



Australian Government
Department of Finance and Deregulation

Questionnaire – Cornwell-Type Claims

Please complete **all** sections of this form and **enter N/A** in any section that is not applicable to indicate that the question has been considered and completed.

Please attach any copies of documents, as detailed in **Attachment A, that you possess** to your completed questionnaire.

Please return to:

Comcover
Department of Finance and Deregulation
John Gorton Building
King Edward Terrace
PARKES ACT 2600

Section 1: Personal Details

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|--|------------------------------|-----------------------------|-------------------------------|
| 1. Your title: (Please tick) | | | |
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss |
| <input type="checkbox"/> Other _____ <i>(please specify)</i> | | | |
| 2. Given name(s): | | | |
| 3. Surname: | | | |
| 4. Date of birth: | | 5. AGS number: | |
| 6. Residential address: | | | |
| | | | |
| | | Suburb: | State: |
| 7. Postal address: (If different from residential address) | | | |
| | | | |
| | | Suburb: | State: |
| 8. Phone number: | | 9. Mobile number: | |
| () | | | |
| 10. Email address: | | | |

Section 2: Employment details

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| 1. What was the name and location of the Australian Government department/agency that you commenced employment with? Indicate if the department/agency had a name change or became a statutory authority or part of a different government (e.g. Territory)? | |
| Name: Location – depot/office address: Name change / statutory authority / part of a different government: | |
| 2. What was your commencement date? (dd/mm/yyyy) | / / |
| 3. What was your employment status when you commenced? (Please tick all relevant boxes) | <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____ (please specify) |
| 4. Were you ever an apprentice? (Please tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If yes, when did you complete your apprenticeship? (dd/mm/yyyy) | / / |
| 6. As a temporary employee, did you perform the same duties for a continuous period? (Please tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. What period did you perform the same duties continuously? (dd/mm/yyyy) | / / to / / |
| 8. Did your employment status change? If so, please specify what your employment status changed to. | <input type="checkbox"/> Yes _____ (please specify) <input type="checkbox"/> No |
| 9. What date did your employment status change? | / / |

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| 10. Did you transfer to another department/agency? (Please tick) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. What was the name(s) of the department/agency to which you transferred? When did you transfer and what was the location – depot/office address? (If there is insufficient space, please attach details in a separate document) | | | |
| Department/ Agency Name: | | Transfer Date: | / / |
| Location: | | | |
| Department/ Agency Name: | | Transfer Date: | / / |
| Location: | | | |
| Department/ Agency Name: | | Transfer Date: | / / |
| Location: | | | |
| Department/ Agency Name: | | Transfer Date: | / / |
| Location: | | | |
| Department/ Agency Name: | | Transfer Date: | / / |
| Location: | | | |
| 12. Please list each position for which you were employed by an Australian Government department/agency. For each position, please provide the following details: <ul style="list-style-type: none"> • Position title • Name of Department/Agency • Name of work area/ section/ branch • Position start and end date • Name(s) of supervisor(s)/ manager(s) • Name(s) of colleagues and period known • Any other details about each position which you consider to be relevant (If there is insufficient space, please attach details in a separate document) | | | |
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| 17. What was your final salary upon ceasing employment with the Australian Government? | |
| 18. Name of the department/agency in which you are currently employed? | |
| | |
| 19. When do you plan to retire from employment in the Australian Government? (dd/mm/yyyy) | / / |
| 20. Did you ever become an employee of the Australian Capital Territory (ACT) or Northern Territory (NT) Governments? (Please tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Section 3) |
| 21. Between which dates were you employed by the ACT or NT Governments? | / / to / / |
| 22. Name of the ACT or NT department/agency in which you were employed. | |
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| 23. Please provide any additional information about your employment history which you consider relevant to your claim? Please provide any available supporting documents. | |
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Section 3: Claim Details

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| <p>1. Who advised you that you were unable to join an Australian Government superannuation scheme? Please describe the circumstances in which you were given the advice (e.g. location, witnesses, etc.). If the advice was given in a conversation, please recount the conversation/s in the format of 'I said...' and 'He/She said...' (Please attach any available supporting documents e.g. notes you may have taken. If there is insufficient space, please attach details in a separate document.)</p> | |
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| <p>2. What was the position of the person who provided this advice to you? (Please tick)</p> | <p><input type="checkbox"/> Supervisor</p> <p><input type="checkbox"/> Manager</p> <p><input type="checkbox"/> Personnel officer</p> <p><input type="checkbox"/> Colleague</p> <p><input type="checkbox"/> Other _____ (please specify)</p> |
| <p>3. When were you given this advice? (dd/mm/yyyy)</p> | <p>/ /</p> |

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8. Did your colleagues ever join Australian Government Superannuation or witness your supervisor make a statement about Australian Government Superannuation similar to the statement made to you?

If yes, provide details below.

