*Action: To be faxed to QSuper when seeking a pension to support a rehabilitation program.*

|  |  |  |
| --- | --- | --- |
| **TO:** <insert name of case manager> | **Company**: QSuper | **Fax Number:**  |
| **FROM** | **Name:**  | **Date:**    /    /      |
|  | **Job Title**:  | **Phone No**:  |
|  | **Work Location**:  | **Fax No**:  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **TOPIC:** | **Rehabilitation Pension Approval** | Pages to follow:  |
|  | For: <Insert Employee's Name> | Employee Number:  |

Approval is sought for the payment of a QSuper Rehabilitation Pension. To assist in the calculation of the amount payable, the following details are provided:

Start date of return to work plan:    /    /

Planned completion/review date:    /    /

Standard full time hours worked per week:

OR

Standard permanent part time hours worked per week:

Base full time fortnightly salary:

OR

Base permanent part time fortnightly salary:

Base hourly rate:

Rehabilitation hours worked per week:

Rehabilitation salary per week:

Please find attached a return to work plan providing details of hours and days to be worked. QSuper will be notified of any variance in the hours actually worked.

Should you require any further information, please do not hesitate to contact me on the above telephone number.

**Yours sincerely**

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

**Rehabilitation & Return to Work Coordinator**

[ ]  Return to work plan attached

[ ]  Medical certificate attached