



Social Security and Veterans' Affairs Legislation Amendment (Family and Other Measures) Act 1997

No. 202, 1997

**An Act to amend the law relating to social security
and veterans' affairs, and for related purposes**

Contents

1 Short title	7169
2 Commencement.....	7169
3 Schedule(s).....	7171
Schedule 1—Maternity allowances	7172
<i>Social Security Act 1991</i>	7172
<i>Income Tax Assessment Act 1936</i>	7186
<i>Income Tax Assessment Act 1997</i>	7187
Schedule 2—Family payment: income test	7188
<i>Social Security Act 1991</i>	7188
Schedule 3—Family payment: rent assistance	7189
<i>Social Security Act 1991</i>	7189
<i>Student and Youth Assistance Act 1973</i>	7191
Schedule 4—Family payment: maintenance income test	7192
<i>Social Security Act 1991</i>	7192
Schedule 5—Family payment: qualification of approved care organisation	7193
<i>Social Security Act 1991</i>	7193
Schedule 6—Family payment: child or parents outside Australia	7194
<i>Social Security Act 1991</i>	7194
Schedule 7—Family payment: hardship provisions	7195
<i>Social Security Act 1991</i>	7195
Schedule 8—Fringe benefits	7198
<i>Social Security Act 1991</i>	7198
Schedule 9—Resumption of family payment after termination of payment	7202
<i>Social Security Act 1991</i>	7202
Schedule 10—Parenting allowance bereavement payment	7203
<i>Social Security Act 1991</i>	7203

Schedule 11—Early claims for family, maternity or parenting allowances	7204
<i>Social Security Act 1991</i>	7204
Schedule 12—Residence requirements for refugees	7206
<i>Social Security Act 1991</i>	7206
Schedule 13—Newstart allowance recipient with child under 18 receiving disability support pension	7207
<i>Social Security Act 1991</i>	7207
Schedule 14—Medical examination following claim for disability support pension	7208
<i>Social Security Act 1991</i>	7208
Schedule 15—Subsuming of disability wage supplement into disability support pension	7209
<i>Social Security Act 1991</i>	7209
Schedule 16—Disability support pension: impairment tables	7218
<i>Social Security Act 1991</i>	7218
Schedule 17—Conversion of foreign currency payments	7265
<i>Social Security Act 1991</i>	7265
Schedule 18—Entry contributions not to be regarded as rent	7267
<i>Social Security Act 1991</i>	7267
Schedule 19—Rent assistance for people living in public housing	7268
<i>Social Security Act 1991</i>	7268
<i>Veterans' Entitlements Act 1986</i>	7268
Schedule 20—Lodgment of claims by telephone, facsimile or computer	7270
<i>Social Security Act 1991</i>	7270
<i>Student and Youth Assistance Act 1973</i>	7276
Schedule 21—Qualification for newstart allowance of claimant for disability support pension	7278
<i>Social Security Act 1991</i>	7278

Schedule 22—Qualification for youth training allowance of claimant for disability support pension	7282
<i>Student and Youth Assistance Act 1973</i>	7282
Schedule 23—Data-matching for purposes of family tax payment	7285
<i>Data-matching Program (Assistance and Tax) Act 1990</i>	7285
Schedule 24—Superannuation investments	7286
<i>Social Security Act 1991</i>	7286



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No. 202, 1997

An Act to amend the law relating to social security and veterans' affairs, and for related purposes

[Assented to 16 December 1997]

The Parliament of Australia enacts:

1 Short title

This Act may be cited as the *Social Security and Veterans' Affairs Legislation Amendment (Family and Other Measures) Act 1997*.

2 Commencement

- (1) Subject to this section, this Act commences on the day on which it receives the Royal Assent.

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- (2) Schedule 1 (other than items 44 and 45), Schedules 6 and 8, Schedule 15 (other than items 17, 18, 25, 29 and 30) and Schedule 19 commence, or are taken to have commenced, on 1 January 1998.
 - (3) Items 44 and 45 of Schedule 1 commence, or are taken to have commenced, immediately after the commencement of Schedule 1 to the *Tax Law Improvement Act 1997* or on 1 January 1998, whichever is the later.
 - (4) Schedule 3 is taken to have commenced on 1 January 1996, immediately after the commencement of Schedule 2 to the *Social Security Legislation Amendment (Family Measures) Act 1995*.
 - (5) Schedule 4 is taken to have commenced on 1 January 1996 immediately after the commencement of Schedule 3 to the *Social Security Legislation Amendment (Family Measures) Act 1995*.
 - (6) Items 1 to 3 and 6 to 8 of Schedule 7 commence, or are taken to have commenced, immediately before 1 January 1998.
 - (7) Items 4 and 5 of Schedule 7 are taken to have commenced on 1 January 1996, immediately after the commencement of Schedule 2 to the *Social Security Legislation Amendment (Family Measures) Act 1995*.
 - (8) Schedule 11 commences, or is taken to have commenced, on 1 January 1998 but, if this Act contains a Schedule headed **Maternity allowances**, Schedule 11 commences, or is taken to have commenced, on that day immediately after the commencement of that Schedule.
 - (9) Schedule 12 is taken to have commenced on 1 January 1995, immediately after the commencement of Schedule 2 to the *Social Security (1994 Budget and White Paper) Amendment Act 1995*.
 - (10) If this Act contains a Schedule headed **Medical Examination following claim for disability support pension**, items 28 to 30 of Schedule 15 do not commence.
 - (11) Items 17, 18, 29 and 30 of Schedule 15 commence on 1 February 1998.
 - (12) Item 25 of Schedule 15 commences on 1 April 1998.
 - (13) Subject to subsection (14), items 1, 2 and 4 of Schedule 16 commence on a day to be fixed by Proclamation.

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- (14) If items 1, 2 and 4 of Schedule 16 do not commence under subsection (13) within 6 months after the day on which this Act receives the Royal Assent, those items commence on the first day after the end of that period.
 - (15) Item 3 of Schedule 16 is taken to have commenced on 1 January 1997, immediately after the commencement of Part 1 of Schedule 21 to the *Social Security Legislation Amendment (Budget and Other Measures) Act 1996*.
 - (16) Schedule 17 commences on 1 March 1998.
 - (17) Schedules 21 and 22 commence, or are taken to have commenced, on 15 December 1997.
 - (18) Schedule 24 commences, or is taken to have commenced, on 20 September 1997, immediately after the commencement of Schedule 1 to the *Social Security Legislation Amendment (Further Budget and Other Measures) Act 1996*.

3 Schedule(s)

Subject to section 2, each Act that is specified in a Schedule to this Act is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this Act has effect according to its terms.

Schedule 1—Maternity allowances

Social Security Act 1991

1 Subsection 23(1) (after paragraph (ma) of the definition of *recipient statement notice*)

Insert:

(mb) section 900Z (maternity allowance or maternity immunisation allowance); or

2 Part 2.17A (heading)

Repeal the heading, substitute:

Part 2.17A—Maternity allowances

3 Division 1 of Part 2.17A (heading)

Repeal the heading, substitute:

Division 1—Application and interpretation

4 Before section 900A

Insert:

900AAA Structure of Part

Part 2.17A deals with 2 payment types, maternity allowance and maternity immunisation allowance:

- (a) Division 1 deals with the application of this Part.
- (b) Divisions 2 and 3 are divided into Subdivisions that deal with maternity allowance and maternity immunisation allowance, respectively.
- (c) Divisions 4 to 8 deal with both maternity allowance and maternity immunisation allowance. The sections in those Divisions usually apply to both allowances. However, some of the sections are divided into subsections dealing with only one of the allowances.

5 Section 900A

Insert:

Australian Immunisation Procedures Handbook means the latest edition of the Australian Immunisation Procedures Handbook published by the Australian Government Publishing Service.

6 Section 900A

Insert:

immunise means receive the vaccinations that a child who is 18 months old ought to have received under the Standard Vaccination Schedule made available by the National Health and Medical Research Council.

7 Section 900A

Insert:

recognised immunisation provider has the same meaning as in section 46A of the *Health Insurance Act 1973*.

8 Division 2 of Part 2.17A (heading)

Repeal the heading, substitute:

Division 2—Qualification for allowances

Subdivision A—Qualification for maternity allowance

9 Subsection 900B(2)

Repeal the subsection.

10 Subsection 900B(3)

Omit “second”, substitute “first”.

11 Subsection 900B(4)

Omit “third”, substitute “second”.

12 Subsection 900B(5)

Omit “fourth”, substitute “third”.

13 At the end of Division 2 of Part 2.17A

Add:

Subdivision B—Qualification for maternity immunisation allowance

900EA Qualification for maternity immunisation allowance

Stillborn child

- (1) A person is qualified for maternity immunisation allowance in respect of a stillborn child if, and only if:
 - (a) the child is delivered on or after 1 January 1998; and
 - (b) maternity allowance is payable to the person in respect of the child.

Child dying within 18 months after birth

- (2) A person is qualified for maternity immunisation allowance in respect of a child who is born alive on or after 1 January 1998 but dies within 18 months after the date of his or her birth if, and only if:
 - (a) the child was a dependent child of the person at the time of the child's death; and
 - (b) either of the following applies:
 - (i) maternity allowance has been paid, or is payable, in respect of the child;
 - (ii) the child was an FP child of the person at the time of the child's death.

Child alive 18 months after birth

- (3) Subject to subsection (4), a person is qualified for maternity immunisation allowance in respect of a child who is born on or after 1 January 1998 and is alive at the end of 18 months after the date of his or her birth if, and only if:
 - (a) the child is a dependent child of the person; and
 - (b) either of the following applies:
 - (i) maternity allowance has been paid in respect of the child;
 - (ii) the child is an FP child of the person.

Immunisation of child

- (4) A person is not qualified for maternity immunisation allowance in respect of a child under subsection (3) unless:
 - (a) the Secretary is satisfied that the child has been immunised;or

- (b) if the child has not been immunised—one of the following applies:
- (i) a recognised immunisation provider has certified in writing that he or she has discussed with the person the benefits and risks of immunising the child and the person has a conscientious objection to the child being immunised;
 - (ii) the child is also a dependent child of another person, a recognised immunisation provider has certified in writing that he or she has discussed with the other person the benefits and risks of immunising the child, and the other person has a conscientious objection to the child being immunised;
 - (iii) a recognised immunisation provider has certified in writing that the specifications set out in the Australian Immunisation Procedures Handbook indicate that the immunisation of the child would not be in the medical interests of the child.

Nature of conscientious objection

- (5) A person has a conscientious objection to a child being immunised if:
- (a) the person's objection is based on a belief involving a fundamental conviction that immunisation should not take place; and
 - (b) the conviction is so compelling that the person has to refuse to allow the child to be immunised.

900EB Approved care organisation not qualified for maternity immunisation allowance

An approved care organisation is not qualified for maternity immunisation allowance.

900EC Provision of person's tax file number

- (1) Maternity immunisation allowance in respect of a child is not payable to a person unless:
- (a) the person has given the Secretary a written statement of the person's tax file number; or
 - (b) the person has given the Secretary a declaration by the person in a form approved by the Secretary and satisfied either subsection (2) or (3).

- (2) The person satisfies this subsection if:
- (a) the person's declaration states that the person:
 - (i) has a tax file number but does not know what it is; and
 - (ii) has asked the Commissioner of Taxation to inform the person of the person's tax file number; and
 - (b) the person has given the Secretary a document by the person that authorises the Commissioner of Taxation to tell the Secretary:
 - (i) whether the person has a tax file number; and
 - (ii) if the person has a tax file number—the tax file number; and
 - (c) the Commissioner of Taxation has not told the Secretary that the person has no tax file number.
- (3) The person satisfies this subsection if:
- (a) the person's declaration states that the person has applied for a tax file number; and
 - (b) the person has given the Secretary a document by the person that authorises the Commissioner of Taxation to tell the Secretary:
 - (i) if a tax file number is issued to the person—the tax file number; or
 - (ii) if the application is refused—that the application has been refused; or
 - (iii) if the application is withdrawn—that the application has been withdrawn; and
 - (c) the Commissioner of Taxation has not told the Secretary that the person has not applied for a tax file number; and
 - (d) the Commissioner of Taxation has not told the Secretary that an application by the person for a tax file number has been refused; and
 - (e) the application for a tax file number has not been withdrawn.

900ED Provision of partner's tax file number

- (1) Subject to subsection (4), maternity immunisation allowance in respect of a child is not payable to a person who is a member of a couple unless:
- (a) the person has given the Secretary a written statement of the partner's tax file number; or

- (b) the person has given the Secretary a declaration by the partner in a form approved by the Secretary and satisfied either subsection (2) or (3).
- (2) The person satisfies this subsection if:
 - (a) the partner's declaration states that the partner:
 - (i) has a tax file number but does not know what it is; and
 - (ii) has asked the Commissioner of Taxation to inform the partner of the partner's tax file number; and
 - (b) the person has given the Secretary a document by the partner that authorises the Commissioner of Taxation to tell the Secretary:
 - (i) whether the partner has a tax file number; and
 - (ii) if the partner has a tax file number—the tax file number; and
 - (c) the Commissioner of Taxation has not told the Secretary that the partner has no tax file number.
- (3) The person satisfies this subsection if:
 - (a) the partner's declaration states that an application by the partner for a tax file number is pending; and
 - (b) the person has given the Secretary a document by the partner that authorises the Commissioner of Taxation to tell the Secretary:
 - (i) if a tax file number is issued to the partner—the tax file number; or
 - (ii) if the application is refused—that the application has been refused; or
 - (iii) if the application is withdrawn—that the application has been withdrawn; and
 - (c) the Commissioner of Taxation has not told the Secretary that an application by the partner for a tax file number has been refused; and
 - (d) the application for a tax file number has not been withdrawn.
- (4) The Secretary may waive the request for a statement of the partner's tax file number if the Secretary is satisfied that:
 - (a) the person does not know the partner's tax file number; and
 - (b) the person can obtain none of the following from the partner:
 - (i) the partner's tax file number;
 - (ii) a statement of the partner's tax file number;
 - (iii) a declaration by the partner under paragraph (1)(b).

14 Division 3 of Part 2.17A

Repeal the Division, substitute:

Division 3—Payability of allowances

Subdivision A—Payability of maternity allowance

900F Amount of maternity allowance

- (1) The amount of maternity allowance for a child born before 1 January 1998 is 3 times the amount stated in column 3 of item 1 in Table C in point 1068A-C2 in Module C of the Parenting Allowance Rate Calculator in section 1068A.
- (2) The amount of maternity allowance for a child born on or after 1 January 1998 is:
 - (a) if paragraph (b) does not apply—\$750; or
 - (b) if 2.4 times the amount stated in column 3 of item 1 in Table C in point 1068A-C2 in Module C of the Parenting Allowance Rate Calculator in section 1068A exceeds \$750—2.4 times the amount so stated.
- (3) The amount of maternity allowance is payable as a lump sum.

900G Payability of maternity allowance

Stillborn child: more than one qualified person

- (1) If:
 - (a) more than one person claims maternity allowance in respect of a stillborn child; and
 - (b) the Secretary is satisfied that they are qualified for the allowance;the Secretary is to make a declaration naming one of them as the person to whom the allowance is payable.

Child born alive: someone receiving family payment for child: allowance not to be payable to anyone else

- (2) If someone is receiving family payment in respect of a child, maternity allowance is not payable to anyone else in respect of the same child.

Child born alive: no one receiving family payment for child: more than one person qualified

(3) If:

- (a) no one is receiving family payment in respect of a child other than a stillborn child; and
- (b) 2 or more people claim maternity allowance in respect of the child; and
- (c) the Secretary is satisfied that at least 2 of them are qualified for the maternity allowance;

the Secretary is to make a declaration:

- (d) stating which of them the Secretary is satisfied are qualified for the maternity allowance; and
- (e) naming one of them as the person to whom the maternity allowance is payable.

Allowance to be paid only to person named in declaration

- (4) If a declaration is made under subsection (1) or (3), maternity allowance in respect of the child to whom the declaration relates is payable to the person named in the declaration as mentioned in paragraph (1)(d) or (3)(e), as the case may be, and to no one else.

Notice of declaration

- (5) The Secretary is to give notice of the declaration to each of the people involved.

Only one allowance payable per child

- (6) A maternity allowance is not payable in respect of the same child more than once.

900GA Amount of maternity immunisation allowance

- (1) The amount of maternity immunisation allowance for a child is:
- (a) if paragraph (b) does not apply—\$200; or
 - (b) if 0.6 times the amount stated in column 3 of item 1 in Table C in point 1068A-C2 in Module C of the Parenting Allowance Rate Calculator in section 1068A exceeds \$200—0.6 times the amount so stated.
- (2) The amount of maternity immunisation allowance is payable as a lump sum.

