



WASFR NEWS

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November 2019

Page: 1

PRESIDENT'S REPORT



Morning Everyone. The year is gradually drawing to a close, and Summer is on the way. It has been an interesting year, with one of the main issues being the return of the Morrison government for another 3 years. Only time will tell if this country, and its' senior citizens, will be better off. As mentioned in the last edition of WASFR News, we continue to wonder how we are going to pay for all these promises.

One important event that occurred recently is the announcement by the government that they have accepted one of the recommendations from the Productivity Commission and have created a Review of Retirement Income. This Review will be conducted by an independent three-person panel chaired by the former Executive Director of the International Monetary Fund, Michael Callaghan, with members Carolyn Kay and Professor Deborah Ralston. Professor Ralston has been the spokesperson for the **Alliance for a Fairer Retirement System (AFRS)**, and has a strong background in financial matters. Due to some (unfair), criticism from a few disgruntled people, Professor Ralston has resigned from her position with the SMSF organisation, and has also resigned from her position as spokesperson for the AFRS - this is to ensure that there cannot be any further comments regarding her impartiality. The Review will be inviting submissions from any/all interested parties in November, and it is expected that a final report will be released in June 2020.



There have been a few concerns about this Review - one such concern is that we believe that they have not been asked to produce any actual recommendations. They are tasked with producing information (a "fact base"), on any perceived problems/issues surrounding superannuation, the age pension, voluntary savings and retirement income in general. No doubt there will be some "observations", but with no formal recommendations it does allow the government to postpone/delay any possible actions. There is, also, the concern that several matters have been declared "off limits" e.g. whether the family home should be included in the Age pension means test, the pension eligibility age, compulsory superannuation contributions and franking credits. As time goes by, there could, possibly (??), be some further items being excluded from consideration. Overall, we do not believe that this is what was intended by the Productivity Commission in their report. Unfortunately, those sceptics amongst us are aware that many similar reports presented to governments (on both sides), over the past 10 - 20 years have ended up gathering dust in the bottom drawer of a desk somewhere! The history of these events is not favourable.

In this issue:	Page
President's report	1 - 2
Summary	3
Ageing at Home	4 - 6
Travelling Light	7
Palliative Care	8 - 9
Minutes (11 October)	10 - 11
Your Committee and Contact details	12

Ian Henschke, the Chief Advocate for National Seniors Australia, has accepted the role of spokesperson for AFRS and will have his first meeting in that role on 6th November. Ian has been a strong advocate for looking after the interests of seniors/retirees over the past 18 months and is an ideal candidate to take over the running of the AFRS. In particular, Ian has featured prominently in both TV, radio and the daily newspapers, on the matter of Deeming rates and the rate of interest being charged on the Pension Loans Scheme (currently 5.25%). Some may think that the issue of Deeming rates has had its' "moment in the spotlight" and there is little scope for any change? The truth is that this issue will not be forgotten and most of the retiree organisations have this high on their list of reforms.

As previously advised, our Joint 2020/21 Federal Pre-Budget submission has now been finalised and steps are being taken to distribute this document to many Federal politicians. A copy will shortly be available on our web-site www.wasfr.org.au and a one page summary is included on page 3.

Some of you may recall that we had a date to meet with Senator Mathias Cormann on 19th July, but, unfortunately, this did not happen. Senator Cormann was held up at Melbourne Airport and one of his Advisers, Anthony Spagnolo, made himself available as a substitute. We had over 1 hour with Anthony and can report that he recognised most of our claims as being reasonable. The 2 issues that he could not agree with was the case to lower the upper Deeming rate and the issue involving fairer indexation of CSS and PSS pensions paid to ex-Commonwealth employees. We had prepared viable documentation on both of these 2 issues and, eventually, Anthony promised to discuss the points raised with his colleagues on his return to Canberra and get back to me. That was 3 ½ months ago and we are still waiting for a response (a reminder has been sent but still no response). *Note: Such poor public relations are deplorable.*

In the past few months we managed to get a meeting with Vince Connelly (Michael Keenan's replacement) and we are scheduled to meet with Celia Hammond (Julia Bishop's replacement), on 13th November. Vince Connelly is enthusiastic about his new position and has promised to do what he can to understand, and support, the issues included in our Federal submissions. Vince has also agreed to continue on with the help we received from Michael Keenan and will continue to print copies of *WASFR News*.

