

**(a) Whether the legislative framework governing superannuation and pension schemes for current and former members of the ADF is fit for purpose;**

1. Based on the current legislation, my view it's to grey. I've attempted to upgrade my current C class to a B or A but based on the responses and power within current legislation there is no way for CSC to deny the claimant. It's nothing like Dept of Veterans Affairs where their legislation is for more black and white.
2. The way CSC hold my superannuation is fine but it's the area of Retrospective Invalidity is the issue. If a claimant has taken a long time to raise a Retrospective Invalidity it's because of other reasons such as just been medically discharged to work out how to restart their life with a young family or is facing major medical issues which needed to be addressed asap then deal with CSC.
3. In the aspect of people who have previously served, CSC only allows you 30 days to challenge their original ruling, this isn't enough time just such as per point 3.
4. In my view the current framework is partially fit for purpose but still requires a overhaul to be more black and white and not grey in the current legislation. It needs to be fair and meet the members' goals. In my situation, I can't obtain a pension in DVA or CSC and am forced to work full time because DVA incapacity payments don't cut the mustard and CSC keep denying my claim because they continue wanting more evidence but after giving them completely everything they keep denying it.

**(b) Whether the Military Superannuation and Benefits Scheme (MSBS) enables veterans to preserve savings to deliver income for a dignified retirement in an equitable and sustainable way;**

5. In my view, yes the MSBS does provide effective support for Veterans for a lasting retirement. The investment has been growing but the issue is with Invalidity. It is virtually impossible to obtain a better classification to help me have a fair and potentially lasting retirement. If I can't obtain the right classification how do I expect to be in a more mental, and physical state and support society.

**(c) The structure and governance of the Commonwealth Superannuation Corporation (CSC), including an examination of its services to current and**

**former members of the ADF and the identification of strategies to address complaints and improve service delivery;**

6. The way CSC operates needs to be improved. In all my attempts even with advocates assistance you rely on the CSC delegate to present the details to Joint Health Command (JHC). The JHC consists of a board of members (mixed Defence and external) and they can be (potentially) motivated by Federal Government, for example possibly save federal budget. It is unclear on what is being done within the organization and it's unclear on what evidence they require with a claimant's application. This is an area for improvement so members can get a more fit for purpose and fit for use service. If DVA can make change then CSC should also.

**(d) Whether CSC account holders have the same rights and protections as other Australians in relation to their superannuation, including the ability to withdraw funds, receive appropriate returns, change superannuation providers and receive transparent information about return on investments;**

7. In my view it seems like CSC do operate like a private organization but they are twice as difficult because they have a Government layer in place where private don't. This gives CSC an edge to be able to dismiss claims because JHC said so where a private requires various evidence and they don't seek Government review.
8. In the aspect of withdrawing funds, receive appropriate returns, this seems the same across all Superannuation's.
9. Changing Superannuation providers is easy in private but not with CSC. I can't roll over my MSBS to Australian Super (for example) and I must wait till my preservation age before I can access it. If the option was available this would have consequences because I won't be able to apply for a retrospective invalidity which if successful would allow me to receive a pension. So having a rollover option has its ups and downs.

**(e) Mechanisms for veterans to have their discharge reclassified from administrative to medical, particularly in cases involving psychological injuries, and whether current appeal processes and discretion practices by the Department of Defence and the CSC adequately protect veterans' entitlements and recognition of service-related mental health issues;**