900GB Payability of maternity immunisation allowance

Someone receiving family payment for child: allowance not to be payable to anyone else

- (1) Subject to subsection (2), if a person is receiving family payment in respect of a child, maternity immunisation allowance is not payable to anyone else in respect of the same child.

2 or more people (not members of same couple) receiving family payment for child: allowance to be shared

- (2) If:
- (a) 2 or more people who are not members of the same couple claim maternity immunisation allowance in respect of the same child; and
 - (b) the Secretary is satisfied that each of them:
 - (i) is qualified for the allowance; and
 - (ii) is receiving family payment in respect of the child;
- the Secretary is to make a declaration:
- (c) stating that the Secretary is satisfied that each of them is qualified for the maternity immunisation allowance; and
 - (d) subject to subsection (3), specifying the respective shares of the maternity immunisation allowance that each of them is to receive.

Share to be same as for family payment

- (3) The share of the maternity immunisation allowance that is to be specified under paragraph (2)(d) in respect of a person is to be the same as the share of the family payment for the child that the person is to receive under the declaration made under subsection 869(1).

2 or more qualified persons: neither receiving family payment for child: allowance to be shared

- (4) If:
- (a) 2 or more people claim maternity immunisation allowance in respect of a child other than a stillborn child; and
 - (b) the Secretary is satisfied that:
 - (i) each of them is qualified for the allowance; and
 - (ii) neither of them is receiving family payment in respect of the child;

the Secretary is to make a declaration:

- (c) stating that the Secretary is satisfied that each of them is qualified for the maternity immunisation allowance; and
- (d) specifying the respective shares of the maternity immunisation allowance that each of them is to receive.

Notice of declaration

- (5) The Secretary is to give notice of a declaration made under subsection (2) or (4) to each of the people stated in the declaration to be qualified for the maternity immunisation allowance in respect of the child.

Maximum allowance payable per child

- (6) If each of 2 or more people is to receive a share of the maternity immunisation allowance that is payable in respect of the same child, the sum of the amounts of the allowance payable to them is not to exceed the amount that would be payable if one only of them was qualified for the allowance.

15 Division 4 of Part 2.17A (heading)

Repeal the heading substitute:

Division 4—Claim for maternity allowance or maternity immunisation allowance

16 Subsection 900H(1)

After “maternity allowance”, insert “or maternity immunisation allowance”.

17 Paragraph 900H(2)(a)

After “maternity allowance”, insert “or maternity immunisation allowance”.

18 Paragraph 900H(2)(b)

Omit “maternity allowance”, substitute “that allowance”.

19 At the end of section 900H

Add:

(3) If:

- (a) claims for maternity allowance and maternity immunisation allowance are made at the one time by or on behalf of a person in respect of a child other than a stillborn child; and
- (b) the maternity allowance is paid to the person; and
- (c) the person ceases to be qualified for family payment in respect of the child before the claim for maternity immunisation allowance is determined;

the claim for maternity immunisation allowance is taken not to have been made.

(4) However, subsection (3) does not:

- (a) prevent the person referred to in that subsection from making another claim for the maternity immunisation allowance; or
- (b) prevent any other person from making a claim for that allowance.

20 Section 900J

Repeal the section, substitute:

900J Early claims

(1) If:

- (a) a person lodges a claim for maternity allowance; and
- (b) the person is not qualified for that allowance on the day on which the claim is lodged; and
- (c) the person becomes qualified for that allowance during the period of 13 weeks that starts on the day immediately after that day;

subsection 900H(2) does not apply in relation to the claim.

(2) If:

- (a) a person lodges a claim for maternity immunisation allowance; and
- (b) the person is not qualified for that allowance on the day on which the claim is lodged; and
- (c) the person becomes qualified for that allowance during the period starting immediately after the day on which the claim was lodged and ending at the earlier of the following times:
 - (i) the end of the period of 117 weeks starting immediately after the day on which the claim was lodged;

- (ii) the day on which the child reaches the age of 2 years; subsection 900H(2) does not apply in relation to the claim.

21 Subsection 900K(2)

After “maternity allowance”, insert “or maternity immunisation allowance”.

22 Section 900L

Repeal the section, substitute:

900L Lodgment of claim

To be a proper claim, a claim:

(a) must be lodged:

- (i) at an office of the Department; or
- (ii) at a place in Australia appointed for the purpose by the Secretary; or
- (iii) with a person in Australia approved for the purpose by the Secretary; and

(b) must be so lodged:

- (i) if the claim is for maternity allowance—within 26 weeks after the date of the child’s birth; or
- (ii) if the claim is for maternity immunisation allowance—before the child has reached the age of 2 years.

23 Subsection 900N(1)

After “maternity allowance”, insert “or maternity immunisation allowance”.

24 Subparagraph 900P(a)(ii)

After “maternity allowance”, insert “or maternity immunisation allowance”.

25 Paragraph 900P(b)

After “maternity allowance”, insert “or maternity immunisation allowance”.

26 Paragraph 900P(c)

Omit “maternity”, substitute “that”.

27 Section 900P

Omit "person's claim for maternity allowance", substitute "claim referred to in paragraph (c)".

28 Section 900Q

After "maternity allowance", insert "or maternity immunisation allowance".

29 Paragraph 900R(a)

After "maternity allowance", insert "or maternity immunisation allowance".

30 Paragraph 900T(a)

Repeal the paragraph, substitute:

- (a) the claimant is qualified for the maternity allowance or maternity immunisation allowance, as the case may be, to which the claim relates; and

31 Division 6 of Part 2.17A (heading)

Repeal the heading, substitute:

Division 6—Payment of maternity allowance or maternity immunisation allowance

32 Section 900U

After "maternity allowance" (wherever occurring), insert "or maternity immunisation allowance".

33 Section 900V

After "maternity allowance" (wherever occurring), insert "or maternity immunisation allowance".

Note: The heading to section 900V is replaced by the heading "Payment of maternity allowance or maternity immunisation allowance after death".

34 Section 900W

After "maternity allowance", insert "or maternity immunisation allowance".

35 Division 7 of Part 2.17A (heading)

Repeal the heading, substitute:

**Division 7—Protection of maternity allowance and
maternity immunisation allowance**

36 Subsection 900X(1)

Omit “is”, substitute “and maternity immunisation allowance are”.

Note: The heading to section 900X is replaced by the heading “**Maternity allowance and maternity immunisation allowance to be absolutely inalienable**”.

37 Subsections 900X(2) and (3)

After “maternity allowance” (wherever occurring), insert “or maternity immunisation allowance”.

38 Section 900Y

After “maternity allowance” (wherever occurring), insert “or maternity immunisation allowance”.

39 At the end of Part 2.17A

Add:

Division 8—Recipient obligations

**900Z Secretary may require recipient to give particular information
relevant to payment of maternity allowance or maternity
immunisation allowance**

- (1) The Secretary may give a person (a *recipient*) who has received a payment of maternity allowance a notice that requires the recipient to give the Department a statement about a matter that might affect any future payment of maternity immunisation allowance for the child to the recipient.
- (2) Subject to subsection (3), a notice under subsection (1):
 - (a) must be in writing; and
 - (b) may be given personally or by post; and
 - (c) must state how the statement is to be given to the Department; and
 - (d) must state the period within which the recipient is to give the statement to the Department; and

Schedule 1 Maternity allowances

- (e) must state that the notice is a recipient statement notice given under this Act.

Note: For *recipient statement notice* see subsection 23(1).

- (3) A notice under subsection (1) is not invalid merely because it fails to comply with paragraph (2)(c) or (e).
- (4) The period stated under paragraph (2)(d) must end at least 14 days after the day on which the notice is given.
- (5) A statement given in response to a notice under subsection (1) must be in writing and in accordance with a form approved by the Secretary.
- (6) A recipient must not, without reasonable excuse, refuse or fail to comply with a notice under subsection (1) to the extent that the recipient is capable of complying with the notice.

Penalty: Imprisonment for 6 months.

Note: Subsection 4B(2) of the *Crimes Act 1914* allows a court that convicts an individual of an offence to impose a fine instead of, or in addition to, a term of imprisonment. The maximum fine that a court can impose on the individual is worked out by multiplying the maximum term of imprisonment (in months) by 5, and then multiplying the resulting number by the amount of a penalty unit. The amount of a penalty unit is stated in section 4AA of that Act.

- (7) This section extends to:
- (a) acts, omissions, matters and things outside Australia whether or not in a foreign country; or
- (b) all persons irrespective of their nationality or citizenship.

40 Subsection 1223(1A)

After "maternity allowance", insert "or maternity immunisation allowance"

Income Tax Assessment Act 1936

41 Section 24AB

Insert in its appropriate alphabetical position determined on a letter-by-letter basis:

Maternity immunisation allowance

24ABXAAA

42 After section 24ABXAA

Insert:

24ABXAAA Maternity immunisation allowance

Payments of maternity immunisation allowance under Part 2.17A of the *Social Security Act 1991* are exempt.

43 Subsection 159J(6) (paragraph (a) of the definition of *separate net income*)

After “maternity allowance,”, insert “maternity immunisation allowance,”.

Income Tax Assessment Act 1997

44 Section 52-10 (table, after item 14.1)

Insert:

14.2	Maternity immunisation allowance	Exempt	Exempt	Not applicable	Not applicable
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45 Section 52-40 (table, item 14)

Repeal the item, substitute:

14.1	Maternity allowance	Part 2.17A	Not applicable	Not applicable
14.2	Maternity immunisation allowance	Part 2.17A	Not applicable	Not applicable

Schedule 2—Family payment: income test

Social Security Act 1991

1 Points 1069-H5 and 1069-H6

Repeal the points, substitute:

Assumed notifiable events

- 1069-H5 An event is an assumed notifiable event for the purposes of the application of this Module in respect of a person if a family payment claim form approved by the Secretary that was lodged by or on behalf of the person states that the event is an assumed notifiable event for the purposes of this Module.

Notifiable events

- 1069-H6 An event is a notifiable event for the purposes of the application of this Module in respect of a person if a notice given to the person under subsection 872(1) states that the event is a notifiable event for the purposes of this Module.

2 Application

Item 1 applies to events occurring after the commencement of this Schedule.

Schedule 3—Family payment: rent assistance

Social Security Act 1991

1 Paragraph 1064-D1(f)

Repeal the paragraph, substitute:

(f) either of the following subparagraphs applies:

- (i) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be;
- (ii) where the person is a member of an illness separated couple, a respite care couple or a temporarily separated couple and is the partner of a person who is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the partner does not exceed the minimum family payment rate of the partner.

2 Paragraph 1066-D1(e)

Repeal the paragraph, substitute:

- (e) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be.

3 Paragraph 1066A-EA2(h)

Repeal the paragraph, substitute:

- (h) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be; and

4 Paragraph 1066A-EB2(i)

Repeal the paragraph, substitute:

- (i) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be; and

5 Paragraph 1067-F1(h)

Repeal the paragraph, substitute:

- (h) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be.

6 Paragraph 1067E-D1(f)

Repeal the paragraph, substitute:

- (f) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be.

7 Paragraph 1068-F1(f)

Repeal the paragraph, substitute:

- (f) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be.

8 Paragraph 1068A-F1(g)

Repeal the paragraph, substitute:

- (g) where the person or the person's partner is receiving family payment in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner does not exceed the minimum family payment rate of the person or partner, as the case may be.

9 Subpoint 1069-B5(1)

Omit "standard rate of family payment", substitute "standard family payment rate".

10 At the end of subpoint 1069-E2(1)

Add:

; and (e) the person's standard family payment rate exceeds the person's minimum family payment rate.

Note: A person's standard family payment rate cannot exceed the person's minimum family payment rate if the person is temporarily absent from Australia for more than 13 weeks (see point 1069-B5).

Student and Youth Assistance Act 1973

11 Schedule 1 (paragraph D1(f))

Repeal the paragraph, substitute:

- (f) where the person or the person's partner is receiving family payment under the Social Security Act in respect of a dependent child who is an FP child—the standard family payment rate of the person or partner under that Act does not exceed the minimum family payment rate of the person or partner, as the case may be.

Schedule 4—Family payment: maintenance income test

Social Security Act 1991

1 Point 1069-J1 (method statement, step 1)

Omit “for a dependent child who is not an FP child”, substitute:
for:

- (a) a dependent child who is not an FP child; or
- (b) an FP child who is, or because of subpoint 1069-B7(2) is taken to be, outside Australia for the purposes of point 1069-B7; or
- (c) an FP child in respect of whom point 1069-K3 applies because action to obtain maintenance for the child that the Secretary considers reasonable to take has not been taken.

2 Subpoint 1069-J8(1)

After “first”, insert “other than a child for whom maintenance income is disregarded under Step 1 of the Method statement in point 1069-J1”.

Schedule 5—Family payment: qualification of approved care organisation

Social Security Act 1991

1 Paragraph 839(1)(a)

After “organisation”, insert “and is not an FP child of any person”.

Schedule 6—Family payment: child or parents outside Australia

Social Security Act 1991

1 Subpoint 1069-B7(1)

After “Australia”, insert “and has been outside Australia for more than 13 weeks”.

2 Paragraph 1069-B7(2)(b)

Repeal the paragraph, substitute:

- (b) a child returns to Australia after having been absent from Australia for more than 13 weeks;

3 Paragraph 1069-F2(2)(b)

Repeal the paragraph, substitute:

- (b) where the person has only one FP child—that child is outside Australia and has been outside Australia for more than 13 weeks; or
- (c) where the person has 2 or more FP children—all those children are outside Australia and have been outside Australia for more than 13 weeks.

4 Subpoint 1069-F2(3)

Omit “the only FP child”, substitute “an FP child”.

5 Application

The amendments made by this Schedule apply to absences from Australia beginning on or after the commencement of this Schedule.

Schedule 7—Family payment: hardship provisions

Social Security Act 1991

1 Subsection 1132A(1B)

Repeal the subsection, substitute:

- (1B) The Secretary may determine that paragraph 838(1)(d) does not apply to the person if:
- (a) the value of the person's assets is more than \$406,000 and not more than \$602,500; and
 - (b) either of the following applies:
 - (i) the value of the person's liquid assets is equal to or greater than the liquid assets limit;
 - (ii) the amount of the estimated income is equal to or greater than the threshold amount worked out under subsection (2); and
 - (c) the amount of the estimated income is equal to or less than the person's income hardship limit.
- (1BA) A person's income hardship limit is worked out using the following table. A person's income hardship limit is the basic amount in column 2 plus an additional amount in column 3 for each FP child of the person (after the first).

Income hardship limit		
column 1	column 2	column 3
Item	basic amount	additional amount for each FP child (after the first)
1.	\$27,125	\$4,399

(1BB) In subsection (1BA):

FP child includes:

- (a) a student child who:
 - (i) has reached 16, but is under 18, years of age; and
 - (ii) is receiving payments under a prescribed educational scheme; or

- (b) a child in relation to whom the Secretary has made a declaration under subsection 869(1).

2 Subsection 1132A(1C) (note)

Renumber as Note 1.

3 Subsection 1132A(1C) (after the note)

Insert:

- Note 2: If the Secretary makes a determination under subsection (1B) or (1C), the person's family payment rate may not exceed the minimum family payment rate (see section 861A).

4 Subsection 1132A(5) (definition of *liquid assets value limit*)

Repeal the definition.

5 Subsection 1132A(5)

Insert

liquid assets limit, in relation to a person, means:

- (a) if the person is a member of a couple—\$10,000; or
(b) if the person is not a member of a couple—\$6,000.

6 Section 1190 (table, after item 34B)

Insert:

35	Income hardship limit for family payment	FP HIL	[Subsection 1132A(1BA)—all amounts]
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7 Section 1191 (table, after item 25)

Insert:

26	FP HIL	1 January	June	most recent June quarter before reference quarter	not applicable—see subsection 1194(5)
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8 After subsection 1194(4)

Insert:

- (5) If a provisional indexed amount for working out under subsection 1132A(1BA) a person's income hardship limit for the purposes of paragraph 1132A(1B)(c) is not a multiple of \$1.00, the indexed amount is the provisional increased amount rounded up to the nearest multiple of \$1.00.

Schedule 8—Fringe benefits

Social Security Act 1991

1 Subsection 10A(2) (after paragraph (e) of the definition of *assessable fringe benefit*)

Insert:

- or (f) an expense benefit (see section 1157JA); or
- (g) a financial investment benefit (see section 1157JC);

2 Subsection 10A(2) (definition of *assessable fringe benefit*)

Omit “or housing benefit”, substitute “, housing benefit or expense benefit”.

3 Subsection 10A(2) (note to definition of *assessable fringe benefit*)

Omit “and 1157J (housing benefits)”, substitute “, 1157J (housing benefits) and 1157JB (expense benefits)”.

4 Subsection 10A(2)

Insert:

expense benefit has the meaning given by section 1157JA.