The WA State organisation, **WA Seniors Alliance**, continues to struggle along and we are shortly about to finalise our 2020/21 State submission. There is little change in the issues involved from last year with Stamp Duty relief for seniors being the No. 1 item on our agenda. The recent decision by the WA State government to introduce Stamp Duty concessions for some new home buyers (apartments only), is a step forward and does provide some hope for us "oldies" that, one day soon, a similar concession may eventuate.

The Royal Commission into Aged Care Quality and Safety continues on - it has now been extended to November 2020. Unfortunately, we all know most of the problems with Aged Care facilities, and we don't really need another 12 months of dissatisfied people telling these Commissioners things that have already been said many times. What we need is action - and not in 5 years time. We also need the government to provide the necessary funding for the 120,000 Home Care Packages that people are waiting for.

Although it is some way off, this is the last opportunity for me to wish you all a **MERRY CHRISTMAS** and all the best for the New Year. Let's hope 2020 is as good as 2019 has been.

Finally, the one person who we all know and respect, our founder Bob Arnold, has penned a short message to all members of WASFR asking that each one of you seriously consider the future of this organisation. At the last AGM we were restricted to only 5 Committee members and you all know that that is not enough. Bob's message follows on from this report and it is our fervent hope that you all read it and give some consideration to the future.

MESSAGE FOR ALL MEMBERS

From Bob Arnold

The recent AGM, including the election of the Committee has presented a worrying problem. It is evident that unless there is more involvement by members in the management of our Association there is a real risk that we will have to cease operation.

We have, over many years, had more than fifty members, and occasionally more than 70 attending our regular monthly meetings. This indicates a considerable interest in our activities, therefore I presume that there is both a need, and a desire, that we continue in the way we have since our inception.

It is a self evident truth that we cannot expect to continue in the search for the betterment of self funded retirees, unless there is a marked acceptance, by our membership, that many of us need to take a greater, and more involved interest in the Association's affairs.

I can acknowledge that many of us have responsibilities, sometimes quite demanding, and are loathe to accept further duties. But this does not apply to us all.

The Perth Branch in one form or another has been truly active for more than 20 years and by its' efforts, has seen much in improvements for self funded retirees. It is only in recent years that we have been faced with the dilemma which now besets us.

In our earlier years we did not find it difficult to regularly fill all positions, including those of President, Secretary and Treasurer, and I cannot believe that our present membership is more stressed than those who held office previously.

It may be attractive if we were to amend our Constitution to prescribe that appointments to the Committee be, of say two years duration, and thereby encourage those who could acknowledge that they would be prepared to serve for a prescribed period, rather than feel that there was an indefinite commitment. Should however, any member of the Committee wish to remain in office for a longer period they should be permitted to do so with the Committee's concurrence. I would ask the Committee to consider this approach.

We need surety that we have the strength of management to ensure that our future is guaranteed.

Please give some thought to this problem and consider what you can do to help alleviate it.

Summary of Recommendations - 2020/21 Submission

Following is a summary of the recommendations included in this submission from Superannuated Commonwealth Officers' Association (WA) Inc. and Western Australia Self Funded Retirees Inc. We sincerely request that your full consideration be given to each of the issues raised.

Recommendation 1:

That the upper Deeming Rate be reduced to 2% for balances over the current levels of \$51,800 and 86,200 (couple).

Recommendation 2:

That retirees be enabled to transfer funds into superannuation, at the prescribed contribution levels, irrespective of their age.

