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**National Industry  
Association for  
Disability Services**

10 December 2001

The Secretary  
Senate Select Committee on Superannuation and Financial Services  
Parliament House  
Canberra ACT 2600

Dear Secretary,

Thank you for the opportunity to make a submission to the Select Committee and the extension you have allowed us to comment on the discussion paper, 'Early Access to Super'.

In general, ACROD is satisfied with current arrangements as they impinge on people with disabilities. Those of our members' clients who would be most affected by early access provisions are people who become disabled as the result of an accident or who suffer degenerative illness; and it would appear that the provisions for severe financial hardship and compassionate grounds adequately cover most eventualities they would face.

We would, however, like to make the following points as qualifications and additions to the terms outlined in the discussion paper.

- Prescribed expenses (section 4.4 and question 18) cover payments to modify a person's home or vehicle in the case of severe disability. For many people with disabilities the greatest expense is that for professional carers, which does not appear to be covered here, or by the more general categories of 'medical treatment' and 'palliative care'. ACROD would strongly urge that carers' expenses be included as a prescribed expense, subject of course to the usual conditions determined by APRA.
- Many rural and regional communities do not have health products or services available through the public health system. The category of prescribed expenses might be expanded to include such cases.
- Superannuation is often 'bundled' with other forms of insurance, like salary continuance. There is often a fairly long waiting period for these packages. It would be helpful if the superannuation component of these packages could be made available immediately a prescribed expense has been allowed by APRA.

- In certain instances, might it be considered acceptable to have one specialist certification of disability, rather than that of two medical practitioners? An example would be certification of severe motor neurone disease by a neurologist.

I trust these comments will be of use to the Select Committee but would of course be more than happy to follow them up, should you wish to do so.

Yours sincerely,

(SIGNED)  
Sean Regan  
SENIOR POLICY ADVISER