5 Subsection 10A(2)

Insert:

expense fringe benefit means a fringe benefit that is an expense benefit.

6 Subsection 10A(2)

Insert:

financial investment benefit has the meaning given by section 1157JC.

7 Subsection 10A(2)

Insert:

financial investment fringe benefit means a fringe benefit that is a financial investment benefit.

8 Point 1067-G14A

Omit "If", substitute "Subject to point 1067-G14CA, if".

9 Point 1067-G14B

Omit "If", substitute "Subject to point 1067-G14CA, if".

10 Point 1067-G14C

Omit "If", substitute "Subject to point 1067-G14CA, if".

11 After point 1067-G14C

Insert:

1067-G14CA References in points 1067-G14A to 1067-G14C to assessable fringe benefits do not include references to expense fringe benefits or financial investment fringe benefits.

12 Subsection 1157A(1)

Omit all the words from "These provisions" to the end of paragraph (b), substitute "These provisions are necessary for the purposes of the family payment income test and (except for the provisions relating to expense fringe benefits and financial investment fringe benefits) are also necessary for the purposes of the parental means test for social security benefits."

13 At the end of Division 2 of Part 3.12A

Add:

1157JA Expense benefits

- (1) A person (the *employee*) receives an expense benefit if an amount is paid to, or on behalf of, the employee or a person connected with the employee by:
- (a) an employer of the employee; or
 - (b) an associate of the employer; or
 - (c) a person (the *arranger*), other than the employer or an associate of the employer, under an arrangement between:
 - (i) the employer or an associate of the employer; and
 - (ii) the arranger or another person;
- and is so paid in connection with an expense or expenses of a private nature that have been, or will or may be, incurred by the employee or person connected with the employee.

- (2) The following are persons connected with the employee:
- (a) a partner of the employee;
 - (b) a dependent child of the employee or of the employee's partner;
 - (c) a person who would be a dependent child of the employee or of the employee's partner if the person was not receiving a newstart allowance or a sickness allowance.

1157JB Exempt expense benefit

An amount paid as mentioned in subsection 1157JA(1) is exempt if:

- (a) the amount is paid to reimburse expenses incurred in connection with the employee's employment; or
- (b) the employee requires the amount to be applied in paying expenses related to the employee's employment.

1157JC Financial investment benefit

- (1) A person (the *employee*) receives a *financial investment benefit* if:
- (a) an employer of the employee; or
 - (b) an associate of the employer; or
 - (c) a person (the *arranger*), other than the employer or an associate of the employer, under an arrangement between:
 - (i) the employer or an associate of the employer; or
 - (ii) the arranger or another person;
- pays for, or reimburses the cost of, the acquisition of a financial investment by the employee or a person connected with the employee.
- (2) The making by a person, for the benefit of another person, of contributions to a superannuation fund or an ATO small superannuation account does not constitute payment for the acquisition of a financial investment by the other person.
- (3) The following are persons connected with the employee:
- (a) a partner of the employee;
 - (b) a dependent child of the employee or of the employee's partner;
 - (c) a person who would be a dependent child of the employee or of the employee's partner if the person was not receiving a newstart allowance or a sickness allowance.

14 After Division 7 of Part 3.12A

Insert:

Division 8—Value of expense fringe benefit

1157UA Value of expense fringe benefits

The value of an expense fringe benefit is the amount of the payment that constitutes the expense benefit.

Division 9—Value of financial investment fringe benefit

1157UB Value of financial investment fringe benefit

The value of a financial investment fringe benefit is the value of the financial investment benefit that constitutes the financial investment fringe benefit when the financial investment benefit is received.

Schedule 9—Resumption of family payment after termination of payment

Social Security Act 1991

1 Subsection 883(1)

Repeal the subsection, substitute:

(1) If:

- (a) whether before or after the commencement of this subsection, family payment ceased to be payable to a recipient under section 876 or the Secretary cancelled or suspended a recipient's family payment under section 880 or 881; and
- (b) the Secretary reconsiders the decision that the family payment ceased to be payable under section 876 or the decision to cancel or suspend the family payment, as the case may be; and
- (c) the Secretary becomes satisfied that, because of that decision:
 - (i) the recipient did not receive family payment that was payable to the recipient; or
 - (ii) the recipient is not receiving family payment that is payable to the recipient;

the Secretary is to determine that family payment was or is payable to the recipient.

Schedule 10—Parenting allowance bereavement payment

Social Security Act 1991

1 Subparagraph 951W(1)(d)(i)

Repeal the subparagraph, substitute:

- (i) the person or the person's partner was, or except for a declaration under section 869 would be, receiving family payment for the child at a rate exceeding the minimum family payment rate of the person or of the person's partner, as the case may be; or

2 Application

Item 1 applies only in respect of children dying after the commencement of this Schedule.

Schedule 11—Early claims for family, maternity or parenting allowances

Social Security Act 1991

1 Paragraph 843(3)(c)

Repeal the paragraph, substitute:

- (c) during the period of 13 weeks starting on the day immediately after the day on which the claim is lodged, the person becomes qualified for family payment otherwise than because of the birth of a child;

2 Paragraph 900J(1)(c)

Repeal the paragraph, substitute:

- (c) during the period of 13 weeks starting on the day immediately after the day on which the claim is lodged, the person becomes qualified for that allowance otherwise than because of the birth of a child;

3 Paragraph 900J(2)(c)

Repeal the paragraph, substitute:

- (c) during the period starting immediately after the day on which the claim was lodged and ending at the earlier of the following times:
 - (i) the end of the period of 104 weeks starting immediately after the day on which the claim was lodged;
 - (ii) the day on which the child reaches the age of 2 years; the person becomes qualified for maternity immunisation allowance otherwise than because of the birth of a child;

4 Paragraph 900J(c)

Repeal the paragraph, substitute:

- (c) during the period of 13 weeks starting on the day immediately after the day on which the claim is lodged, the person becomes qualified for maternity allowance otherwise than because of the birth of a child;

5 Paragraph 911(4)(c)

Repeal the paragraph, substitute:

- (c) during the period of 13 weeks starting on the day immediately after the day on which the claim is lodged, the person becomes qualified for parenting allowance otherwise than because of the birth of a child;

6 Application

- (1) Items 2 and 3 have effect if, and only if, this Act contains a Schedule headed **Maternity allowances**.
- (2) Item 4 has effect if, and only if, this Act does not contain a Schedule headed **Maternity allowances**.
- (3) The amendments made by this Schedule apply to claims lodged on or after 1 January 1998.

Schedule 12—Residence requirements for refugees

Social Security Act 1991

1 Paragraph 95(1)(c)

Omit “either”.

2 After subparagraph 95(1)(c)(ii)

Insert:

(ia) has a qualifying residence exemption for a disability support pension; or

Schedule 13—Newstart allowance recipient with child under 18 receiving disability support pension

Social Security Act 1991

1 Paragraph 1068-B1A(c)

Repeal the paragraph, substitute:

(c) either:

- (i) a social security benefit or a youth training allowance is payable to the child; or
- (ii) if the person is receiving newstart allowance—a disability support pension is payable to the child; and

Schedule 14—Medical examination following claim for disability support pension

Social Security Act 1991

1 Subsection 94(1A)

Omit “and section 116 does not apply to the person”.

2 Division 4 of Part 2.3

Repeal the Division.

Schedule 15—Subsuming of disability wage supplement into disability support pension

Social Security Act 1991

1 Section 3 (index)

Insert in their appropriate alphabetical positions, determined on a letter-by-letter basis:

Health Department	23(1)
Health Secretary	23(1)

2 Subsection 17(1) (paragraph (fa) of the definition of *compensation affected payment*)

Repeal the paragraph.

3 Subsection 17(1) (definition of *disability support wife pension*)

Omit “or disability wage supplement”.

4 Subsection 17(1) (after paragraph (b) of the definition of *former payment type*)

Insert:

(ba) a disability wage supplement under this Act as previously in force; or

5 Subsection 23(1)

Insert:

Health Department means the Department dealing with matters relating to health and family services.

6 Subsection 23(1)

Insert:

Health Secretary means the Secretary to the Health Department.

7 Subsection 23(1) (definition of *Human Services Department*)

Repeal the definition.

8 Subsection 23(1) (definition of *Human Services Secretary*)

Repeal the definition.

9 Subsection 23(1) (paragraph (c) of the definition of *newly arrived resident's waiting period*)

Repeal the paragraph.

10 Subsection 23(1) (paragraph (gb) of the definition of *recipient notification notice*)

Repeal the paragraph.

11 Subsection 23(1) (paragraph (gb) of the definition of *recipient statement notice*)

Repeal the paragraph.

12 Subsection 23(1) (paragraph (h) of the definition of *social security entitlement*)

Repeal the paragraph.

13 Subsection 23(1) (paragraph (h) of the definition of *social security pension*)

Repeal the paragraph.

14 Subsection 23(1) (paragraph (ac) of the definition of *waiting period*)

Repeal the paragraph.

15 Paragraph 48(3)(a)

Omit "a disability wage supplement,".

16 Paragraph 94(1)(c)

Repeal the paragraph, substitute:

(c) one of the following applies:

(i) the person has a continuing inability to work;

- (ii) the Health Secretary has informed the Secretary that the person is participating in the supported wage system administered by the Health Department, stating the period for which the person is to participate in the system;
- (iii) the person was a recipient of the former payment type known as disability wage supplement who received his or her last payment of that supplement on or after 4 December 1997 and the person makes a claim for disability support pension within 28 days after the day on which that last payment was received; and

17 At the end of subparagraph 94(1)(c)(ii)

Add “and”.

18 Subparagraph 94(1)(c)(iii)

Repeal the subparagraph.

19 Subsections 94(1A) and (1B)

Repeal the subsections.

20 Subsection 94(6)

Omit “, disability wage supplement”.

21 Subsection 95(2)

Omit “, disability wage supplement”.

22 Subsection 100(1)

Omit “subsections (1A), (2), (3), (4) and (5)”, substitute “this section”.

23 Subsection 100(1A)

Repeal the subsection.

24 Subsection 100(5)

Repeal the subsection, substitute:

(5) If:

- (a) a former payment type known as disability wage supplement ceased to be payable to a person; and

(b) the person makes a claim for disability support pension within the changeover period;

the person's provisional commencement day is the first pension payday after the day (the *cessation day*) on which disability wage supplement ceased to be payable to the person.

(6) For the purposes of the application of subsection (5) to a person, the *changeover period* is:

(a) the period of 28 days starting on the day after the cessation day; or

(b) if the person did not make the claim within the period referred to in paragraph (a) and the Secretary is satisfied that an incapacity of the person was the sole or dominant cause why the person did not make the claim within that period—the period of 3 months starting on the day after the cessation day.

25 Subsections 100(5) and (6)

Repeal the subsections.

26 Subsection 106(3)

Repeal the subsection.

27 After section 114

Insert:

114A Deemed determination granting claim

If, immediately before 1 January 1998, a determination was in force granting a claim for the former payment type known as disability wage supplement, the determination has effect as if it were a determination made on that day granting a claim for disability support pension.

28 At the end of subsection 116(1)

Add:

; or (e) the claimant satisfies the requirements of subparagraph 94(1)(c)(iii).

29 Paragraph 116(1)(d)

Omit “(residence requirements); or”, substitute (residence requirements).”.

30 Paragraph 116(1)(e)

Repeal the paragraph.

31 Paragraph 225B(d)

Omit “, disability wage supplement”.

32 Subparagraph 237(1)(d)(iia)

Repeal the subparagraph.

33 Sub-subparagraph 249(2)(b)(i)(B)

Omit “, a disability support pension or disability wage supplement”,
substitute “or a disability support pension”.

34 Sub-subparagraph 262(2)(b)(i)(B)

Omit “, a disability support pension or disability wage supplement”,
substitute “or a disability support pension”.

35 Subparagraph 303(1)(d)(iv)

Repeal the subparagraph.

36 Part 2.9

Repeal the Part.

37 Paragraph 665E(a)

Omit “or disability wage supplement”.

38 Subsection 666(9)

Omit “, disability wage supplement”.

39 Subsection 667(5)

Omit “, disability wage supplement”.

40 Subparagraph 771HA(1)(c)(i)

Omit “disability wage supplement,”.

41 Paragraph 771NU(1)(e)

Omit “, disability wage supplement”.

42 Paragraph 771NU(3)(e)

Omit “, disability wage supplement”.

43 Subsection 771NX(1) (Lump Sum Calculator, method statement, step 4, note)

Omit “, disability wage supplement”.

44 Subsection 771NX(6)

Omit “, disability wage supplement”.

45 Sub-subparagraph 1035(ca)(ii)(C)

Omit “Department of Human Services and Health”, substitute “Health Department”.

46 Subparagraph 1058(1)(b)(iv)

Omit “Department of Human Services and Health”, substitute “Health Department”.

47 Paragraph 1065(1)(b)

Omit “or disability wage supplement”.

48 Paragraph 1065(4)(b)

Omit “or disability wage supplement”.

49 Paragraph 1065(5)(b)

Omit “or disability wage supplement”.

50 Subsection 1066A(1)

Omit “, or the rate of disability wage supplement,”.

Note: The heading to section 1066A is altered by omitting “and of disability wage supplement”.

51 Subsection 1066A(3)

Before “pension” (first and second occurring), insert “disability support”.

52 Subsection 1066A(5)

Before “pension”, insert “disability support”.

53 Subsection 1066A(6)

Repeal the subsection.

54 Paragraph 1066A-F2A(a)

Omit “or disability wage supplement”.

55 Subsection 1066B(1)

Omit “, or the rate of disability wage supplement,”.

56 Subsection 1066B(2)

Before “pension” (wherever occurring), insert “disability support”.

57 Subsection 1066B(4)

Before “pension”, insert “disability support”.

58 Subsection 1066B(5)

Repeal the subsection.

59 Subparagraph 1133(1)(a)(va)

Repeal the subparagraph.

60 Subparagraph 1133(2)(a)(vi)

Repeal the subparagraph.

61 Subsection 1170(1)(note)

Omit “468(7) and (8) (disability wage supplement),”.

62 Subsection 1184A(1)

Repeal the subsection, substitute:

- (1) This section applies if a person claims a disability support pension and:
 - (a) the Secretary decides under section 1164 that the pension is not to be granted or is not payable; or
 - (b) the Secretary decides under section 1165 that the pension is not payable; or

- (c) the Secretary decides that, if the person were qualified for the pension, the fortnightly rate of the pension would be reduced to nil under section 1168.

Note: The heading to section 1184A is altered by omitting "and disability wage supplement".

63 Paragraph 1184(2)(b)

Omit "or the disability wage supplement".

64 Paragraph 1184(2)(c)

Omit "or disability wage supplement".

65 Subparagraph 1187(1)(a)(iva)

Repeal the subparagraph.

66 Section 1190 (Indexed and Adjusted Amounts Table, column 2, item 1)

Omit "or disability wage supplement" (wherever occurring).

67 Section 1190 (Indexed and Adjusted Amounts Table, column 2, item 1A)

Omit "or disability wage supplement".

68 Section 1190 (Indexed and Adjusted Amounts Table, column 3, item 1A)

Omit "/DWS".

69 Section 1190 (Indexed and Adjusted Amounts Table, column 2, item 1B)

Omit "or disability wage supplement".

70 Section 1190 (Indexed and Adjusted Amounts Table, column 3, item 1B)

Omit "/DWS".

71 Paragraph 1210(4)(a)

Omit "or disability wage supplement".

72 Paragraph 1210-B5(a)

Omit "or disability wage supplement".

73 Paragraph 1210-B6(a)

Omit "or disability wage supplement".

74 Paragraph 1240(2)(d)

Omit "Human Services Secretary", substitute "Health Secretary".

75 Subsection 1299(5)

Omit "Human Services" (wherever occurring), substitute "Health".

Schedule 16—Disability support pension: impairment tables

Social Security Act 1991

1 Paragraph 94(1)(b)

Omit “20%”, substitute “20 points”.

2 Schedule 1A (after clause 96)

Insert:

96A Application of revised Schedule 1B

- (1) Subject to subclause (2), this Act, as amended by items 1, 2 and 4 of Schedule 14A of the amending Act, applies to claims lodged on or after the date of commencement of those items.
- (2) Despite section 8 of the *Acts Interpretation Act 1901*, the amendments made by items 1, 2 and 4 of Schedule 14A to the amending Act, apply in relation to:
 - (a) all medical, psychiatric or psychological examinations attended, or reports required, under subsection 105(1) on or after the date of commencement of those items; and
 - (b) all legal proceedings, applications for review of decisions, or determinations, to the extent that the proceedings, applications or determinations relate to, or involve, a medical, psychiatric or psychological examination referred to in paragraph (a).
- (3) In this clause:
amending Act means the *Social Security Legislation Amendment (Family and Other Measures) Act 1997*.

