



**Retirement Benefits Fund**

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Reply Paid 89418, PARRAMATTA NSW 2124

RBF Enquiry Line 1800 622 631

**INTERIM INVALIDITY PENSION – MONTHLY INCOME DECLARATION**

Please detail any income you received from employment, business activities and/or workers compensation during the period from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Pensioner’s Details**

Full name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Member number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

**Since your last report to RBF:**

Have you been able to perform any occupational duties?

No  Yes

\_\_\_\_\_  
\_\_\_\_\_

Have you earned any income from your own occupation or from any other business or occupation?

No  Yes  How much? (Please provide pay slips)

Employer Name: _____		
Gross Income Earned (Approx): \$ _____	Hourly Rate: \$ _____	Hours Worked: _____

In relation to personal injury or illness, have you claimed or received money from any other Insurance Company, Social Security, Workers Compensation, MAIB or from any other source?

No  Yes  Please provide written confirmation on a separate page

\_\_\_\_\_  
\_\_\_\_\_

Have you returned to work? No  Yes

When do you expect to return to work?

Part-time

Full-time

Part-time

Full-time

Remarks and/or additional information

\_\_\_\_\_  
\_\_\_\_\_

**Declaration:** I declare that the information I have provided in this form is true and correct to the best of my knowledge.

**Signature:** ..... **Date:** .....