

# SERIOUS ILLNESS BENEFIT PAYMENT REQUEST

## Please read this section before you start completing this form.

The Trustee will only authorise payment of your serious illness benefit if, after considering relevant medical evidence, it considers you are suffering an injury, illness or disability that means you cannot engage in work you are suited for by reason of education, training or experience (or any combination of those things) or poses a serious and imminent risk of death.

### Privacy Statement

- Public Trust, as Trustee, is a recipient of the personal information and any requested documents
- Personal information in this form and any requested documents are being collected to effectively assess an application for withdrawal on the grounds of serious illness

Member to complete Steps 1 to 3 and Steps 5 to 6 (please use BLOCK letters).

## Step 1. Complete your personal details

Mr  Mrs  Ms  Miss  Other (please specify)

Surname/family name  Given names

Home/private address:  
Number  Street Name

Suburb  City  Postcode

Work phone  Home phone

Mobile  E-mail\*

MoE number  Date of birth  /  /

School employed at  School number

\* I acknowledge that by providing my email address, I am consenting to receiving information about the Scheme (including the annual report) electronically. Should I not wish to receive such information electronically, or should my email address change, I undertake to advise Mercer (N.Z.) Limited, the Scheme's administration manager.

## Step 2. Request for serious illness withdrawal

Give your reasons for requesting a serious illness withdrawal:

  
  


How much do you need?

Amount \$

**OR**

My Total Credit

*Continued*

### Step 3. Payment details

Please make payment by direct credit to my bank account. I have **attached** a bank-encoded deposit slip or copy of a bank statement print out.

### Step 4. Medical assessment of serious illness – *to be completed by doctor/medical practitioner*

#### Patient details

First names  Surname

Address:

Number  Street Name

Suburb  City  Postcode

#### Doctor details

I, Dr (please print full name) \_\_\_\_\_,

of (Town, city or district of residence) \_\_\_\_\_,

Contact Number (day time)

Mobile

E-mail address

#### Certify that

- I am a registered medical practitioner with the Medical Council of New Zealand.
- The-above-named is a patient of mine and I have recently given them a full medical examination.

#### Following examination I have formed the following medical assessment of the patient:

The patient is suffering from an injury or illness (please tick one):

That results in the member being totally and permanently unable to engage in work for which the member is suited because of experience, education or training (or any combination of those things) or

That poses a serious and imminent risk of death.

I form this opinion based on (give brief description of the patient's condition)

  
  



Signature

Date   /   /

### Step 5. Confirmation of your identity and residential address

If you have not previously done so, you must provide confirmation of your identity and residential address. This information is required under the Anti-Money Laundering and Countering Financing of Terrorism Act. We cannot make any benefit payment until it has been received.

For details of what is required, including completing the Confirmation of identity and residential address form (Form 11), refer to the Confirmation of identity guide in the Documents & forms section of the Scheme website, [www.teachersretire.org.nz](http://www.teachersretire.org.nz).

#### Please tick one:

I have previously provided confirmation of my identity and residential address;

**OR**

Attached are the completed Confirmation of identity and residential address form and copies of the required documents, certified where necessary.

MoE number

## Step 6. Sign the form

I certify that the information I have provided in this form is true and correct.



Member's signature

Date

 

/

 

/

  

### BEFORE YOU RETURN THIS FORM

Have you attached, where required:

Encoded deposit slip or copy of bank statement

Documents confirming your identity and your address

## Step 7. Return instructions

**Member to retain a copy of this form.**



**Member to send original to Teachers Retirement Savings Scheme, Mercer (NZ) Limited, PO Box 1849, Wellington 6140 or by email to [nztrssep@mercero.com](mailto:nztrssep@mercero.com).**