3 Schedule 1A (clause 97)

Repeal the clause.

4 Schedule 1B

Repeal the Schedule, substitute:

**Schedule 1B—Tables for the assessment of
work-related impairment for
disability support pension**

**TABLES
FOR THE
ASSESSMENT
OF
WORK-RELATED IMPAIRMENT
FOR
DISABILITY SUPPORT
PENSION**

***DEPARTMENT OF SOCIAL SECURITY
1997***

INTRODUCTION

1. These Tables are designed to assess whether persons whose qualification or otherwise for disability support pension is being considered meet an empirically agreed threshold in relation to the effect of their impairments, if any, on their ability to work. Work is defined in section 94(5) of the Social Security Act 1991. The Tables represent an empirically agreed set of criteria for assessing the severity of functional limitations for work related tasks and do not take into account the broader impact of a functional impairment in a societal sense. For this reason, no specific adjustments are made for age and gender. The outcome of the application of these Tables following a medical assessment is termed work-related impairment and this term is used throughout this document.
2. These Tables are designed to assess impairment in relation to work and consist of system based tables that assign ratings in proportion to the severity of the impact of the medical conditions on normal function as they relate to work performance. These Tables are function based rather than diagnosis based. The Medical Officer should not approach the Tables hoping to find various conditions listed for which he or she can read off a rating. One of the skills which needs to be developed in order to assess impairment in this context is the ability to select the appropriate tables. The question which must be asked in each and every case is "which body systems have a functional impairment due to this condition?"
3. These Tables give particular emphasis to the loss of functional capacity that a person experiences in relation to work. This is measured by reference to an individual's efficiency in performing a set of defined functions in comparison with a fully able person. In using these tables ratings can only be assigned for conditions where there is an associated current loss of function or where prolonged loss of function would be expected in most work situations.
4. A rating is only to be assigned after a comprehensive history and examination. For a rating to be assigned the condition must be a fully documented, diagnosed condition which has been investigated, treated and stabilised. The first step is thus to establish a working diagnosis based on the best available evidence. Arrangements should be made for investigation of poorly defined conditions before considering assigning an impairment rating. In particular where the nature or severity of a psychiatric (or intellectual) disorder is unclear appropriate investigation should be arranged.

5. The condition must be considered to be permanent. Once a condition has been diagnosed, treated and stabilised, it is accepted as being permanent if in the light of available evidence it is more likely than not that it will persist for the foreseeable future. This will be taken as lasting for more than two years. A condition may be considered fully stabilised if it is unlikely that there will be any significant functional improvement, with or without reasonable treatment, within the next 2 years.

6. In order to assess whether a condition is fully diagnosed, treated and stabilised, one must consider:

- what treatment or rehabilitation has occurred;
- whether treatment is still continuing or is planned in the near future;
- whether any further reasonable medical treatment is likely to lead to significant functional improvement within the next 2 years.

In this context, reasonable treatment is taken to be:

- treatment that is feasible and accessible ie, available locally at a reasonable cost;
- where a substantial improvement can reliably be expected and where the treatment or procedure is of a type regularly undertaken or performed, with a high success rate and low risk to the patient.

It is assumed that a person will generally wish to pursue any reasonable treatment that will improve or alleviate an impairment, unless that treatment has associated risks or side effects which are unacceptable to the person. In those cases where significant functional improvement is not expected or where there is a medical or other compelling reason for a person not undertaking further treatment, it may be reasonable to consider the condition stabilised.

In exceptional circumstances, where a condition was considered not stabilised and a permanent impairment rating not assigned because reasonable treatment for a specific condition has not been undertaken, the medical officer should:

- evaluate and document the probable outcome of treatment and the main risks and or side effects of the treatment; and
- indicate why this treatment is reasonable; and
- note the reasons why the person has chosen not to have treatment.

7. A single medical condition should be assessed on all relevant Tables when that medical condition is causing a separate loss of function in more than one body system. For example, Diabetes Mellitus may need to be assessed using the endocrine (19), exercise tolerance (1), lower limb function (4), renal function (17), skin disorders (18) and visual acuity (13) tables. When using more than one Table for a single medical condition the possibility of double assessment of a single loss of function must be guarded against. For example, it is inappropriate to assess an isolated spinal condition under both the spine table (5) and the lower limb table (4) unless there is a definite secondary neurological deficit in a lower limb or limbs.

8. In general, pain or fatigue should be assessed in terms of the underlying medical condition which causes it. For example, Table 5 should be used for spinal pathology. However, where the medical officer is of the opinion that the Tables underestimate the level of disability because of the presence of chronic entrenched pain, Table 20 can be used to assign a rating **instead** of the Table(s) that otherwise would be used to assess the loss of function to which the pain relates. Medical officers must use their clinical judgement and be convinced that pain or fatigue is a significant factor contributing towards the person's overall functional impairment. Medical reports and the person's history should consistently indicate the presence of chronic entrenched pain or fatigue.

9. Always use a Table specific to the functional impairment being rated unless the instructions in a section specify otherwise. The system-specific Tables provide appropriate criteria with which to rate a disorder. The procedure is to identify the loss of function, refer to the appropriate system Table and identify the correct rating eg. a person with a CVA (stroke) could be assessed under five different Tables: upper and lower limbs (3 and 4), neurological (8 and 9) and visual field disorders (15). Table selection would depend on the functions affected.

10. Ratings can only be assigned in accordance with the rating scores in each Table. Ratings cannot be assigned between consecutive ratings (eg. a rating of fifteen cannot be assigned between ten and twenty). Nor can ratings be assigned in excess of the maximum rating specified by each Table (eg. if the maximum rating for a Table is 30, the medical officer cannot assign a greater rating than this figure). Ratings must be consistent with these Tables. No idiosyncratic assessment systems are allowed.

11. The scaling system for the Tables is based on points allocation with the number alongside each impairment descriptor representing the number of points to be allocated for that impairment. Ratings between Tables are not always comparable although the ratings have been allocated on the basis of the likely impact of an impairment on work ability. Where more than one impairment is present, separate scores are allotted for each and **the values are added together** giving a combined work-related impairment rating.

12. A medical condition such as Vascular disease (Stroke) may cause brain damage to different parts of the brain eg. damage to the cortex causing cognitive/comprehension impairments, damage to the speech centre causing aphasia (receptive or expressive communication impairments) and damage to the motor centre causing hemiparesis. Each separate or additional loss of function must be assessed under the relevant Table(s), in this case Tables 8, 9, 3 and 4. This is **not** double counting (also see paragraph 7). Double counting is where one functional loss is counted twice. For instance, where a condition causes a cognitive impairment, the presence of mental confusion may suggest an extra communication impairment. However, if the speech centre of the brain is undamaged, the overall situation is regarded as a single impairment.

13. These Tables have been scaled so that where two conditions cause a common or a combined functional loss, a single rating should be assigned for both conditions and this should reflect the combined loss of function from each of the two conditions. For example, the presence of both heart disease and chronic lung disease may each cause difficulty with breathing and reduced effort tolerance. The overall loss of function is a combined or common effect with a contribution from each condition. In this case a single impairment rating is assigned based on overall reduction in effort tolerance using Table 1.

TABLE 1. LOSS OF CARDIOVASCULAR AND/OR RESPIRATORY FUNCTION: EXERCISE TOLERANCE

Cardiovascular and Respiratory function is measured by reference to exercise tolerance. A rating is obtained from Table 1 by determining the lowest MET band which causes restriction in activity from a cardiac or respiratory condition. 1 MET is defined as average oxygen consumption at rest which is 3.5mL O₂/kg/min.

The clinical judgement of medical officers based on history and examination is to be used but in cases where a reliable history is difficult to obtain despite discussions with the treating doctor or the history of exercise tolerance is inconsistent with clinical findings on examination, the results of an Exercise ECG or Respiratory Function Test may be obtained.

The appropriate MET level is calculated using the lists in Table 1.2.

Peripheral Vascular Disease is assessed under the lower limb Table 4. Varicose veins are assessed under either the Lower Limb or Skin Table. Hypertension is assessed under Table 20. Where exercise intolerance is caused by a combination of cardiac and respiratory conditions, Table 1 is to be used and used only once. Episodic conditions such as cardiac arrhythmias and episodic asthma should be assessed under Table 21 unless they are exercise induced.

Assignment of rating

Rating	Symptomatic Activity Level (METs)
NIL	7-8 or higher
FIVE	6-7
FIFTEEN	5-6
TWENTY	4-5
THIRTY	3-4
FORTY	2-3 or less

TABLE 1.2 Metabolic cost of activities**INSTRUCTIONS**

Listed below is a more comprehensive set of activities, with their corresponding MET level. One MET represents the energy level expenditure associated with the consumption of 3.5ml O₂/kg body weight/minute. Please use this list to assist you in determining an appropriate symptomatic MET level for the claimant.

In determining the symptomatic activity level, greater reliance is placed on activities which involve a steady expenditure of energy (eg. walking steadily for 10 minutes) as opposed to a sporadic expenditure of energy (eg. playing one hole of golf). The former activities are more reliable indicators of exercise tolerance. Less reliance is placed on activities which can be completed in less than a few minutes, as symptoms may take longer than this to occur.

Metabolic Cost of Activities**1—2 METs Energy expended at rest or minimal activity**

Lying down	sitting and drinking tea	using sewing machine (<i>electric</i>)
sitting down	sitting and talking on telephone	travelling in a car as passenger
strolling (<i>slowly</i>)	standing	typing
sitting and knitting		

2—3 METs Energy expended to dress, wash and perform light household duties

Walking 3.5km/hr (<i>slowly</i>)	playing piano/violin/organ	clerical work which involves
setting table	playing billiards	moving around
washing dishes	driving power boat	bench assembly work (<i>sitting</i>)
dressing	light sweeping	using self-propelled mower
light tidying, dusting	horseback riding at walk	polishing silver
driving a car	lawn bowls	making bed
cooking, preparing meals		

3—4 METs Energy required for walking at average pace

Walking 5km/hr (<i>average walking pace</i>)	vacuuming	machine assembly
shifting chairs	sedate cycling (10km/hr)	minor car repairs
	light gardening (<i>weed/water</i>)	light carpentry (<i>chiselling</i> ,

Schedule 16 Disability support pension: impairment tables

hanging out washing	playing golf (<i>with power buggy</i>)	<i>hammering, sawing and planing with hand tools</i>
tidying house (<i>includes carrying heavy objects</i>)	welding	

4—5 METs Moderate activities: encompasses more active daily activities with the exclusion of manual labour and vigorous exercise

Mopping floors	gentle swimming	stocking shelves with light objects
golf (<i>pulling buggy, carrying bag</i>)	ballroom dancing	
beating carpets	stacking firewood	painting outside of house
polishing furniture	cleaning windows	wallpapering
hoeing (<i>soft soil</i>)	pushing light power mower over	walking 6.5km/hr (<i>sustained</i>)
showering	flat suburban lawn at slow, steady pace	<i>brisk walk, discomfort talking at the same time</i>
cleaning car (excludes vigorous <i>polishing</i>)		

5—6 METs Heavy exercise: manual labour or vigorous sports

Shovelling dirt (<i>12 throws/min.</i>)	digging in garden	walking slowly but steadily up stairs
tennis doubles (<i>social non-competitive</i>)	scrubbing floors	pushing a full wheelbarrow (20kg)

6—7 METs

loading truck with bricks	pace walking	carrying load upstairs (10kg)
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7—8 METs Very heavy exercise

Jogging (<i>8km/hr</i>)	sawing hardwood with hand tools	using pick & shovel to dig trenches
tennis (<i>singles, non-competitive</i>)	swimming laps (<i>non-competitive</i>)	

8—9 METs

Running (<i>9km/hr</i>)	chopping hardwood	
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10 METs

Running quickly (<i>10km/hr</i>)	cycling quickly (<i>25km/hr</i>)	carrying loads (<i>10kg</i>) up a gradient
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**TABLE 2. LOSS OF RESPIRATORY FUNCTION:
PHYSIOLOGICAL MEASUREMENTS**

Respiratory function is measured by reference to exercise tolerance in the majority of cases and so Table 1 is used. Spirometry can be used where the medical officer feels it is more appropriate for example, where a history of exercise tolerance is difficult to obtain and assess or the history of exercise tolerance is inconsistent with clinical findings on examination. A rating is then obtained using Table 2.

Predictive nomograms for the forced expiratory volume over one second (FEV₁) and the forced vital capacity (FVC) are at Tables 2.2 and 2.3.

Measurements of Forced Expiratory Volume in one second and Forced Vital Capacity should be performed with a vitalograph or equivalent instrument. Ideally, three readings should be taken and the best of these used to calculate a rating. Calculate the ratio of FEV₁ and FVC against the predicted figures as a percent. Testing pre- and post-bronchodilatation is unnecessary as the aim of assessment under this Table is to assess people in their "normal" state. Furthermore, this Table is only to be used for people with irreversible lung disease. The FEV₁ is usually selectively reduced in Chronic Airflow Limitation and the FVC in Restrictive Lung Disorders. The FEV₁ should be used in preference to the FVC where there is a discrepancy between the two in Chronic Airflow Limitation.

Assignment of a rating

Rating	% Predicted FEV₁ or FVC
NIL	80+
TEN	75-79
FIFTEEN	70-74
TWENTY	65-69
TWENTY-FIVE	60-64
THIRTY	50-59
FORTY	49 or less

TABLE 2.2 Prediction nomogram—males

NOTES: From Kamburoff, Petia L., and Woitowitz, H.J. & R.H. (1972)

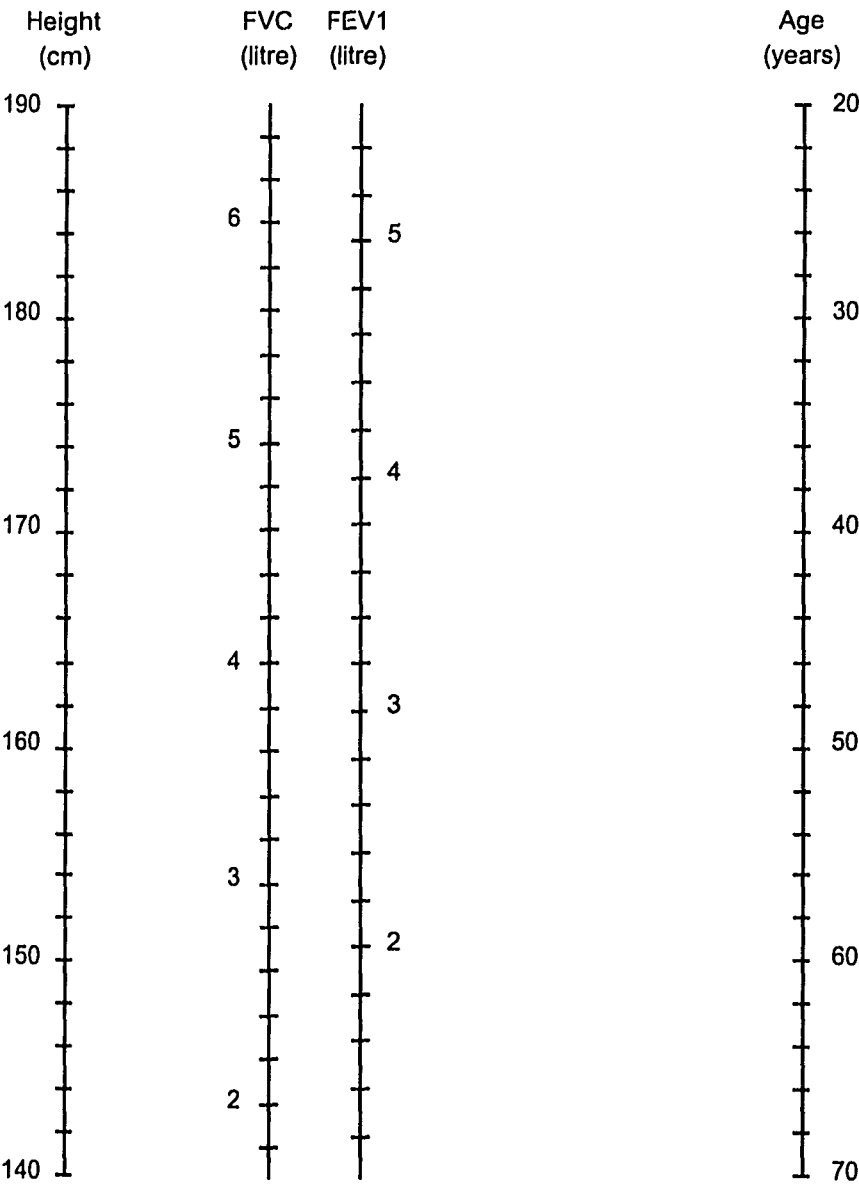


TABLE 2.3 Prediction nomogram—females

NOTES: From Kamburoff, Petia L., and Weitowitz, H.J. & R.H. (1972)