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9. Did you ever attend a medical examination relating to an application to join an Australian Government superannuation scheme? (Please tick)

☐ Yes

☐ No

Section 4: Superannuation and Other Investment Details

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| 1. Have you ever joined an Australian Government superannuation scheme? (Please tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Name of the Australian Government superannuation scheme/s that you joined, i.e. CSS/PSS/Defence Force Scheme. Did you transfer from one Scheme to another? | |
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| 3. When did you join? (dd/mm/yyyy) | / / |
| 4. Before you joined Australian Government superannuation, did you speak to a colleague or relative (in a similar position to you) about joining Commonwealth superannuation? | <input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No |
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| 5. Had you been told about Australian Government superannuation when you started work? | <input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No |
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| 6. Had you been provided with a document about terms and conditions of employment when you started work for the Commonwealth? | <input type="checkbox"/> Yes (Provide details below and attach a copy) <input type="checkbox"/> No |
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| 7. Did you attend any seminars/workshops on Australian Government superannuation? | <input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No |
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| 8. Did you read pamphlets, posters or other publicly available information on Australian Government superannuation? | <input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No |
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| 9. Did you undergo a Public Service medical examination to be undertaken for superannuation purposes? | <input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No |
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| 10. How did you otherwise know about Australian Government superannuation? i.e. from the Superannuation Board/ComSuper, etc. | |
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| 11. Had you ever consulted a financial adviser, accountant, insurance broker, or a union representative about joining Australian Government superannuation? | <input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No |
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| 12. Have you received a payout from the fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. If you have reinvested those funds, please provide details of the name of the fund and of the reinvestment. | |
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| 14. But for the alleged incorrect advice, would you have applied to join an Australian Government superannuation scheme earlier? (Please tick) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. But for the alleged incorrect advice, what date would you have applied to join an Australian Government superannuation scheme? (dd/mm/yyyy) | <div style="text-align: center;">/ /</div> |
| 16. To substantiate your answer to the above question, provide details of your gross income, financial investments and financial commitments (including family commitments) at the time you would have joined Australian Government superannuation. | |
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| 17. If you had become a member of an Australian Government superannuation scheme, what would have been the amount you would have been able to afford to pay (out of your weekly pay) to join Australian Government superannuation at that time? (Specify the year and the amount) | |

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| 18. Describe your financial position at this time, and how you would have afforded to make the required contributions. | |
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| 19. At the time you would have applied to join Australian Government superannuation, please indicate: <ul style="list-style-type: none"> • Details of how your work performance had been rated in reviews; • Details, if any, of how you had been disciplined in relation to conduct in the workplace; • Details of how workplace arrangements and job security at the time were such that you were likely to continue working for the Commonwealth for the next three, five or seven years. | |
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| 20. In what year of your working life were you in a financial position to contribute 5% or more of your gross income to superannuation? | |
| 21. Did you receive an Australian Government Employer Productivity Superannuation Contribution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 22. Name of the fund into which your Employer Productivity Superannuation Contribution was paid (e.g. AGEST). | |
| | |
| 23. Have you received a pay out of your Employer Productivity Superannuation Contribution or any other superannuation pay out? | <input type="checkbox"/> Yes (Provide the amount and details of how it was paid, e.g. lump sum/pension/both) <input type="checkbox"/> No \$ |
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| | |
| 24. Have you ever joined a private superannuation scheme or taken out membership or coverage of a scheme or insurance arrangement similar to superannuation? (Please tick) | <input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No |
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Section 5: Additional Information and Declaration

1. Are there any other factors that you believe are important and have not yet been mentioned in this application?

If so, please provide details.

If there is insufficient space, please attach a separate document.

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Declaration

I declare that to the best of my knowledge and belief, the information that I have supplied in or attached to this application is accurate and true, and that all relevant information has been included. I understand that the Department of Finance and Deregulation (Finance) may need to liaise with other agencies in order to investigate my claim and verify the information I have provided.

| | | | |
|-------------------|--|--------------|--|
| Signature: | | Date: | |
|-------------------|--|--------------|--|

Penalties may be imposed for giving false or misleading information. If you knowingly make a false statement, give false information or fail to give relevant information in connection with this form, you are guilty of an offence under the Crimes Act 1914 (Cth). A person found guilty could be fined or imprisoned for a period of up to 12 months.

Privacy disclosure

This information is necessary for Finance to assess your claim. All information, including personal information, collected by Finance is treated as confidential and is protected in accordance with the *Privacy Act 1988 (Cth)*.

ATTACHMENT A

DOCUMENTS FOR THE PERIOD WHEN YOU WERE **NOT** CONTRIBUTING TO SUPERANNUATION

- Documents you completed, or were provided with, when you started Commonwealth employment, including documents which specify your terms and conditions of employment;
- Documents relating to any changes in your employer, your duties or the basis on which you were employed;
- Documents relating to your job performance (such as review forms, notification of promotions, etc);
- Duty statements;
- Documents relating to Commonwealth superannuation;
- Pay slips (or a sample from each year if you hold many pay slips);
- Group certificates;
- Summary records of the investments referred to in this form (including home mortgage papers); and
- Statement/s of superannuation benefits paid to you on retirement/resignation.