10. This is my main issue. I joined the Navy in            and in            I got a back injury and during my time I transferred to the Air Force in            . After completing my Air Surveillance Operator course which took six months I was advised I was getting medically discharged. I spent a year and a half fighting it. During that time I have been operating with medical restrictions. Even with these restrictions my back was extremely bad.
11. I attended so many medical sessions, reviews for my back where I was considered for a spinal fusion. This recommendation was 3 months prior to me medical discharge date. The recommendation from Defence Physio doctor was to exercise and take Panadol. This didn't fix the problem. I went back to medical staff and stated my back was really bad and I opt for the fusion but it was denied because I needed a medical waiver and they wouldn't issue me with one. So when discharge date approached I was in a bad shape and nothing else was done.
12. After leaving I had to find work because I had no pension or income from DVA because we weren't guided in anyway (I'm glad its getting fixed now for DVA) so I had no option to work because after being accepted in the Air Force in            my partner and I decided to have a child. Again six months later after completing my course and getting told about medical discharge I was a mental wreck. The pain, anxiety, the stress, frustration, the drinking, the fighting at home, all of it was destructive. I felt betrayed by Defence, I felt totally lost.
13. When you get medically discharged you need to complete a ADF Health Separation form. In this form I indicated not just my non defence medical injury but I did indicate getting hit in the head when I was in the Navy which was never acknowledged by CSC, I had anxiety issues, which on my initial discharge wasn't acknowledged by CSC, and my back injury was also not acknowledged by CSC. It was only until February 2024 that they included my back and anxiety issues. Even with them added I remained at 10% which kept me as a C class.
14. The problem that I have faced since            after leaving is in the first 3 years of being out I had to work to support my family until            came my back failed on me. From 2012 till 2020 I had 6 major operations on my back and feet. When having these operations this caused in total 24 medical accepted conditions with DVA. I had to have 4 Lumbar spondylosis surgery's and in 2020 I had a back fusion done which was recommended back in 2009. When speaking to my Neurosurgeon about my history he was disgusted, he indicated that I should have had the back fusion in

2009 and he stated that you wouldn't have this many conditions it would have been far less. When trying to explain this to CSC, you can't because they only want proof and when they have complete access to their records they just dismiss it.

15. CSC don't recognize service related mental health issues or medical issues in my opinion, they state they do but requires the claimant to obtain every bit of documentation you can get your hands on and submit it. If there is one piece of documentation not provided and you can't get it, you won't receive anything. They aren't sympathetic nor do they care about what the claimant is going through. If DVA can accept me with PTSD, Alcohol use disorder, Bruxism, my back issues, fractures in my feet, major depressive disorder, osteoarthritis, Knee issues, hearing loss, bursitis, and more, why can't CSC recognize it. The departments need to work together.

**In conclusion,**

1. CSC is not aligned with DVA, they are completely independent of each other. If they operated together, I hope there would be improvements. It is pointless having a department that accepts medical conditions and provide remuneration because it was caused by Defence but when trying to access benefits via CSC you are denied due to their currently legislation and how grey they operate, and the lack of care they give to Veterans.
2. If CSC are extremely strict then everything we have done through the Royal Commission about the Death and Suicide of Veterans was all for nothing. CSC has prevented me for the last 2 – 3 years in getting an upgrade because I taken a long time to get to it.
3. They dismiss why it took a long time, they dismiss my reasoning, they dismiss medical specialists opinions which cost a lot of money, they have no remorse, and bluntly they are bias for Defence. They can reject claims even knowing Defence has caused the issues, and they don't want to accept liability for it. The people at JHC should be ashamed of themselves.
4. I'm a Veteran who has a MRCA score of 95 points, I've lost jobs due to my medical condition's and I can't live on incapacity payments because the rates are too small to live off and my family and I will struggle.

5. If the two departments did work together and did a proper assessment and agreed to the best outcome, I would hope they would consider me for class upgraded to a B or A so I can get the right rehabilitation and not worry about working because I would receive the pension I needed from CSC.

**Recommendation,**

1. To keep this simple I would recommend that if you meet a certain level within DVA like 80 points or more you should be able to be classified as a Class A from CSC. If you have 70 to 79 points, then you are classified as a Class B. Anything up to 69 points will be assessed by CSC to determine if you should be a class A, B or C depending on the medial nature.
2. Having DVA and CSC working together is the key for every Veteran. You are making them do two major activities for their own health and survival. Why put a huge strain on their mental health and physical health.
3. Whatever the end result is, it must be simple, streamlined and must benefit the Veteran at all cost. Remember the key thing, it's the Veterans' money. If the Veteran has a lot of medical conditions which prevent them from work or they are forcing themselves to work and they shouldn't (like me) it is the responsibility of the Government to look after the Veteran and provide them with everything they have available.
4. My goal is simply, I want to stop or reduce working to a minimum so I can get all the medical attention and support I need. Not working full time and taking personal or annual leave to attend appointments, surgery's etc which has a performance impact that private business look at strongly now days. I would like to spend more time to get rehab so I can be more physically and mentally and be happy to know that CSC, DVA and Defence have supported me. Right now, CSC don't support me.