



Australian Government

Comcover

Comcover

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. If you require more space to complete your answers, please attach a separate document.

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

Please return to:

Superannuation Claims
Comcover
Locked Bag 4830
MELBOURNE VIC 3001

Please note:

Although Comcover will take steps to consider your potential claim, please be aware that submission of this questionnaire to Comcover will not protect your legal rights if you later choose to pursue your potential claim in court. In particular, there is a **limited period of time** within which you may commence proceedings in court (referred to as 'the limitation period') and there may be other parties against whom you may have a potential claim. Submission of this questionnaire to Comcover will not protect your legal rights to commence proceedings against the Commonwealth or any other party. If you have any questions about your legal rights, we recommend you consider seeking independent legal advice.

Section 1: Personal Details

1.1 Your title: (Please tick)			
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss <input type="checkbox"/> Other _____ (please specify)
1.2 Given name(s):			
1.3 Surname:			
1.4 Previous name(s):			
1.5 Date of birth:		1.6 AGS number:	
1.7 Residential address:			
	Suburb:	State:	Postcode:
1.8 Postal address: (If different from residential address)			

	Suburb:	State:	Postcode:
1.9 Phone number:	()	1.10 Mobile number:	
1.11 Preferred method of contact:	<input type="checkbox"/> Hard copy mail <input type="checkbox"/> Email address: _____		
1.12 How did you find out about Comcover's Cornwell-type claims website?			
1.13 Legal advice	<p>Have you sought legal advice or assistance about completing this questionnaire or about any potential claim for lost Commonwealth superannuation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please indicate whether you are still receiving assistance, the name of the legal adviser assisting you and the date when you first received the advice or assistance. Although we have asked for these details, please do not provide any details of the substance of any legal advice you may have received.</p>		

Section 2: Employment details

2.1 What was the name and location of the Commonwealth 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:	
2.2 What was your commencement date? (dd/mm/yyyy)	/ /
2.3 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)
2.4 Were you ever an apprentice or trainee? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 2.6)
2.5 When did you complete your apprenticeship or traineeship? (dd/mm/yyyy)	/ /

2.6 Did your employment status change whilst you were employed by the Commonwealth (e.g did you become permanent, part-time, casual)? If so, please specify what your employment status changed to.	<input type="checkbox"/> Yes _____ (please specify) <input type="checkbox"/> No (Go to question 2.8)
2.7 What date did your employment status change? (dd/mm/yyyy)	/ /
2.8 Did you transfer to another department/agency? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 2.10)
2.9 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:	
2.10 Please list each position for which you were employed by a Commonwealth 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)	

2.11 Were you ever made a permanent Commonwealth employee? If so, please advise the date of appointment. (dd/mm/yyyy)	/ /
2.12 Have you ever ceased employment with the Commonwealth? (Please tick)	<input type="checkbox"/> Yes (Go to question 2.14) <input type="checkbox"/> No
2.13 Please provide the name of the department/agency in which you are currently employed. Please provide the date when do you plan to retire from employment? (dd/mm/yyyy)	
2.14 If you answered 'Yes' to question 2.12: How did you cease employment? (Please tick) Please provide the name of the department/agency from which you ceased employment with the Commonwealth. When did you cease employment with the Australian Government? (dd/mm/yyyy)	<input type="checkbox"/> resignation <input type="checkbox"/> age retirement <input type="checkbox"/> voluntary redundancy <input type="checkbox"/> involuntary redundancy <input type="checkbox"/> other: _____ (Please specify)
2.15 Have you worked for another employer (e.g. a private company), or have you been self-employed, since ceasing employment with the Commonwealth?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 2.17)
2.16 Please provide the following details of your employment history from the date of your departure from Commonwealth employment to date: • Name of employer • Start date and end date and	