Recommendation 3:

That retirees be enabled to transfer funds into superannuation, at the prescribed contribution levels, without having to meet any "Work Test".

Recommendation 4:

That all Commonwealth superannuation pensions, be indexed consistently using the same formula as is used to adjust the Centrelink Age Pension. (*Note: Incremental introduction*)

Recommendation 5:

That consideration be given to widening the scope of the NDIS/DisabilityCare Australia parameters so as to include all Australian citizens, including those over the age of 65.

Recommendation 6:

That the Medicare and Pharmaceutical Benefits Scheme Safety Net thresholds for single retirees be restructured so that access for them becomes available at 65% of the levels applicable to couples/families.

Recommendation 7:

That the SAPTO Tax Offsets (currently \$2,230 for singles), be adjusted annually to account for increases in the cost of living, and that the SAPTO Rebate "shade out" income thresholds should be increased immediately so as to be equal to the Medicare Levy low income threshold. They should then be reviewed annually so as to always be equal to the Medicare Levy low income thresholds.

Recommendation 8:

That the interest rate of 4.98% currently being charged for the non-payment of a Refundable Accommodation Deposit (RAD), be reviewed with the intention of bringing it more into line with the interest rates offered by major banks for term deposits.

Recommendation 9:

That the components of a retiree's income derived from an untaxed superannuation scheme, and from other sources, be assessed separately for taxation purposes as is the case with a retiree who derives an income from a taxed superannuation scheme.

AGEING AT HOME

by Samantha Spiro (Business Development Manager, MercyCare Aged Care Services)

Samantha gave a very relevant talk on the government support services available to help with being able to keep on living at home for longer. Her background is in nursing and she has worked in aged care since qualifying and is very enthusiastic about the subject.

She started by talking about people's general lack of confidence in aged care, especially in the light of the revelations emerging from the Royal Commission. She emphasised that, while such dreadful things did occur, it was only in a very small proportion of cases.

To put ageing at home into context, the average age of first entry into residential aged care (nursing homes) is currently 83 and this is expected to rise to 92 within the next ten years. The reasons for this are because it is becoming more realistic to be able continue living at home for longer and also because it is much cheaper to do so (both for the individual and for the government).

Despite popular perceptions of avaricious practices, she stated that two thirds of nursing homes today operate at a loss. Overall the system "is a bit of a mess" and the hope is that the findings of the Royal Commission will help to sort it out.

She went on to describe three different models for aged care: "retirement living", "home care" and "residential aged care", concentrating mainly on the middle home care model.

Retirement Living:

This is for people aged 50 or over who want to live in a like-minded environment in a retirement village. The types of village vary from those providing a "lifestyle" atmosphere with wide-ranging sports and social amenities (at considerable cost), to those with few amenities, apart from a manager, to deal with problems with the residence but where residents make their own lifestyle.

Residential Aged Care:

This is the other end of the aged care spectrum and is for people who need a full time care environment — note this does not mean a nurse by one's side all the time but rather where one needs help with everyday task and actions (e.g. help with going to the toilet or help with mobility). Again, residential facilities vary greatly — from those with large rooms offering expansive views (at a high cost — the most expensive room at present is \$1.2M for a single room), to those providing less glamorous surroundings at much lower cost.

Contrary to popular conceptions, there are plenty of places available in residential aged care — there is no need to worry about booking a place in the waiting list ready for when it is needed. In practice, one wouldn't be able to do so as one's application would not be considered until one is ready to enter the residential aged care system. This may change in the future.

The prices of places in residential aged care vary widely, dependent upon the facility and its amenities. Any extra services beyond the basic offering will cost extra.

Everybody, regardless of wealth (or lack of), will pay a daily fee of 85% of the government pension (i.e. approximately \$51 at present), which covers basic living expenses (room, board, laundry, etc.). For those on the full pension, this will probably be their only outgoing. There are two other fees which one may be charged according to your wealth as determined by Centrelink.

