

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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please specify) <input type="text"/>
Surname/family name <input type="text"/>		Given name(s) <input type="text"/>		
Home/private address:				
Number <input type="text"/>	Street Name <input type="text"/>			
Suburb <input type="text"/>	City <input type="text"/>	Postcode <input type="text"/>		
Work Phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Home Phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Email* <input type="text"/>		
MoE number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
School employed at <input type="text"/>		School number <input type="text"/>		

* 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

Step 3. Medical assessment of serious illness – to be completed by doctor/medical practitioner

Patient details

First name(s)

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

Email 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 4. Confirmation of your identity and residential address

If you have confirmed your identity and address with Mercer previously and your details haven't changed, please go to Step 5.



Copies of your documents can be certified by one of the following: Justice of the Peace, Solicitor, Notary Public or Member of Parliament. For a full list of certifiers and acceptable documents and how these can be certified please read Confirmation of Identity Guide available on www.teachersretire.org.nz website.



Certified documents are only valid for 3 months.



To the certifier: The certifier must view the original document(s) (not a fax, photocopy or scan) before writing their **Full Name, Occupation, Date** and **Signature** and make a statement to the effect that the document(s) provided are a true copy and represent the identity of the named individual.

Your withdrawal request must be submitted with one of the identification options set out below. We may have your identification documents on file, please contact us to confirm this. We may need to request new identification documents from you.

Option 1 – Electronic identity verification

Mercer as the administration manager has the ability to electronically verify your identity. Once we have received your withdrawal request we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification you must have: a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following:

New Zealand Passport

OR

New Zealand Drivers Licence

If this method of identification is unsuccessful you will be required to provide certified ID.

Option 2 – Certified copies of identity documents and confirming your residential address

Please provide a certified copy of your identity documents. Refer below for information on acceptable identity documents and who can certify them. You will also need to provide us with copies of documents confirming your residential address, please refer below.

Preferred identification method – please select one of the following options:

☐

Option 1 – I would like the administration manager to electronically verify my identity

☐

Option 2 – I would like to provide the administration manager with certified copies of my identity documents

If you have selected Option 1 you do not need to provide certified ID now.

Provide a certified photocopy of current and valid documents.

If you selected Option 2 as your preferred way for us to verify your identity, please select one of the certified identification options below. We are only able to accept original certified copies of certified ID (i.e. the copy that has been physically certified). These documents must be posted to us - our postal address is Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140, New Zealand. If your name has changed please provide evidence of your name change which links your previous and current names. Members who are supplying overseas identity documents must also provide proof of New Zealand residency.

Step 4. Confirmation of your identity and residential address (continued)**A A certified photocopy of ONE of:**

- ☐ A New Zealand or an overseas passport; or
- ☐ A New Zealand firearms licence; or
- ☐ A New Zealand Certificate of Identity*; or
- ☐ A New Zealand Refugee travel document; or
- ☐ An emergency travel document; or
- ☐ An overseas government national identity card (appropriate pages containing name, date of birth, photograph and signature)

B A certified photocopy of ONE of:

- ☐ A New Zealand or an overseas driver's licence; or
- ☐ Kiwi Access Card (previously known as 18+ Card)

PLUS**A certified photocopy of ONE of:**

- ☐ A New Zealand or an overseas birth certificate; or
- ☐ A New Zealand or an overseas citizenship certificate

C A certified photocopy of ONE of:

- ☐ A New Zealand or an overseas driver's licence

PLUS**A certified photocopy of ONE of:**

- ☐ A (Super) Gold Card; or
- ☐ A Community services card; or
- ☐ A bank account or a credit card statement issued by a New Zealand registered bank in the 12 months preceding the date of the application; or
- ☐ A statement issued by Inland Revenue or another Government agency in the 12 months preceding the date of the application

* Please visit passports.govt.nz to read more about this ID document.
A Gold Card is NOT considered a type of a New Zealand Certificate of Identity.



I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: **Jane Doe**

Occupation: **Justice of the Peace**

Date: **18/04/2024**

Signature:

How to have your ID correctly certified

Photocopy ID at 150% so the details are legible. Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

Please note: Certification is valid for three months and must have been carried out within three months of this application. Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

Step 4. Confirmation of your identity and residential address (continued)

Confirming your residential address

You need to provide us with either **an original OR a non-certified photocopy of ONE** of:

- | | | |
|--|---|---|
| <input type="checkbox"/> A bank statement issued by a registered bank; or | <input type="checkbox"/> A letter or statement issued by a Council (e.g. Rates or Valuation Notice); or | <input type="checkbox"/> A hire purchase agreement; or |
| <input type="checkbox"/> A statement issued by a government agency (e.g. Statement from Inland Revenue, Electoral Office, Car registration document); or | <input type="checkbox"/> A utility bill issued by a utility company (e.g. telephone company, electricity company or water provider); or | <input type="checkbox"/> An insurance policy document; or |
| | | <input type="checkbox"/> A rental tenancy agreement. |

Your name must appear on the document and the document must be dated within the last 12 months prior to you submitting your application. A document sent to a PO Box number can't be accepted unless it also shows your physical residential address, for example a rates invoice will show the postal address and the physical address of the property.

Step 5. 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:

- ☐ A deposit slip or a copy of the bank statement for the payment?
- ☐ Documents confirming your identity and your address

Step 6. Return instructions



Member to send the documents to the Scheme's administrator, Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140 or by email to nztrssep@mercerc.com.