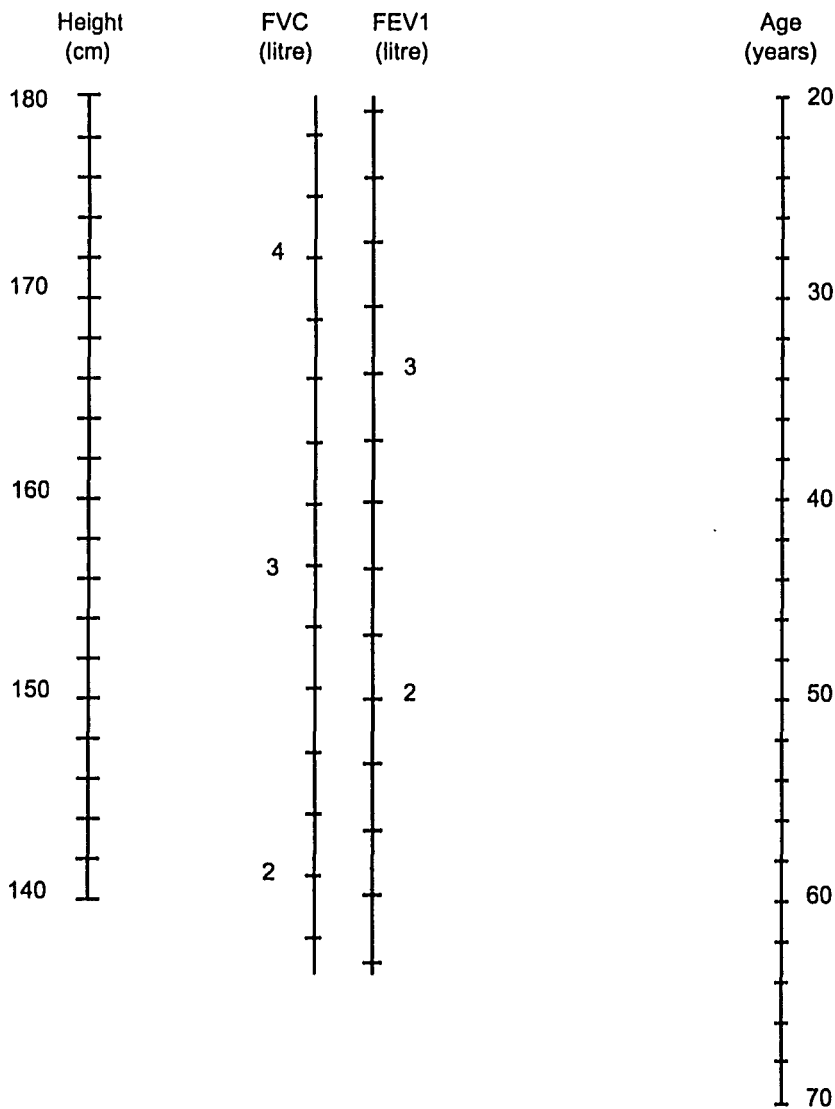


TABLE 3. UPPER LIMB FUNCTION

All upper limb problems are assessed under the upper limb Table (Table 3). Each arm is assessed separately.
Determination of upper limb impairments must be based on a demonstrable loss of function.

Rating	Criteria
NIL	Can use dominant limb effectively and/or Demonstrable evidence of loss of strength, mobility, coordination, dexterity and/or sensation of upper limb which causes mild interference with hand function or manual handling.
FIVE	Demonstrable evidence of loss of strength, mobility, coordination, dexterity and/or sensation of non-dominant upper limb which causes moderate interference with hand function or manual handling.
TEN	Demonstrable evidence of loss of strength, mobility, coordination, dexterity and/or sensation of dominant upper limb which causes moderate interference with hand function or manual handling.
FIFTEEN	Demonstrable evidence of major loss of strength, mobility, coordination, dexterity and/or sensation of non-dominant upper limb which causes significant interference with hand function or manual handling.
TWENTY	Demonstrable evidence of major loss of strength, mobility, coordination, dexterity and/or sensation of dominant upper limb which causes significant interference with hand function or manual handling <u>or</u> Unable to use non-dominant upper limb at all.
THIRTY	Unable to use dominant upper limb at all.

TABLE 4. FUNCTION OF THE LOWER LIMBS

Table 4 is used to assess lower limb not spinal function (see Table 5). Assess both limbs together. Determination of lower limb impairments must be based on a demonstrable loss of functions.

Rating	Criteria
NIL	Walks without difficulty on a variety of different terrains and at varying speeds for distances of more than 500m.
TEN	Demonstrable loss of strength, mobility, stability, balance, coordination and/or sensation such as to cause moderate interference with walking and one or more of the following: climbing, squatting, sitting or kneeling <u>or</u> Pain or claudication restricts walking to 250-500m or less, at a slow to moderate pace (4km/h). Can walk further after resting.
TWENTY	Demonstrable loss of strength, mobility, stability, balance, coordination and/or sensation such as to cause major interference with walking and one or more of the following: climbing, squatting, sitting or kneeling <u>or</u> Pain or claudication restricts walking (4km/h) to 50-250m or less at a time. Can walk further after resting <u>or</u> Unable to walk or stand but independently mobile using a self-propelled wheelchair.
THIRTY	Pain or claudication restricts walking (4km/h) to 50m or less at a time. Can walk further after resting or restricted to walking in and around home and: <ul style="list-style-type: none">• requires quad stick, crutches or similar walking aid, or• is unable to transfer without assistance.
FORTY	Unable to walk or stand and mobile only in a motorised wheelchair or wheelchair with an attendant.

TABLE 5. SPINAL FUNCTION

Determination of spinal impairments must be based on a demonstrable loss of function.

TABLE 5.1 Cervical spine

Rating	Criteria
NIL	Normal or nearly normal range of movement.
FIVE	Loss of quarter of normal range of movement.
TEN	Loss of half of normal range of movement and frequent/constant neck pain or loss of three quarters of normal range of movement with infrequent neck pain.
TWENTY	Loss of three-quarters of normal range of movement and constant neck pain.
THIRTY	Loss of almost all movement, or complete ankylosis in position of function.
FORTY	Ankylosis in an unfavourable position, or unstable joint.

TABLE 5.2 Thoraco—lumbar-sacral spine

As spinal mobility is a composite movement, this Table measures overall mobility of the trunk including hip movement and is not intended to measure mobility of individual spinal segments.

Rating	Criteria
NIL	Normal or nearly normal range of movement.
FIVE	Loss of one-quarter of normal range of movement.
TEN	Loss of one-quarter of normal range of movement as well as back pain or referred pain: <ul style="list-style-type: none">• with many physical activities and• with standing for about 30 minutes and• with sitting or driving for about 60 minutes. <p>or</p> Loss of half of normal range of movement.

TWENTY	Loss of half of normal range of movement as well as back pain or referred pain: <ul style="list-style-type: none">• with most physical activities and• with standing for about 15 minutes and• with sitting or driving for about 30 minutes. <p><u>or</u></p> Loss of three-quarters of normal range of movement.
FORTY	Ankylosis in an unfavourable position, or unstable joint.

TABLE 6. PSYCHIATRIC IMPAIRMENT

It is important to record a detailed psychiatric history, a mental state examination, and to distinguish between temporary and permanent psychiatric disorders. People with established psychiatric disorders (eg. Bipolar Disorder) may be highly variable in their clinical presentation and this factor must be taken into account in the assessment. The assessment of psychiatric impairment may benefit from investigating; reports from mental health case managers, compliance with and the effects of medication, support systems that people have in place, the degree of insight present and the presence of psychotic illness. Where a person has a short term problem, for example an adjustment disorder with depression following an illness or marital breakdown, initially this should usually be considered to be of a temporary nature. Table 6 is used for permanent psychiatric disorders only. If there is insufficient clinical information available, a current or recent specialist report should be obtained.

Rating	Criteria
NIL	Mild but regular symptoms which tend to cause subjective distress. On most occasions able to distract themselves from this distress. Minimal interference with function in everyday situations. Exacerbation of symptoms may cause occasional days off work. (eg. There may be some loss of interest in activities previously enjoyed. There may be occasional friction with family, colleagues or friends) Medical therapy or some supportive treatment from treating doctor may be required.
TEN	Moderate and regular symptoms and generally functioning with some difficulty. (eg. noticeable reduction in social contacts or recreational activities, or the beginnings of some interference with interpersonal or workplace relationships). May have received psychiatric treatment which has stabilised the condition. Minor effects on work attendance and/or ability to work but the impairment would not prevent full-time work. (eg. short periods of absence from work).
TWENTY	Psychiatric illness or disorder with either serious symptomatology OR impairment in functioning that requires treatment by a psychiatrist (eg. frequent suicidal ideation, severe obsessional rituals, frequent severe anxiety attacks, serious anti-social behaviour, diagnosed psychotic illness with continuing symptoms). There is significant interference with

	interpersonal or workplace relationships with serious disruption of work attendance or ability to work.
THIRTY	Serious psychiatric illness with major impairments in several areas, such as work, interpersonal relations, judgement, thinking, or mood (eg. depressed person avoids friends, neglects family, unable to do housework), OR some impairment in reality testing or communication (eg. speech is at times obscure, illogical or irrelevant).
FORTY	Major chronic psychiatric illness which results in an inability to function in almost all areas, OR behaviour is considerably influenced by either delusions or hallucinations, OR serious impairment in communication (eg. sometimes incoherent or unresponsive) or judgement (eg. acts grossly inappropriately).

TABLE 7. ALCOHOL AND DRUG DEPENDENCE

Alcohol and drug dependence is assessed using Table 7. A rating other than **NIL** on this Table should only be assigned where the person's medical and other reports, history and presentation consistently indicate chronic entrenched drug and alcohol dependence. It should also be causing a functional impairment; the use of drugs or alcohol does not in itself constitute or necessarily indicate permanent impairment. Any associated neurological functions or end organ damage should also be assessed on the appropriate tables in addition to Table 7. The ratings are then added together to obtain a total work-related impairment rating.

When applying this Table, consideration should be given to the known biological and behavioural effects of particular substances.

Rating	Criteria
NIL	A pattern of alcohol or drug use with no or only minor effects on daily functioning or work capacity.
FIVE	A pattern of alcohol or drug use sufficient to cause intermittent or temporary absence from work.
TWENTY	Dependence on alcohol or other drugs, well established over time, which is sufficient to cause prolonged absences from work. Reversible end organ damage may be present.
THIRTY	Dependence on alcohol or other drugs, well entrenched over many years, with minimal residual work capacity. Irreversible end organ damage may be present.
FORTY	Pattern of heavy alcohol or other drug use with severe functional disability and irreversible end organ damage.

TABLE 8. NEUROLOGICAL FUNCTION: MEMORY, PROBLEM SOLVING, DECISION MAKING ABILITIES & COMPREHENSION

Table 8 is used to rate impairment of higher neurological functions of memory, problem solving, decision making ability and comprehension. Loss of function within this group is rated only once using this Table. If there are additional functional losses, these are also assessed using other relevant Tables.

People with acquired brain injury may have associated problems with behaviour and/or insight. These impairments may be rated using both Table 8 and Table 6.

If there is insufficient clinical information available on cognitive function, a current or recent specialist report should be obtained (eg. neurologist, specialist physician or neuropsychologist). The report should address functions of comprehension, memory, ability to concentrate, problem solving, loss of motivation, fatigue or any associated behavioural abnormalities or disorders.

Rating	Criteria
NIL	Comprehension, reasoning and memory are comparable with peers or only minor difficulties.
TEN	<p>Can understand movies, radio programs or group discussions, but with some difficulty. Comprehension is good in most situations, but understanding is difficult in large groups, or when tired and upset. Has difficulty coping with rapid changes of topic or</p> <p>Mild impairment of problem solving and ability to concentrate: appropriate use is made of accumulated knowledge, and reasonable judgement is shown in routine daily activities most of the time. Difficulties are apparent in new circumstances or</p> <p>Mild impairment of memory. Can learn, although at a slower rate than previously. Impairment has little impact on everyday activity because of compensation through reliance on written notes, schedules, checklists and colleagues.</p>
TWENTY	Can understand speech face-to-face, but confusion or fatigue occurs rapidly in any group. Is unable to cope with rapid change in topic, or with complex topics and is unable to understand a series of work instructions from a supervisor or

Schedule 16 Disability support pension: impairment tables

Moderate impairment of memory: has frequent difficulty in recalling details of recent experiences; frequently misplaces objects; fails to follow through with intentions or obligations; tends to get lost more easily in unfamiliar areas. Compensation through use of aids, eg, lists or diaries is normally adequate. If restricted to familiar schedules, activities, procedures and areas, is largely independent or

Moderate impairment of problem-solving ability and ability to concentrate: relies on accumulated knowledge. Suffers significant disadvantage in circumstances requiring complex decision-making or non-routine activities, ie, when past decision-making is not directly relevant. Has reduced initiative/spontaneity, reduced ability to concentrate and/or reduced capacity for abstract thinking or

Significant perceptual problems (visual, space or time) making learning and complying with work tasks very difficult.

THIRTY

Can understand only simple sentences, and follow simple sentences from context and gesture, although frequent repetition is needed.

FORTY

Can understand only single words. Shows some understanding of slowly-spoken simple sentences from context and gesture, although frequent repetition is needed or

Severe loss of problem solving ability. Is partially able to compensate, but unable to function with complete independence.

TABLE 9. COMMUNICATION FUNCTION—RECEPTIVE AND EXPRESSIVE LANGUAGE COMPETENCY

This Table measures communication and language competency and addresses both receptive (processing) and expressive language impairment. Hearing loss with impaired language processing or expression should be scored using this Table and Table 12. Hearing loss with normal language competency should only be scored on Table 12. Where language impairment is an effect of cognitive loss, a single rating should be assigned using Table 8 to reflect the combined loss of cognitive and language function. Where language impairment is separate or additional to a cognitive impairment, these losses may be rated using Table 8 and Table 9. The following factors should be considered in determining an impairment rating:

- The ability to independently and successfully use appropriate assistive devices, aids or strategies to reduce the impact of the impairment;
- The ability to make use of environmental cues and resources (including sign interpreters in the case of deaf people) to reduce the impact of the impairment;
- Intactness of other channels of communication: reading, writing, non-verbal language;
- The degree of effort required by the communication partner(s) in any particular communication setting;
- Appropriateness and degree of success of communicative interactions.

If there is insufficient clinical information available on communication skills, a current or recent specialist report should be obtained (eg. speech pathologist, neurologist or neuropsychologist). The report should comment on functional communication status, including the capacity to utilise compensatory strategies/aids to reduce the impact of the impairment.

Rating	Criteria
NIL	Satisfactory or only minor difficulties with communication

Schedule 16 Disability support pension: impairment tables

FIFTEEN	Difficulty with unfamiliar, lengthy or complex verbal situations and unable to adapt or manage interruption but competent communication in favourable settings. Could work in a wide range of occupations but high public contact and high communication content jobs may be too demanding.
TWENTY	Communication is effortful and limited. A communication partner is required to assist in interpreting the information. Unable to cope with rapid change in topic or complex/abstract information but can understand simple sentences & follow information from context and gestures. Could work in open employment in a limited range of occupations but could not manage jobs which require high communication demands or public contact.
THIRTY	Communication is very limited. May be able to use context to convey message and may be able to comprehend material if it is repeated, rephrased or represented in another format. May convey information via a YES/NO response. Unlikely to cope with open employment unless work tasks had minimal communication requirements.
FORTY	There is little or no functional understanding of verbal language and communication relies entirely on someone else to interpret meaning. May have an augmentative/communication device or board but only able to use it effectively in familiar settings. Unlikely to cope with any open employment.

TABLE 10. INTELLECTUAL DISABILITY

This Table is only to be used for intellectual disability. Three key criteria are assessed, IQ using the Weschler Adult Intelligence Scale (Revised WAIS-R) and two areas of social functioning: adaptive behaviour and capacity for independent living. The claimant is given a score for each and the **three scores are then added**. The final figure is converted to a work-related impairment rating using the table below. A score can only be assigned for the two social functioning criteria if a score has been assigned for a low IQ. Where it is clear that the person is moderately to severely intellectually impaired, formal psychometric testing may not be necessary but in borderline and mild cases where no formal testing has been performed, this should be arranged.