- The first is the Room Price — a one-off fee which will vary from \$200,000 to \$800,000 or more depending on the amenities and quality of the facility. This is refunded in full to one's estate on death. An alternative to paying an up-front room fee is the DAP which is, effectively, a rent on the room. Unlike the up front Room Price, the DAP is non-refundable.
- The second fee is for one's care, based on one's income and assets as determined by CentreLink. While people on the government pension will pay only the basic amount (as above), others with higher income or more assets, will have to pay this additional care fee.



Community Care:

Samantha concentrated her talk on Community Care and the services available to keep people living at home for as long as possible. The process of getting any of these services is very complicated and generally poorly understood even by the providers. To be eligible for these services one must be over 65 (except for Aboriginals or Torres Strait Islanders, where the minimum age is 50), and one must have a genuine “need” for these services — as determined by a social worker. She warned against calling for a care service until the need is real as there tends to be a steep decline from taking one service to needing more services — she used the quotes “*the more we do for you, the more we take away from you*” and “*use it or lose it*”.



There are two categories of Community Care:



A. Low Care, or the Commonwealth Home Support Programme

This provides a very low level (up to three hours per week) of support. This is both accessible and affordable (on average, about \$8 per week), and is not means-tested.

B. High Care, or Home Care Packages

Home Care Packages provide a much higher level of support and are much less accessible — currently there are about 140,000 people on the waiting list for a package. Once approved for a Home Care Package, one will wait at least a year, and more likely two years, before receiving it. The problem with this, of course, is that one cannot access the waiting list for these services until one has a real need for them, and then one has to cope without them for a further year or two, which can lead to avoidable hospitalisation and premature entry into residential aged care.

There are four levels of Home Care Package, providing around \$8,000, \$15,000, \$33,000 and just over \$60,000 worth of support per year. This can be spent more or less how you like in making it possible to stay living and enjoying life at home. Furthermore, if you don't spend all of your package allowance in one year, you can roll the remainder over (though this may change in future).



Home Care Packages are income-tested (but not asset tested) — full pensioners will probably have to pay nothing for their package. However, people with an assessed income of over \$27,000 per year will have to contribute to the home care package up to a maximum of \$30 per day (\$10,950 per year). In practice, people assessed to contribute over \$22 per day would probably not take a level 1 package as they would be contributing more than it is worth. There is a lifetime cap for personal contributions, currently around \$65,000, after which one would not need to contribute further.

Editor's note: *This is important, let's hope there is no change to this cap.*



Applying for Community Care Services:

It is easy to apply for community care services via the “My Aged Care” portal, which is the government portal for all aged care services. Call 1800 200 422 and say “I need some help”; the portal staff will quiz you to make an initial determination of whether you have low or high level needs. A social worker from the appropriate assessment team will visit your home to assess your needs in detail. The social worker will then prescribe the level of care and, if High Care, which Home Care Package. The Low Care service can start fairly quickly. For High Care, one then enters a waiting list to receive your package (Note: there is no way of getting onto the waiting list for a package until one is assessed as really needing it).

Choosing a Care Provider:

This is a bit of a minefield — there are around 50 providers available in any suburb, many of which Samantha would not recommend, some are acceptable and a few (perhaps 20%) are good. The best way to shortlist the better ones is first to seek recommendations and then to “interview” those making your shortlist. Some key questions to ask them are:

1. What fees they charge and, more importantly, how many hours of the services you want can they provide under your assessed package.
2. Consistency of the support worker — “can I have the same person to do the cleaning each time?” and “what happens when they are on leave or off sick?”.
3. Do they provide the services that you want or do they try and dictate what services they will provide.
4. Does the provider give timed appointments for the care workers to come or does it just give a time window during which they will arrive?

In effect, do they provide what you want, when you want it and by whom you want (and can you afford it).

If one is unhappy with the service given by your chosen provider, one can change to another at any time — one is not locked into a contract that prevents this (although most providers do charge an exit fee of, typically \$250, paid from the home care package).