<ul style="list-style-type: none"> Any other details about each position that you consider relevant. 	
2.17 Are you currently working?	<input type="checkbox"/> Yes (Go to question 2.19) <input type="checkbox"/> No
2.18 Have you permanently retired from the workforce?	<input type="checkbox"/> Yes, I retired on: / / (date) <input type="checkbox"/> No
2.19 Have you accessed either Commonwealth or private superannuation benefits?	<input type="checkbox"/> Yes, I accessed my Commonwealth superannuation on: / / (date) <input type="checkbox"/> Yes, I accessed my private superannuation on: / / (date) <input type="checkbox"/> No
2.20 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 question 2.23)
2.21 Between which dates were you employed by the ACT or NT Governments?	/ / to / /
2.22 Please advise which territory and provide the name of the ACT or NT department/agency in which you were employed.	
2.23 Please provide any additional information/supporting documents about your employment history with the Commonwealth and/or ACT and NT Governments which you consider relevant to your claim (such as offers of appointment, details of retirement and confirmation of the agency or statutory authority that employed you).	

Section 3: Claim Details

3.1 Did you receive advice from your employer about your eligibility (or ineligibility) to join Commonwealth superannuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 3.6)
3.2 Please provide the name/s of the person/s who provided you with the advice. If you cannot remember or do not know, please write in the section below, to the best of your recollection, the job title/position description of the person/s when they gave you the advice.	
3.3 Please indicate the date/s on which the advice was provided and where you were when the advice was given. If you are unable to remember the exact date please say so in the section below and indicate as precisely as possible the month/s and/or year/s in which you recall receiving the advice.	
3.4 Please indicate whether there was any other person/s present when you received the advice (including the name/s of that person/s).	
3.5 If the advice was provided as part of a conversation, please recount the conversation (including how the topic of superannuation was raised) below in the format 'He/She said....', 'I said....', to the best of your recollection.	

<p>3.6 Did you receive advice about your Commonwealth superannuation benefit options upon ceasing Commonwealth employment (e.g. refund, lump sum, pension, roll over, preservation)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 3.10)</p>
<p>3.7 Please provide the name/s of the person/s who provided you with the advice. If you cannot remember or do not know, please write in the section below, to the best of your recollection, the job title/position description of the person/s when they gave you the advice.</p>	
<p>3.8 Please:</p> <p>a) indicate the date/s on which the advice was provided. If you are unable to remember the exact date please say so in the section below and indicate as precisely as possible the month/s and/or year/s in which you recall receiving the advice;</p> <p>b) advise where you were when the advice was given;</p> <p>c) recount the conversation below in the format ‘He/She said....’, ‘I said....’, to the best of your recollection (including how the topic of superannuation was raised); and</p> <p>d) indicate what option you say you would have taken if you had not received the advice?</p>	

3.9 Please indicate whether there was any other person/s present when you received the advice (including the name/s of that person/s).

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3.10 Did you receive advice about some other aspect of Commonwealth superannuation not covered in questions 3.1 or 3.6?	<input type="checkbox"/> Yes (please provide details below, including who gave you the advice, when the advice was received and what was said in the format 'he/she said...' 'I said...') <input type="checkbox"/> No
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3.11 Did you mention the advice referred to in questions 3.1, 3.6 or 3.10 to anyone else (e.g. another colleague, union representative, spouse)?	<input type="checkbox"/> Yes (provide details below including the name/s of the person/s you told and the date on which you told them) <input type="checkbox"/> No
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3.12 Did you make any independent enquiries to verify this advice? (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 3.15)
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3.13 When did you make these enquiries? (dd/mm/yyyy)	/ /
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<p>3.14 Please describe the nature of your independent enquiries. If the enquiry was a conversation, please recount the conversation/s in the format of 'He/She said...', 'I said...', to the best of your recollection.</p> <p><i>(Please attach any available supporting documents. If there is insufficient space, please attach details in a separate document)</i></p>
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4.4 How did you first come to know about Commonwealth superannuation (if the answer is that someone told you, please provide the name of the person who told you, the date on which you were told and details of what they told you in the format 'He/she said...' and 'I said...')?