<u>INTELLIGENCE (IQ)</u>	<u>SCORE</u>	<u>ADAPTIVE BEHAVIOUR</u>	<u>SCORE</u>
Normal	0	No or only mild behavioural problems	0
70 - 79	3	Moderate to severe behavioural problems	3
50 - 69	5		
30 - 49	6		
Below 30	8		

Schedule 16 Disability support pension: impairment tables

<u>ICAPACITY FOR INDEPENDENT LIVING</u>	<u>SCORE</u>
Self-sufficient	0
Needs supervision of daily activities and routine financial transactions eg. needs to be reminded to perform routine tasks/personal care	3
Needs regular help with daily activities and routine financial transactions	4
Needs major help with daily activities and routine financial transactions	5
Totally dependent	6

(Conversion Table follows)

Table for conversion to work-related impairment rating

<u>SCORE</u>	<u>RATING</u>
3	TEN
5	TWENTY
6	TWENTY FIVE
7	THIRTY
8	THIRTY FIVE
9 or above	FORTY

TABLE 11.1 GASTROINTESTINAL: STOMACH, DUODENUM, LIVER AND BILIARY TRACT

Rating	Criteria
NIL	Peptic ulcer/oesophagitis/liver disease: mild symptoms despite optimal treatment.
TEN	<p>Nausea and vomiting: moderate symptoms despite optimal treatment</p> <p>Peptic ulcer/oesophagitis: continuing frequent symptoms despite optimal treatment</p> <p>Past gastric surgery with moderate dyspepsia and dumping syndrome</p> <p>Established chronic liver disease. Symptoms (eg fatigue, nausea) may cause minor loss of efficiency in daily activities but rarely prevent completion of any activity.</p>
TWENTY	<p>Constant dysphagia requiring regular dilatation</p> <p>Vomiting: severe, not controlled despite optimal medication, and causing significant weight loss</p> <p>Peptic ulcer refractory to all treatment including surgery or with complications eg bleeding or outlet obstruction</p> <p>Established chronic liver disease. Symptoms (eg, more persistent fatigue, nausea, abdominal pain) may prevent or lead to avoidance of some daily tasks and simple tasks will usually aggravate symptoms of fatigue. Most daily activities can be completed but only with some difficulty.</p>
THIRTY	<p>Diet limited to liquid or to pureed food or long term total parenteral nutrition</p> <p>Gastrostomy</p> <p>Established chronic liver disease. Symptoms (eg, ascites, bleeding disorders, hepatic encephalopathy, more severe fatigue, nausea, vomiting) may cause substantial difficulty with most daily tasks.</p>

TABLE 11.2 GASTROINTESTINAL: PANCREAS, SMALL AND LARGE BOWEL, RECTUM AND ANUS

Rating	Criteria
NIL	Anal disorder: infrequent and minor symptoms, eg, haemorrhoids, anal fissures, controlled by medication Bowel disorder, eg, irritable bowel, diverticulosis: infrequent and minor symptoms such as constipation, or bowel disorder which respond to dietary treatment alone.
TEN	Bowel disorder: frequent moderate symptoms despite optimal treatment Occasional faecal soiling despite optimal treatment Anal disorder: marked symptoms despite regular treatment Colostomy, ileostomy - well controlled Established chronic pancreatic disease with moderate symptoms (pain/steatorrhoea) Large abdominal hernia not easily reduced and resulting in persistent moderate symptoms.
TWENTY	Faecal soiling necessitating frequent changes of underwear and an incontinence pad despite optimal treatment Bowel disorder: marked symptoms, such as regular diarrhoea and frequent abdominal pain, only partially controlled by optimal treatment Colostomy, ileostomy - poorly controlled Large abdominal hernia and/or repeated unsatisfactory hernia repairs resulting in frequent and persistent severe symptoms Established chronic pancreatic disease with severe symptoms (pain/steatorrhoea).
THIRTY	Bowel disorder: diarrhoea and abdominal pain on most days, with poor response to treatment and considerable interference with daily routine Jejunostomy Established chronic pancreatic disease with severe symptoms (pain/steatorrhoea) and with intractable complications.
FORTY	Complete faecal incontinence.

TABLE 12. HEARING FUNCTION

Testing to be carried out without a hearing aid.

Assignment of work-related impairment rating

Percentage Loss of Binaural Hearing	Rating
0 - 24.9	NIL
25 - 34.9	FIVE
35 - 44.9	TEN
45 - 54.9	FIFTEEN
55 - 64.9	TWENTY
65 - 74.9	TWENTY FIVE
75 - 84.9	THIRTY
85 - 94.9	THIRTY FIVE
95 - 100	FORTY

TABLE 12.2 500 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 500Hz

		HTL - BETTER EAR																
		25	30	35	40	45	50	55	60	65	70	75	80	85	90	≥95		
HTL - WORSE EAR	≤15	0.0																
	20	0.4	0.6															
	25	0.6	1.0	1.4														
	30	1.0	1.4	2.0	2.8													
	35	1.3	1.8	2.5	3.4	4.5												
	40	1.7	2.2	3.0	3.9	5.1	6.4											
	45	2.0	2.6	3.4	4.3	5.5	6.8	8.1										
	50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7									
	55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2								
	60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6							
TABLE 12.3 1000 Hz																		
65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0							
70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5						
75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9					
80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2				
85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1			
90	3.4	4.1	5.0	6.0	7.1	8.1	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7		
≥95	3.4	4.2	5.1	6.1	7.1	8.1	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	19.7	20.0	

TABLE 12.3 1000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1000Hz

HTL - WORSE EAR	HTL - BETTER EAR									
	≤15	20	25	30	35	40	45	50	55	60
≤15	0.0									
20	0.5	0.8								
25	0.8	1.2	1.8							
30	1.2	1.7	2.5	3.5						
35	1.7	2.3	3.1	4.3	5.7					
40	2.1	2.8	3.7	4.9	6.3	8.0				
45	2.5	3.3	4.2	5.4	6.9	8.5	10.2			
50	2.8	3.6	4.7	5.9	7.3	8.8	10.5	12.1		
55	3.1	3.9	5.0	6.2	7.6	9.1	10.7	12.4	14.0	
60	3.3	4.2	5.3	6.5	7.9	9.4	11.0	12.6	14.2	15.7
65	3.5	4.4	5.5	6.7	8.1	9.6	11.2	12.8	14.4	15.9
70	3.7	4.6	5.7	6.9	8.3	9.8	11.3	12.9	14.6	16.2
75	3.8	4.7	5.8	7.1	8.5	10.0	11.5	13.1	14.8	16.4
80	3.9	4.9	6.0	7.3	8.6	10.1	11.7	13.3	15.0	16.7
85	4.1	5.0	6.2	7.4	8.8	10.3	11.8	13.4	15.1	16.9
90	4.2	5.2	6.3	7.5	8.9	10.3	11.9	13.5	15.2	17.0
≥95	4.3	5.3	6.4	7.6	8.9	10.3	11.9	13.5	15.2	17.0

TABLE 12.4 1500 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 1500Hz

		HTL - BETTER EAR															
		25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	≥95
HTL - WORSE EAR	≤15	0.0															
	20	0.6															
	25	1.0	1.4														
	30	1.0	1.4	2.0	2.8												
	35	1.3	1.8	2.5	3.4	4.5											
	40	1.7	2.2	3.0	3.9	5.1	6.4										
	45	2.0	2.6	3.4	4.3	5.5	6.8	8.1									
	50	2.3	2.9	3.7	4.7	5.8	7.1	8.4	9.7								
	55	2.5	3.2	4.0	5.0	6.1	7.3	8.6	9.9	11.2							
	60	2.7	3.4	4.2	5.2	6.3	7.5	8.8	10.0	11.3	12.6						
	65	2.8	3.5	4.4	5.4	6.5	7.7	8.9	10.2	11.5	12.7	14.0					
	70	2.9	3.7	4.5	5.5	6.6	7.8	9.1	10.3	11.6	12.9	14.2	15.5				
	75	3.0	3.8	4.7	5.7	6.8	8.0	9.2	10.5	11.8	13.1	14.5	15.7	16.9			
	80	3.1	3.9	4.8	5.8	6.9	8.1	9.3	10.6	12.0	13.3	14.7	16.0	17.2	18.2		
	85	3.2	4.0	4.9	5.9	7.0	8.2	9.4	10.7	12.1	13.5	14.9	16.2	17.4	18.4	19.1	
	90	3.4	4.1	5.0	6.0	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.3	17.6	18.5	19.2	19.7
	≥95	3.4	4.2	5.1	6.1	7.1	8.3	9.5	10.8	12.2	13.6	15.0	16.4	17.6	18.6	19.3	20.0

TABLE 12.5 2000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 2000Hz

		HTL - BETTER EAR															
		20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≥95
HTL - WORSE EAR	≤15																
	0.0																
20	0.3																
25	0.5		1.1														
30	0.7		1.5	2.1													
35	1.0		1.9	2.5	3.4												
40	1.3		2.2	2.9	3.8	4.8											
45	1.5		2.5	3.3	4.1	5.1	6.1										
50	1.7		2.8	3.5	4.4	5.3	6.3	7.3									
55	1.9		3.0	3.7	4.6	5.5	6.4	7.4	8.4								
60	2.0		3.1	3.9	4.7	5.6	6.6	7.5	8.5	9.4							
65	2.1		3.3	4.0	4.9	5.7	6.7	7.6	8.6	9.6	10.5						
70	2.2		3.4	4.1	5.0	5.9	6.8	7.8	8.7	9.7	10.7	11.6					
75	2.3		3.5	4.3	5.1	6.0	6.9	7.9	8.9	9.9	10.8	11.8	12.7				
80	2.4		3.6	4.4	5.2	6.1	7.0	8.0	9.0	10.0	11.0	12.0	12.9	13.6			
85	2.4		3.7	4.4	5.3	6.1	7.1	8.1	9.1	10.1	11.1	12.1	13.0	13.8	14.3		
90	2.5		3.8	4.5	5.3	6.2	7.1	8.1	9.1	10.2	11.2	12.2	13.2	13.9	14.4	14.8	
≥95	2.6		3.8	4.6	5.4	6.2	7.1	8.1	9.1	10.2	11.3	12.3	13.2	14.0	14.5	14.8	15.0

TABLE 12.6 3000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 3000Hz

		HTL - BETTER EAR																
		≤15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≥95
HTL - WORSE EAR	≤15	0.0																
	20	0.2	0.3															
	25	0.3	0.5	0.7														
	30	0.5	0.7	1.0	1.4													
	35	0.7	0.9	1.2	1.7	2.3												
	40	0.8	1.1	1.5	2.0	2.5	3.2											
	45	1.0	1.3	1.7	2.2	2.7	3.4	4.1										
	50	1.1	1.4	1.9	2.3	2.9	3.5	4.2	4.8									
	55	1.2	1.6	2.0	2.5	3.0	3.6	4.3	4.9	5.6								
	60	1.3	1.7	2.1	2.6	3.1	3.7	4.4	5.0	5.6	6.3							
	65	1.4	1.8	2.2	2.7	3.2	3.8	4.4	5.1	5.7	6.4	7.0						
	70	1.5	1.8	2.3	2.8	3.3	3.9	4.5	5.2	5.8	6.5	7.1	7.7					
	75	1.5	1.9	2.3	2.8	3.4	4.0	4.6	5.2	5.9	6.6	7.2	7.8	8.4				
	80	1.6	2.0	2.4	2.9	3.4	4.0	4.7	5.3	6.0	6.6	7.3	8.0	8.6	9.1			
	85	1.6	2.0	2.5	3.0	3.5	4.1	4.7	5.4	6.0	6.7	7.4	8.1	8.7	9.2	9.5		
	90	1.7	2.1	2.5	3.0	3.5	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.2	9.6	9.8	
≥95	1.7	2.1	2.6	3.0	3.6	4.1	4.7	5.4	6.1	6.8	7.5	8.2	8.8	9.3	9.6	9.8	10.0	

TABLE 12.7 4000 Hz

VALUES OF PERCENTAGE LOSS OF HEARING CORRESPONDING TO GIVEN
HEARING THRESHOLD LEVELS IN THE BETTER AND WORSE EARS AT 4000Hz

HTL - WORSE EAR					HTL - BETTER EAR										
≤20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	≥95
≤20	0.0														
25	0.2														
30	0.3	0.8													
35	0.5	1.0	1.5												
40	0.6	1.3	1.8	2.5											
45	0.8	1.5	2.1	2.7	3.5										
50	0.9	1.7	2.3	2.9	3.6	4.4									
55	1.0	1.9	2.4	3.1	3.8	4.5	5.2								
60	1.2	2.0	2.6	3.2	3.9	4.6	5.3	6.0							
65	1.2	2.1	2.7	3.3	3.9	4.6	5.3	6.0	6.7						
70	1.3	2.2	2.7	3.4	4.0	4.7	5.4	6.1	6.8	7.5					
75	1.4	2.3	2.8	3.4	4.1	4.8	5.5	6.2	6.9	7.6	8.2				
80	1.4	2.3	2.9	3.5	4.2	4.9	5.6	6.3	7.0	7.7	8.4	8.9			
85	1.5	2.4	3.0	3.6	4.2	4.9	5.7	6.4	7.1	7.8	8.5	9.0	9.5		
90	1.6	2.0	2.5	3.0	3.6	4.3	5.0	5.7	6.5	7.2	7.9	8.6	9.1	9.5	9.8
≥95	1.6	2.0	2.5	3.1	3.7	4.3	5.0	5.7	6.5	7.2	8.0	8.7	9.2	9.6	9.8
															10.0

TABLE 13. VISUAL ACUITY IN THE BETTER EYE

Work-related impairment in relation to a loss of visual acuity is assessed by measuring visual acuity. This refers to best corrected vision in the better eye with spectacles or contact lenses (if applicable). Referral to an optometrist or ophthalmologist may be required if there is doubt as to whether best corrected vision has been achieved or with the accuracy of the Snellen's Chart assessment. A person meets the criteria for permanent blindness under section 95 of the Social Security Act if the corrected visual acuity is less than 6/60 on the Snellen Scale in both eyes or there is a combination of visual defects resulting in the same degree of permanent visual loss.

Visual Acuity

Rating

Cataract operation

(unilateral and bilateral aphakia not to receive a different rating)

		Implant	Contact lenses	Glasses
6/6	0	0	0	10
6/9	0	0	10	20
6/12	5	10	20	40
6/18	10	20	40	40
6/24 or worse	20	40	40	40

TABLE 14. MISCELLANEOUS EYE CONDITIONS

Visual Disturbance	Rating
Squint (Heterophoria): Latent	0
Squint (Heterotropia): Without diplopia	0
Acquired Heterotropia (squint) with diplopia:	
one quadrant of upward gaze	5
all directions of upward gaze	10
one quadrant of downward gaze	10
one direction of sideways gaze	10
both directions of sideways gaze	10
all directions of gaze	20
all directions of downward gaze	20
all range of near vision	20
Constant irritation of eyes, photophobia, epiphora, ectropion or entropion	0
Gaze defects (vertical and/or horizontal)	10
Glaucoma without visual loss	0
Longstanding Blepharospasm	10
Loss of stereoscopic vision in absence of squint	
Permanent (eg. blind in one eye)	5
Intermittent (eg. ptosis or tarsorrhaphy)	10
Nystagmus without diplopia	Rate as for visual acuity
Retinal Dystrophy with night blindness	Rate as for visual acuity and visual fields

TABLE 15. VISUAL FIELDS

It is usually necessary to seek ophthalmological advice for an accurate assessment under this Table. A person meets the criteria for permanent blindness under section 95 of the Social Security Act if their field of vision is constricted to ten degrees or less of arc from central fixation in the better eye irrespective of corrected visual acuity or there is a combination of visual defects resulting in the same degree of visual impairment.

Type of Defect	Rating	
	Only one eye affected	Both eyes affected (or there is only one eye and it is affected)
Temporal Hemianopia	10	20
Nasal Hemianopia	10	20
Upper half loss	10	20
Lower half loss	20	20
Upper quadrant loss	0	20
Lower quadrant loss	0	20
Constriction outside 30 degrees of fixation	0	0
Constriction to within 30 degrees of fixation	10	10
Constriction to within 20 degrees of fixation	20	20
Constriction to within 10 degrees of fixation	20	permanent blindness (see above)

TABLE 16. LOWER URINARY TRACT

This Table is to be used for incontinence and other urethral and bladder outlet disorders.

Rating	Criteria
NIL	Minor stress incontinence. Bladder outlet or urethral obstruction with mild symptoms.
TEN	Loss of voluntary control of bladder, but satisfactory emptying achieved by triggering of reflex activity, suprapubic pressure or Valsalva manoeuvre. No incontinence aid needed <u>or</u> Ileal or Sigmoid conduit <u>or</u> Chronic Urinary Obstruction needing regular catheterisation.
TWENTY	Loss of voluntary control of bladder with dribbling incontinence needing frequent change of incontinence pads, or a collection device, eg, urodome catheter <u>or</u> Ureterosigmoidostomy.