Difficult Cases:

Samantha described three groups of people who often don't access the aged care services they need:

- Socially isolated people who have little Interaction with others and who do not seek, but could benefit from, something as simple as a bit of company from time to time.
- Men (who are often too proud, independent or embarrassed to seek help).
- Family carers who become exhausted in caring for ever-more-dependent relatives while not recognising that help may be available without changing their caring role.



Final Message:

KEEP ON DOING WHAT YOU CAN FOR AS LONG AS POSSIBLE BUT DO CALL FOR HELP WHEN YOU NEED IT.

Travelling Light

by Anne Williams (Annie's Activities)

WASFR September 2019 Meeting

Anne runs an activity company catering largely to retirees and speaks from her large experience of travelling overseas, particularly to and around, SE Asia.

She gave a lively and animated presentation on how to travel with a restricted wardrobe without sacrificing one's ability to dress to suit every occasion. Her talk was aimed primarily at women but the main ideas are equally applicable to men's travel wardrobes as well. She punctuated her talk with the periodic removal of an item of clothing (either a top or bottom half), to illustrate how a few different top and bottom halves could go together to create many different outfits — different combinations of the same relatively small set of garments creating outfits to suit most occasions. The demonstration ended with her packing all the garments she used into a moderate-sized holdall to show that an adequately comprehensive travel wardrobe need not fill large suitcases.



The demonstration ended with her packing all the garments she used into a moderate-sized holdall to show that an adequately comprehensive travel wardrobe need not fill large suitcases.

The fundamental theme of her talk was that the colour palette should be restricted to only a few complementary colours (she suggested a maximum of three), such that they can be mixed and matched to suit the occasion. This should include black for formal occasions (if required).

For men, a few pairs of shorts and trousers with shirts in at most three colours should suffice for both formal and informal occasions.

With regards to jewellery, she suggested that a pearl necklace will cover almost any situation (this is optional for men!). There is no need to travel with large amounts of valuable (and vulnerable) jewellery.

Take a lightweight wrap or jumper for warmth when flying or in over-aggressive hotel air-conditioning.

A simple black swimming costume with a black-and-white sarong will suffice for poolside or on the beach.

It is worth using a foldable toiletries organiser which can be hung up in hotel bathrooms, giving easy and organised access to one's shampoos, creams etc.



Although the main topic of her talk was on how to travel comfortably with modest luggage, she started by emphasising the need to safeguard one's valuables and, especially, one's passport. Passports, in particular, are a valuable commodity to thieves. Passports and jewellery should always be stored in room safes (where provided), or the safe behind the front desk.

She also made the following points:

- a) Avoid cut-price airlines to preserve one's sanity and schedule.

- b) Travel insurance is essential, although this can be hard to get for older people. Shop around to find a supplier willing to insure you with a minimum of restrictions due to pre-existing conditions. It is worth noting that medical repatriation without insurance can cost many tens of thousands of dollars.

If travelling regularly, it is worth looking into annual policies, but this is probably not worthwhile for only one or two trips per year. Companies providing insurance for older people include: COTA, Australian Seniors and Insure & Go, but it is also worth looking on the internet for alternatives.



Palliative Care and End-of-Life Care

Everything you wanted to know but didn't know who to ask.
by Dr. David Thorne

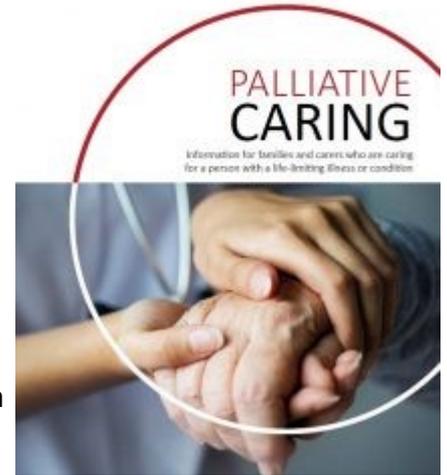
WASFR October 2019 Meeting

Dr. Thorne gave an interesting and sometimes humorous talk, punctuated by cartoons, on the subject of palliative care and its' place in the medical toolbox.