4.5 Did you speak to a colleague(s) or relative(s) (in a similar position to you) about joining Commonwealth superannuation?

- Yes (Provide details below)
 No

4.6 Were you told about Commonwealth superannuation when you started work (e.g. during your initial interview or induction)?

- Yes (Provide details below including the name of the person(s) who told you, when you were told, and details of the conversation).
 No

superannuation (including advice regarding joining or your entitlements)?	any advice they provided) <input type="checkbox"/> No
4.14 But for the alleged incorrect advice, would you have applied to join Commonwealth superannuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.15 When would you have applied to join Commonwealth superannuation? (dd/mm/yyyy)	/ /
4.16 If you became a member of a Commonwealth superannuation scheme at that time, how much would you have been able to afford to initially contribute (out of your weekly pay) to Commonwealth superannuation?	
4.17 In what year of your working life were you in a financial position to contribute 5% pa or more of your gross income to superannuation?	/ /
4.18 Have you ever joined a private superannuation scheme or taken out membership or coverage of a life insurance or assurance arrangement similar to superannuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to section 5)
4.19 Please indicate:	
<ul style="list-style-type: none"> • the name of the company who provided the scheme • the date on which you commenced membership • why you commenced membership to the scheme • if you ceased membership, the date on which you so ceased • if you ceased membership, why you ceased membership. 	

Section 5: Additional Information and Declaration

5.1 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.

Section 6: Permission to Access Your Personnel and Commonwealth Superannuation Corporation (CSC) (formerly ComSuper) file

In order to process your claim efficiently would you please complete and sign the permission form included with this Questionnaire (page 19) so that we may request access to your personnel file from your former employer and your CSC file.

Declaration

I declare that to the best of my knowledge and belief, the information that I have supplied in or attached to this questionnaire is accurate and true, and that all relevant information has been included.

I understand that Comcover and/or the Department of Finance (Finance) may need to liaise with other agencies, including external service providers and CSC, to investigate my potential claim and verify the information I have provided. To assist Comcover and/or Finance to assess my potential claim, I give those other agencies, including my employing agency and CSC, permission to provide Comcover and/or Finance, their agents and legal representatives, with access to, and copies of, my personnel and employment information. I understand that all information collected by Comcover and/or Finance, their agents and legal representatives will be treated as confidential and will be protected in accordance with the *Privacy Act 1988* (Cth).

Signature:		Date:	
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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.

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.



Australian Government
Department of Finance

Permission for personal information to be given to the Department of Finance

My name is
(Please give your full name)

I was born on.....
(Please give your date of birth which will help identify you from other people with a similar name.)

I have asked the Australian Government to consider my potential claim relating to my eligibility to join a Commonwealth superannuation scheme.

The Department of Finance (Finance) is considering my request.

To help Finance do this, I consent to personal information about me, including sensitive information, relevant to my potential claim, being made available to Finance. I understand that this information may include personnel files, superannuation files and other files held by:

- my employing agency or agencies and their successors
- CSC
- National Archives of Australia

or other bodies inside or outside the Australian Government.

I authorise Finance to make such enquiries as are necessary to obtain the information required to progress my potential claim, including, where necessary, using or disclosing personal and sensitive information about me, to third parties, for the purpose of undertaking those enquiries.

I acknowledge that the personal and sensitive information which I am providing permission to release will be used or disclosed, including to third parties, for the purpose of assessing my potential claim and not for any other purpose. I acknowledge that Finance will share this information with its legal advisers where appropriate.

I understand that if my personal and sensitive information is not collected, Finance will not be able to consider my claim.

This authority will cease to have effect when a decision has been reached regarding my potential claim. I understand that I can withdraw my permission at any time before then.

Signed:

Date:

Address:

Phone:

Please return the completed form to:

Superannuation Claims
Comcover
Locked Bag 4830
MELBOURNE VIC 3001