TABLE 17. RENAL FUNCTION

As renal disease has systemic effects, assessment of renal impairment as it impacts on work capacity is based upon the loss of function resulting from these systemic effects. For example, for persistent generalised symptoms such as fatigue use Table 20, refractory anaemia is assessed using Table 20, persistent gastrointestinal symptoms (eg. vomiting) despite optimal treatment are assessed using Table 11 and persistent Central Nervous System symptoms using Table 8. Renal transplants are assessed using Table 20.

Dialysis is rated as follows:

FIFTEEN	All types of dialysis (except outpatient haemodialysis) which are functioning well. Some decreased ability to carry out everyday activities but independence is retained.
TWENTY	Outpatient haemodialysis and all types of dialysis which are functioning poorly. More severe symptoms with a decreased ability to carry out many everyday activities. Most daily activities can be completed with some difficulty. Symptoms may prevent or lead to avoidance of some daily tasks and simple tasks will usually aggravate symptoms of fatigue.
THIRTY	End stage renal disease with very severe symptoms which lead to substantial difficulties with most daily tasks.
FORTY	End stage renal disease leading to major restrictions in many everyday activities. Capacity for self-care is restricted leading to dependence on others.

TABLE 18. SKIN DISORDERS

In the evaluation of work-related impairment resulting from a skin disorder, the actual functional loss is the prime consideration. However, where there is extensive cosmetic or cutaneous involvement, this should also be considered.

Rating	Criteria
NIL	Signs and symptoms of skin disorder present and with treatment there is NO limitation in the performance of normal daily activities.
TEN	Signs and symptoms of skin disorder present despite optimal treatment and results in some interference with normal daily activities.
TWENTY	Signs and symptoms of skin disorder present despite optimal treatment and results in significant interference with normal daily activities.
FORTY	Very severe symptoms requiring continuous treatment which may include periodic confinement to home or hospital and needs considerable assistance with normal daily activities.

TABLE 19. ENDOCRINE DISORDERS

The effects of endocrine disorders eg. diabetes mellitus on other body systems eg. the vascular and visual systems should be assessed from the appropriate tables and added together with values from this table.

Rating	Criteria
NIL	Thyroid disease, Acromegaly, Cushing's disease, Prolactinoma, Diabetes Mellitus, Diabetes Insipidus, Parathyroid Disease, Paget's disease, Osteoporosis, Addison's Disease adequately controlled with hormone replacement and/or surgery and/or radiotherapy and/or therapeutic agents.
TEN	Thyroid disease, Acromegaly, Cushing's disease, Prolactinoma, Diabetes Insipidus, Parathyroid Disease, Paget's disease or Osteoporosis which is incompletely controlled or treated eg. symptomatic Paget's disease, osteoporosis or other bone disease with pain not completely controlled by continuous therapy.
TWENTY	Diabetes mellitus or Addison's Disease not satisfactorily controlled despite vigorous therapy as indicated by for example frequent hospital admissions, recurrent hypoglycaemic or hypotensive episodes and/or progressive end organ damage.

TABLE 20. MISCELLANEOUS - MALIGNANCY, HYPERTENSION, HIV INFECTION, MORBID OBESITY (ie BMI >40), HEART/LIVER/KIDNEY TRANSPLANTS, MISCELLANEOUS EAR/NOSE/THROAT CONDITIONS & CHRONIC FATIGUE OR PAIN

Table 20 can be used for miscellaneous conditions, for example, malignancy, HIV infection, morbid obesity, transplants, miscellaneous ear/nose/throat conditions, disorders with chronic fatigue (including Chronic Fatigue Syndrome) or pain and hypertension. Where there is a separate loss of function, in addition to the loss which can be rated using the system-specific Tables, Table 20 can be used. Double-counting of a particular loss of function, by the use of more than one Table, must be avoided.

Rating	Criteria
NIL	<p>Controlled hypertension</p> <p>Malignancy in remission with a good to fair prognosis</p> <p>Minor symptoms which are easily tolerated and have no appreciable effect on ability to work.</p>
TEN	<p>Mild to moderate symptoms which are irritating or unpleasant but which rarely prevent completion of any activity. Symptoms may cause loss of efficiency in daily activities but minimal interference performing or persisting with work-related tasks. There is minimal effect/impact on work attendance.</p> <p>Hypertension that is difficult to control despite intensive therapy but without end-organ damage</p> <p>Potentially life-threatening condition which is currently not interfering with daily activities eg. malignancy in remission with a poor prognosis</p> <p>Heart/Liver/Kidney transplants - well controlled (well functioning) with only mild systemic symptoms.</p>
FIFTEEN	<p>Moderate to severe symptoms which are more distressing but prevent few everyday activities. Self-care is unaffected and independence is retained. Symptoms may have mild to moderate impact on ability to perform or persist with work-related tasks and/or attend work. Full-time work would still be possible.</p>

	Potentially life-threatening condition which is currently interfering with daily activities but self-care is unaffected.
TWENTY	More severe symptoms with a decreased ability/efficiency to carry out many everyday activities. Most daily activities can be completed with some difficulty. Symptoms may prevent or lead to avoidance of some daily tasks and simple tasks will usually aggravate symptoms of fatigue. Symptoms cause significant interference with ability to perform or persist with work-related tasks. Symptoms may cause prolonged absences from work.
THIRTY	<p>Very severe symptoms which lead to substantial difficulty with most daily tasks. Assistance with elements of self-care may be required. Symptoms cause severe interference with ability to work or attend work (ie. minimal residual work capacity).</p> <p>Heart/Liver/Kidney transplants - poorly controlled (poorly functioning) with fairly severe symptoms which lead to substantial difficulty with most daily tasks</p> <p>Malignant hypertension - severe, uncontrolled</p> <p>Inoperable, symptomatic and life-threatening aneurysm or malignancy. Very poor prognosis with only a very limited lifespan.</p>
FORTY	Major restrictions in many everyday activities. Capacity for self-care is restricted, leading to dependence on others. No residual work capacity.

TABLE 21. INTERMITTENT CONDITIONS

Intermittent but continuing disorders that remain asymptomatic between discrete episodes of impairment eg. gout, epilepsy, Meniere's Disease, vertigo & tinnitus (only to be scored in the presence of a diagnosed condition causing these symptoms but if the symptoms are continuous Table 20 should be used) are rated by reference to severity, duration and frequency of attacks:

- **severity** during an attack is defined in the descriptions below;
- **duration** is defined in the descriptions below;
- **frequency** is determined by the number of affected days in a year.

A rating using the above three factors is made by first coding severity and duration into an intermittent grading. The code is then combined with frequency, using Table 21.4, to give the rating.

Some intermittent disorders may be rated using system-specific tables. The system-specific table is then used in preference eg. severe asthma where there is persistent airway limitation.

When episodes vary in severity, duration or frequency, an average for each factor should be estimated. More than one rating may be given for the same disorder. Thus for grand mal epilepsy one rating is given for the ictal phase and a second rating for the post-ictal stage. The two are then added together.

For acute exacerbations of chronic disorders, where the acute relapses are frequent and severe, the Intermittent Tables can be used in addition to the primary score derived for the underlying medical condition eg. frequent attacks of acute bronchitis can be scored using Table 21 in addition to Table 1 or 2 for Chronic Airways Limitation and the scores added together.

TABLE 21.1 Intermittent attack - severity

Level	Criteria
NIL	Minor symptoms which are easily tolerated.
ONE	Mild to moderate symptoms which are irritating or unpleasant but which rarely prevent completion of any activity. Symptoms may cause loss of efficiency in some activities.
TWO	More severe symptoms which are distressing, but prevent few everyday activities. Loss of efficiency is discernible elsewhere. Self-care is unaffected and independence is retained.
THREE	Loss of efficiency is discernible in many everyday activities. Some elements of self-care are restricted but in most respects, independence is retained. Bed-rest is often necessary during an attack.
FOUR	Major restrictions in many everyday activities. Capacity for self-care is increasingly restricted, leading to partial dependence on others.
FIVE	Most everyday activities are prevented. Dependent on others for many kinds of self-care. Able to be maintained at home only with considerable difficulty, or hospital admission is required.
SIX	Total incapacity. Unconscious or delirious. Self-care is impossible.

TABLE 21.2 Intermittent attack - duration

Description	Duration
Transient	Lasting up to and including five minutes.
Short	Lasting more than five minutes but less than 30 minutes.
Medium	Lasting from 30 minutes to four hours.
Prolonged	Lasting more than four hours.

TABLE 21.3 Severity - grading code

Description	Severity Level						
	0	1	2	3	4	5	6
Transient	A	A	A	B	C	C	F
Short	A	A	C	C	D	E	H
Medium	A	B	C	D	E	H	I
Prolonged	A	C	D	F	G	I	J

A rating is obtained using Table 21.3 and Table 21.4:

- determine the intermittent grading code appropriate to the estimated severity and duration from Table 21.3; and
- make the rating appropriate to the intermittent grading code and frequency from Table 21.4.

TABLE 21.4 Assignment of a rating

Intermittent Grading code	Frequency (Affected days/year)					
	2+	5+	10+	20+	40+	100+
	Rating					
A	-	-	-	-	-	-
B	-	-	-	-	-	5
C	-	-	-	-	5	10
D	-	-	-	5	10	20
E	-	-	-	5	10	30
F	-	-	5	5	10	30
G	-	-	5	10	20	30
H	-	-	5	10	30	40
I	-	5	10	30	40	40
J	5	10	20	40	40	40

TABLE 22. GYNAECOLOGICAL CONDITIONS

Gynaecological conditions such as pelvic inflammatory disease and endometriosis should be assessed using Table 22. The Medical Officer should only use this Table for significant diagnosed conditions affecting normal daily functioning and which are likely to continue for the foreseeable future. Malignancy should be scored using Table 20. Disability due to mastectomy should only be scored where there is an associated loss of upper limb function and Table 3 should then be used. Post-natal depression may be scored using Table 6 if considered to be adversely affecting function for the next two years.

For males, disorders of the genital system should be assessed under Tables 16 or 17.

Rating	Criteria
NIL	Minor symptoms which are easily tolerated. Minimal effect on daily functioning or work capacity.
TEN	Moderate and frequent symptoms present despite treatment due to a condition which has been properly diagnosed. Some decreased ability to carry out every day activities but independence is retained.
TWENTY	Moderate to severe symptoms frequently present despite optimal treatment due to a condition which has been properly diagnosed. Decreased ability to carry out everyday activities, requiring assistance with elements of self-care.
THIRTY	More severe symptoms frequently present despite optimal treatment due to a condition which has been properly diagnosed. This results in substantial difficulties with most daily tasks.
FORTY	Severe symptoms frequently present despite optimal treatment due to a condition which has been properly diagnosed and needs considerable assistance with many daily activities.

Schedule 17—Conversion of foreign currency payments

Social Security Act 1991

1 Sections 1100 and 1101

Repeal the sections, substitute:

1100 How value of a payment received in a foreign currency is to be determined

- (1) If:
- (a) the rate of a payment to be made to a person under this Act is being worked out for a calculation day; and
 - (b) an amount received by the person in a foreign currency needs to be taken into account in working out the rate;
- the value in Australian currency of the amount received is to be determined in accordance with this section.
- (2) Except in the case of:
- (a) amounts received in a foreign currency in respect of which the Secretary determines that it is not appropriate for this subsection to apply; or
 - (b) a payment, or class or kind of payments, received in a foreign currency, being a payment or a class or kind of payments in respect of which the Secretary determines that it is not appropriate for this subsection to apply;
- the value in Australian currency of the amount received is to be calculated using the appropriate market exchange rate for the foreign currency on the 15th business day before the calculation day.
- (3) For the purposes of subsection (2), the *appropriate market exchange rate* on a particular day for a foreign currency to which subsection (2) applies is:
- (a) if there is an on-demand airmail buying rate for the currency available at the Commonwealth Bank of Australia at the start of business in Sydney on that day and the Secretary determines it is appropriate to use that rate—that rate; or
 - (b) in any other case:

- (i) if there is another rate of exchange for the currency, or there are other rates of exchange for the currency, available at the Commonwealth Bank of Australia at the start of business in Sydney on that day and the Secretary determines it is appropriate to use the other rate or one of the other rates—the rate so determined; or
 - (ii) otherwise—a rate of exchange for the currency available from another source at the start of business in Sydney on that day that the Secretary determines it is appropriate to use.
- (4) In the case of a foreign currency or a payment in a foreign currency in respect of which the Secretary has determined that it is not appropriate for subsection (2) to apply, the value in Australian currency of the amount received is to be calculated using a rate of exchange that the Secretary determines to be appropriate.
- (5) The Secretary may make written determinations for the purposes of this section.
- (6) In this section:
 - business day* means a day other than:
 - (a) a Saturday; or
 - (b) a Sunday; or
 - (c) a day that is a public holiday or bank holiday in Canberra or Sydney.
 - calculation day* means the first social security pension payday for each month.
 - month* means one of the 12 months of the calendar year.

2 Paragraph 1250(k)

Repeal the paragraph, substitute:

- (k) of the Secretary:
 - (i) determining under subsection 1100(2) that it is not appropriate for that subsection to apply in respect of a payment or a class or kind of payments; or
 - (ii) determining in accordance with section 1100 that a rate of exchange is appropriate for the calculation of the value in Australian currency of an amount (the *foreign amount*) received by a person in a foreign currency if that rate does not differ by more than 5% from the rate of exchange that was applied when the person received Australian currency for the foreign amount.

Schedule 18—Entry contributions not to be regarded as rent

Social Security Act 1991

1 After subsection 13(3)

Insert:

- (3AA) To avoid doubt, an amount that is paid or becomes payable by a person is not rent in relation to the person (either at the time when it is paid or becomes payable or at any later time) if the amount is, or forms part of, a special resident's entry contribution in relation to the person in respect of a retirement village under section 1147, whether the amount is paid or payable (whether wholly or partly) in a lump sum, by instalments or otherwise.
- (3AB) If the whole or any part of an amount that is not rent in relation to a person as mentioned in subsection (3AA) is, or will or may become, repayable to the person, any amount by which the amount so repayable is reduced is not rent in relation to the person (either at the time when the reduction occurs or at any later time).

Schedule 19—Rent assistance for people living in public housing

Social Security Act 1991

1 Subsection 13(1) (after the definition of *Government rent*)

Insert:

Note: Rent payable by a person for living in premises in respect of which someone else pays Government rent may also be regarded as Government rent (see subsection (3AC)).

2 Before subsection 13(3A)

Insert:

(3AC) If a person pays, or is liable to pay, rent for living in premises in respect of which someone else pays Government rent (other than Government rent paid at or above a rate that the authority receiving the rent has told the Department is the market rate), the rent paid or payable by the person for living in those premises is taken to be Government rent, unless the person shares the premises with the person who pays, or is liable to pay, Government rent in respect of those premises and the person's income has been taken into account in calculating the amount of Government rent payable in respect of those premises.

Veterans' Entitlements Act 1986

3 Subsection 5N(1) (note at the end of the definition of *Government rent*)

Renumber as Note 1.

4 Subsection 5N(1) (after the note at the end of the definition of *Government rent*)

Insert:

Note 2: Rent payable by a person for living in premises in respect of which someone else pays Government rent may also be regarded as Government rent (see subsection (4A)).

5 After subsection 5N(4)

Insert:

- (4A) If a person pays, or is liable to pay, rent for living in premises in respect of which someone else pays Government rent (other than Government rent paid at or above a rate that the authority receiving the rent has told the Department is the market rate), the rent paid or payable by the person for living in those premises is taken to be Government rent, unless the person shares the premises with the person who pays, or is liable to pay, Government rent in respect of those premises and the person's income has been taken into account in calculating the amount of Government rent payable in respect of those premises.

Schedule 20—Lodgment of claims by telephone, facsimile or computer

Social Security Act 1991

1 Paragraph 100A(1)(a)

Omit “a person telephones the Department”, substitute “the Department is contacted by or on behalf of the person by telephone, or by the transmission of a message by use of facsimile or computer equipment,”.

Note: The heading to section 100A is replaced by the heading “Claims by telephone, facsimile or computer”.

2 Paragraph 100A(1)(b)

Omit “the person made the telephone call”, substitute “the Department was contacted”.

3 Paragraph 100A(1)(c)

Omit “the person has contacted the Department”, substitute “the Department has been contacted”.

4 Paragraph 100A(1)(f)

Repeal the paragraph, substitute:

(f) the Secretary is satisfied that, when the Department was contacted, the person was suffering from a medical condition that had a significant adverse effect on the person’s ability to work; and

5 Subsection 100A(2)

Omit “the person made the telephone call to the Department”, substitute “the Department was contacted”.

6 Subsection 100A(3)

Omit “, at the request of the person,”.

7 Subsection 100A(3)

Omit “the person made the telephone call to the Department”, substitute “the Department was contacted”.

8 Subsection 100A(4)

Omit "the person made the telephone call referred to in paragraph (1)(a)", substitute "the Department was contacted".

