John B Smith)

Drivers' Licence Number                      State of Issue

Drivers' Licence Card Number

Passport Number                      Country of Issue

Medicare Number                      Reference

Medicare Expiry   /

## Statutory Declaration

When completing the statutory declaration you must declare that you have retired from the workforce due to invalidity as long as this is the case. You should only make a declaration if what you are declaring is true and correct.

**I do solemnly and sincerely declare that:**

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**and that the information contained in this claim is true, and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act of Parliament of Victoria rendering making false declaration guilty of wilful and corrupt perjury.**

**Declared at**

**Signed**

**Date**

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**Before me (please sign)**

**Official witness's title (must be from list below) or their stamp.**

**Please Note:**

- (i) Under s314 (3) of the Crimes Act 1958 (Vic), making a false declaration under a Statutory Declaration is deemed to be perjury, punishable by imprisonment for up to 15 years.
- (ii) Under s107A of the Evidence (Miscellaneous Provisions) Act 1958 (as of 24 August 2011), (previously Evidence Act 1958), reads:  
**Any of the following persons may witness the signing of a statutory declaration:**

1. Barrister or Solicitor of the Supreme Court.
2. Clerk to a Barrister or Solicitor of the Supreme Court.
3. Registrar or Deputy Registrar of the County Court.
4. Principal Registrar of any Magistrates Court.
5. Member of the Parliament of the Commonwealth or Parliament of Victoria.
6. Legally qualified Medical Practitioner.
7. Councillor of any municipality.
8. Town Clerk or Shire Secretary.
9. Principal in the teaching service.
10. Secretary of any Building Society.
11. Minister of Religion authorised to celebrate marriages.
12. Member of the Police force.
13. Justice of the Peace.
14. Dentist.
15. Manager of a Bank.
16. Pharmacist.
17. Member of the Institute of Chartered Accountants of the Australian Society of Accountants of the National Institute of Accountants.

## Your Payment Details

### Electronic Funds Transfer

**Please Note:** We depend on the accuracy of the details you are providing to us. If insufficient bank details are provided, a cheque will be forwarded to your address.

**Authority to pay direct to bank account**

Name of Bank

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Branch

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BSB No / (must be a 6-digit number)

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Bank Account No (not card number)

Type of bank account

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Name(s) in which account is held

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*(You must be a party to this account)*

## Confirmation and signature

I confirm that all information provided on this form is correct.

**Signed**

**Date**

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