9 At the end of section 100A

Add:

- (5) For the purposes of this Act, a person who contacts the Department by transmitting a message by use of facsimile or computer equipment is taken to have done so when the message is received in the Department.

10 After section 201

Insert:

201AA Claims by telephone, facsimile or computer

- (1) This section applies to a person if:
- (a) the Department is contacted by or on behalf of the person by telephone, or by the transmission of a message by use of facsimile or computer equipment, in relation to the making of a claim by the person for a carer payment; and
 - (b) on the day the Department was contacted, the person was qualified for a carer payment; and
 - (c) the Secretary gives the person a written notice acknowledging that the Department has been contacted in relation to the making of the claim; and
 - (d) the person lodges a claim for a carer payment within the period stated in subsection (2); and
 - (e) either:
 - (i) the person gives the Secretary the notice referred to in paragraph (c) when lodging the claim; or
 - (ii) the Department has a written record that the notice referred to in paragraph (c) has been sent to the person.
- (2) Subject to subsection (3), for the purposes of paragraph (1)(d) the period is 21 days after the day on which the Department was contacted (the **21 day period**).
- (3) The Secretary may determine, by written notice given to the person:
- (a) within the 21 day period; or
 - (b) within the period of any extension under this subsection;

that the period for the purposes of paragraph (1)(d) is extended to a period that is not longer than 3 months after the day on which the Department was contacted.

- (4) If this section applies to a person, the person is taken to have lodged a claim in accordance with subsection 205(1) on the day on which the Department was contacted.
- (5) For the purposes of this Act, a person who contacts the Department by transmitting a message by the use of facsimile or computer equipment is taken to have done so when the message is received in the Department.

11 Paragraph 615A(1)(a)

Omit “the person contacts the Department by telephone, or by transmitting”, substitute “the Department is contacted by or on behalf of the person by telephone, or by the transmission of”.

Note: The heading to section 615A is replaced by the heading “**Claims by telephone, facsimile or computer**”.

12 Paragraph 615A(1)(b)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

13 Paragraph 615A(1)(c)

Omit “the person has contacted the Department”, substitute “the Department has been contacted”.

14 Paragraph 615A(1)(f)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

15 Subsection 615A(2)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

16 Subsection 615A(3)

Omit “, at the request of the person,”.

17 Subsection 615A(4)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

18 Paragraph 687A(1)(a)

Omit “the person telephones the Department”, substitute “the Department is contacted by or on behalf of the person by telephone, or by the transmission of a message by use of facsimile or computer equipment,”.

Note: The heading to section 687A is replaced by the heading “**Claims by telephone, facsimile or computer**”.

19 Paragraph 687A(1)(b)

Omit “the person made the telephone call”, substitute “the Department was contacted”.

20 Paragraph 687A(1)(c)

Omit “the person has contacted the Department”, substitute “the Department has been contacted”.

21 Paragraph 687A(1)(f)

Repeal the paragraph, substitute:

- (f) the Secretary is satisfied that, when the Department was contacted, the person was suffering from a medical condition that had a significant adverse effect on the person’s ability to work; and

22 Subsection 687A(2)

Omit “the person made the telephone call to the Department”, substitute “the Department was contacted”.

23 Subsection 687A(3)

Omit “, at the request of the person,”.

24 Subsection 687A(3)

Omit “the person made the telephone call to the Department”, substitute “the Department was contacted”.

25 Subsection 687A(4)

Omit “the person made the telephone call referred to in paragraph (1)(a)”, substitute “the Department was contacted”.

26 At the end of section 687A

Add:

- (5) For the purposes of this Act, a person who contacts the Department by transmitting a message by use of facsimile or computer equipment is taken to have done so when the message is received in the Department.

27 At the end of Division 1 of Part 2.15A

Add:

771HNA Claims by telephone, facsimile or computer

- (1) This section applies to a person if:
- (a) the person is the partner of another person to whom section 100A, 615A or 687A of this Act, or section 91A of the *Student and Youth Assistance Act 1973*, applies because the Department was contacted by telephone, or by the transmission of a message by use of facsimile or computer equipment, in relation to the making of a claim by the other person for an allowance or pension referred to in that section; and
 - (b) the Department was told, in the telephone call or message, either of the following:
 - (i) that the person intended to make a claim for partner allowance;
 - (ii) that the person intended to make a claim for parenting allowance; and
 - (c) on the day the Department was contacted, the person was qualified for a partner allowance; and
 - (d) the Secretary gave the person a written notice acknowledging that the Department had been contacted in relation to either of the following:
 - (i) the making by the person of a claim for a partner allowance;
 - (ii) the making by the person of a claim for a parenting allowance; and
 - (e) the person lodges a claim for a partner allowance within the period stated in subsection (2); and
 - (f) either:
 - (i) the person gives the Secretary the notice referred to in paragraph (d) when lodging the claim for a partner allowance; or
 - (ii) the Department has a written record that the notice referred to in paragraph (d) has been sent to the person.

- (2) Subject to subsection (3), for the purposes of paragraph (1)(e) the period is 21 days after the day on which the Department was contacted (the **21 day period**).
- (3) The Secretary may determine, by written notice given to the person:
 - (a) within the 21 day period; or
 - (b) within the period of any extension under this subsection;that the period for the purposes of paragraph (1)(e) is extended to a period that is not longer than 3 months after the day on which the Department was contacted.
- (4) If this section applies to a person, the person is taken to have lodged a claim in accordance with subsection 771IC(1) on the day on which the Department was contacted.

28 After section 911

Insert:

911A Claims by telephone, facsimile or computer

- (1) This section applies to a person if:
 - (a) the person is the partner of another person to whom section 100A, 615A or 687A of this Act, or section 91A of the *Student and Youth Assistance Act 1973*, applies because the Department was contacted by telephone, or by the transmission of a message by use of facsimile or computer equipment, in relation to the making of a claim by the other person for an allowance or pension referred to in that section; and
 - (b) the Department was told, in the telephone call or message, either of the following:
 - (i) that the person intended to make a claim for parenting allowance;
 - (ii) that the person intended to make a claim for partner allowance; and
 - (c) on the day the Department was contacted, the person was qualified for a parenting allowance; and
 - (d) the Secretary gave the person a written notice acknowledging that the Department had been contacted in relation to either of the following:
 - (i) the making by the person of a claim for a parenting allowance;

- (ii) the making by the person of a claim for a partner allowance; and
- (e) the person lodges a claim for a parenting allowance within the period stated in subsection (2); and
- (f) either:
 - (i) the person gives the Secretary the notice referred to in paragraph (d) when lodging the claim for a parenting allowance; or
 - (ii) the Department has a written record that the notice referred to in paragraph (d) has been sent to the person.
- (2) Subject to subsection (3), for the purposes of paragraph (1)(e) the period is 21 days after the day on which the Department was contacted (the *21 day period*).
- (3) The Secretary may determine, by written notice given to the person:
 - (a) within the 21 day period; or
 - (b) within the period of any extension under this subsection; that the period for the purposes of paragraph (1)(e) is extended to a period that is not longer than 3 months after the day on which the Department was contacted.
- (4) If this section applies to a person, the person is taken to have lodged a claim in accordance with subsection 929(1) on the day on which the Department was contacted.

Student and Youth Assistance Act 1973

29 Paragraph 91A(1)(a)

Omit “the person contacts the Department by telephone, or by transmitting”, substitute “the Department is contacted by or on behalf of the person by telephone, or by the transmission of”.

Note: The heading to section 91A is replaced by the heading “**Claims by telephone, facsimile or computer**”.

30 Paragraph 91A(1)(b)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

31 Paragraph 91A(1)(c)

Omit “the person has contacted the Department”, substitute “the Department has been contacted”.

32 Paragraph 91A(1)(f)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

33 Subsection 91A(2)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

34 Subsection 91A(3)

Omit “, at the request of the person,”.

35 Subsection 91A(4)

Omit “the person contacted the Department”, substitute “the Department was contacted”.

Schedule 21—Qualification for newstart allowance of claimant for disability support pension

Social Security Act 1991

1 Subsection 593(1)

Omit “594”, substitute “596, 596A, 597”.

2 After subsection 593(1A)

Insert:

- (1B) Subject to sections 596, 596A, 597 and 598, a person is qualified for a newstart allowance in respect of a period if:
- (a) the person satisfies the Secretary that throughout the period the person is unemployed; and
 - (b) throughout the period the person:
 - (i) has reached the age of 16 years and has not reached the pension age; and
 - (ii) is an Australian resident; and
 - (iii) is in Australia; and
 - (c) the person was not in receipt of a youth training allowance during the period; and
 - (d) the person made a claim for disability support pension at or before the start of the period and the claim was not determined before the end of the period; and
 - (e) the Secretary is satisfied that throughout the period the person suffered from a medical condition that had a significant adverse effect on the person’s ability to work; and
 - (f) the person satisfies any one of the conditions in subsection (1C).
- (1C) The conditions referred to in paragraph (1B)(f) are:
- (a) a condition that the person was an Australian resident when the significant adverse effect of the medical condition on the person’s ability to work first occurred; and
 - (b) a condition that at the start of the period the person had 10 years qualifying Australian residence or had a qualifying residence exemption for newstart allowance; and

(c) a condition that:

- (i) the person was born outside Australia; and
- (ii) when the significant adverse effect of the medical condition first occurred the person was not an Australian resident but was a dependent child of an Australian resident; and
- (iii) the person became an Australian resident while a dependent child of an Australian resident.

3 Subsection 593(2)

Omit "594", substitute "596A".

4 At the beginning of Subdivision BA of Division 1 of Part 2.12

Insert:

603BA Subdivision not to apply to a person with a pending claim for disability support pension

This Subdivision does not apply to a person who is qualified for newstart allowance under subsection 593(1B).

5 After subsection 604(1A)

Insert:

- (1AA) Subsection (1) does not apply to a person who is qualified for a newstart allowance only under subsection 593(1B).

6 After subsection 605(2A)

Insert:

- (2B) Subsections (1) and (2) do not apply to a person who is qualified for a newstart allowance only under subsection 593(1B).

7 After section 614A

Insert:

614B Provisional commencement day: claimant for disability support pension

- (1) Subject to subsection (2), the provisional commencement day of a person who is qualified for newstart allowance under subsection

Schedule 21 Qualification for newstart allowance of claimant for disability support pension

593(1B) is the day on which the person made the claim for disability support pension mentioned in paragraph 593(1B)(d).

- (2) If the person's claim for disability support pension is rejected, the person's provisional commencement day is to be worked out under section 615.

8 Subsection 615(1)

After "Subject to", insert "section 614B and".

Note: The heading to section 615 is replaced by the heading "**Provisional commencement day: general**".

9 At the end of section 641

Add:

(3) If:

- (a) a determination has been made under subsection (1) granting a claim for a newstart allowance to a person who was qualified for the allowance under subsection 593(1B); and
- (b) the person ceases to be qualified for the allowance under subsection 593(1B) but becomes qualified for the allowance under subsection 593(1) within 14 days after the person ceased to be qualified under subsection 593(1B);

the Secretary may make a determination varying the first-mentioned determination to give effect to any change in the person's provisional commencement day.

10 Paragraph 660(1)(c)

After "section", insert "660AA,".

11 At the beginning of Subdivision B of Division 8 of Part 2.12

Insert:

660AA Automatic termination: change of basis of qualification

If:

- (a) a person ceases to be qualified for a newstart allowance under subsection 593(1B); and

(b) the person does not become qualified for the allowance under subsection 593(1) within 14 days after the person ceases to be qualified under subsection 593(1B);
the newstart allowance ceases to be payable to the person at the end of 14 days after the person is notified that he or she has ceased to be qualified under subsection 593(1B).

Schedule 22—Qualification for youth training allowance of claimant for disability support pension

Student and Youth Assistance Act 1973

1 Subsection 65(1)

Omit “66, 67”, substitute “67, 69, 70, 71”.

2 After subsection 65(1)

Insert:

(1A) Subject to sections 67, 69, 70, 71 and 72, a person is qualified for a youth training allowance in respect of a period if:

- (a) the person satisfies the Secretary that throughout the period the person is unemployed; and
- (b) throughout the period the person:
 - (i) is over the age of 16 years but under the age of 18 years; and
 - (ii) is an Australian resident; and
 - (iii) is in Australia; and
- (c) the person was not in receipt of a newstart allowance during the period; and
- (d) the person made a claim for disability support pension at or before the start of the period and the claim was not determined before the end of the period; and
- (e) the Secretary is satisfied that throughout the period the person suffered from a medical condition that had a significant adverse effect on the person's ability to work; and
- (f) the person satisfies any one of the conditions in subsection (1B).

(1B) The conditions referred to in paragraph (1A)(f) are:

- (a) a condition that the person was an Australian resident when the significant adverse effect of the medical condition on the person's ability to work first occurred; and
- (b) a condition that at the start of the period the person had 10 years qualifying Australian residence or had a qualifying residence exemption for youth training allowance; and

(c) a condition that:

- (i) the person was born outside Australia; and
- (ii) when the significant adverse effect of the medical condition first occurred the person was not an Australian resident but was a dependent child of an Australian resident; and
- (iii) the person became an Australian resident while a dependent child of an Australian resident.

3 Subsection 65(3)

Omit “66, 67”, substitute “67, 69, 70, 71”.

4 At the beginning of Subdivision BAA of Division 2 of Part 8

Insert:

78AAA Subdivision not to apply to person with a pending claim for disability support pension

This Subdivision does not apply to a person who is qualified for a youth training allowance under subsection 65(1A).

5 After subsection 79(1)

Insert:

- (1AA) Subsection (1) does not apply to a person who is qualified for a youth training allowance only under subsection 65(1A).

6 After section 90

Insert:

90A Provisional commencement day: claimant for disability support pension

- (1) The provisional commencement day of a person who is qualified for youth training allowance under subsection 65(1A) is the day on which the person made the claim for disability support pension mentioned in paragraph 65(1A)(d).
- (2) If the person's claim for disability support pension is rejected, the person's provisional commencement day is to be worked out under section 91.

7 Subsection 91(1)

After "Subject to", insert "section 90A and".

Note: The heading to section 91 is replaced by the heading "Provisional commencement day: general".

8 At the end of section 133

Add:

(3) If:

- (a) a determination has been made under subsection (1) granting a claim for a youth training allowance to a person who was qualified for the allowance under subsection 65(1A); and
- (b) the person ceases to be qualified for the allowance under subsection 65(1A) but becomes qualified for the allowance under subsection 65(1) within 14 days after the person ceased to be qualified under subsection 65(1A);

the Secretary may make a determination varying the first-mentioned determination to give effect to any change in the person's provisional commencement day.

9 Paragraph 151(1)(c)

After "section", insert "151A,".

10 At the beginning of Subdivision B of Division 9 of Part 8

Insert:

151A Automatic termination: change of basis of qualification

If:

- (a) a person ceases to be qualified for a youth training allowance under subsection 65(1A); and
- (b) the person does not become qualified for the allowance under subsection 65(1) within 14 days after the person ceases to be qualified as mentioned under paragraph (a);

the youth training allowance ceases to be payable to the person at the end of 14 days after the person is notified that he or she has ceased to be qualified under subsection 65(1A).

Schedule 23—Data-matching for purposes of family tax payment

Data-matching Program (Assistance and Tax) Act 1990

1 Subsection 3(1) (at the end of the definition of *income data*)

Add:

or (f) any increase in the tax-free threshold claimed by the person under Division 5 of Part II of the *Income Tax Rates Act 1986*.

2 Subsection 3(1) (after subparagraph (xxiva) of paragraph (c) of the definition of *personal assistance*)

Insert:

(xxivaaa) family tax payment;

Schedule 24—Superannuation investments

Social Security Act 1991

1 After section 1118A

Insert:

1118B Value of superannuation investments determined by Minister to be disregarded

- (1) The value of a person's investment in a superannuation fund, an approved deposit fund, a deferred annuity or an ATO small superannuation account is to be disregarded in calculating the value of the person's assets for the purposes of this Act (other than section 198J or 198L, subparagraph 263(1)(d)(iv), or section 1124A, 1125, 1125A, 1126, 1133 or 1135A) if the investment is specified in a determination made under subsection (2).
- (2) The Minister may specify:
 - (a) a specified investment in a superannuation fund, an approved deposit fund, a deferred annuity or an ATO small superannuation account; or
 - (b) a specified class of investments in a superannuation fund, an approved deposit fund, a deferred annuity or an ATO small superannuation account;in a determination for the purpose of subsection (1).
- (3) A determination under subsection (2) must be in writing.
- (4) A determination under subsection (2) takes effect on the day on which it is made or on such other day (whether earlier or later) as is specified in the determination.

*[Minister's second reading speech made in—
House of Representatives on 25 June 1997
Senate on 1 September 1997]*