First, he discussed common misconceptions about palliative care — in particular that it is primarily concerned with the care of patients in last phases of terminal illness.

In fact, palliative care covers much more than that; he offered the following definitions: "Palliative Care is a dedicated team approach (medical, nursing allied health, supportive and pastoral* care) to patients who are suffering as a result of life-limiting illness, and to their families" where, from wikipedia:

"Pastoral care is an ancient model of emotional and spiritual support that can be found in all cultures. The term is considered inclusive of distinctly non-religious forms of support as well as those from religious communities." and: "Improves the quality of life of the patients and their families facing problems associated with a life-limiting illness (the United States uses "life threatening illness"), through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual."



Palliative Care is no longer just about death and dying. Its' purpose is to relieve pain and other debilitating symptoms for patients of any age who suffer from serious or chronic illnesses in order to improve their quality of life. Palliative Care is complementary to, and takes place alongside, curative or life-prolonging treatments. In other words, while ordinary medicine will sacrifice short-term quality of life in order to prolong life or cure an illness, Palliative Care has the goal of improving the immediate quality of life and is less concerned about long-term outcomes (although there is some evidence that those in receipt of Palliative Care may enjoy slightly better outcomes).

Palliative Care not only covers relief from symptoms and distress but aims to provide a better understanding of one's condition and the treatment options, helps one cope with one's illness, assist one in making medical decisions in coordination with one's other doctors. Palliative Care is tailored to the specific needs of the individual patient.

He went on to talk about how Palliative Care can be accessed. It is available via a referral from a doctor. The referral criteria are that one has a life-limiting or life-threatening condition and requires specialist treatment or psychological support outside the bounds of the primary care team. Referrals will be made for patients who may recover from their illness, patients who may survive a long time with their debilitating illness or patients who are dying from their illness.

Unfortunately, a large proportion of those who might benefit from Palliative Care do not get referred for it. The main reasons for this are a lack of understanding by patients, their families and (rather disturbingly), their doctors. This is compounded by the small numbers of dedicated in-patient P.C. beds and specialist P.C. teams, especially in WA.



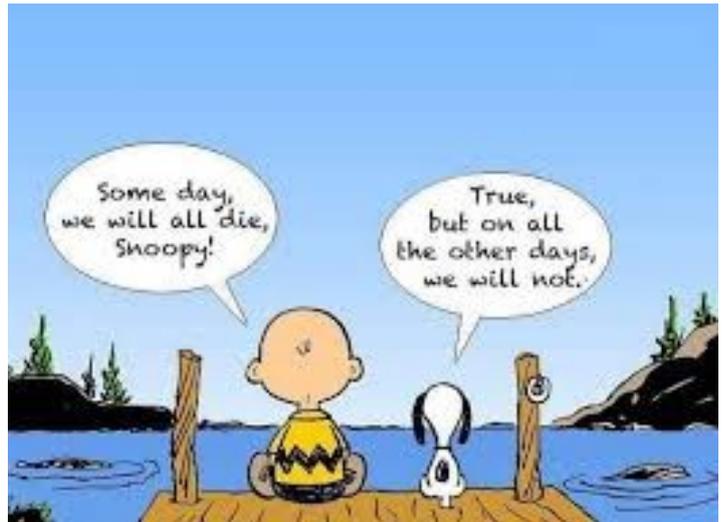
Palliative Care is available with the same quality of service and care through both public and private health systems. Everyone is eligible to access it through the public system — with admission being prioritised on clinical need. Palliative Care services in the private health system are normally covered in full by most private health funds — i.e. there is normally no out of pocket expenses to cover the 'gap' payment.

In addition to in-patient Palliative Care, there are home-based Palliative Care services offered by:

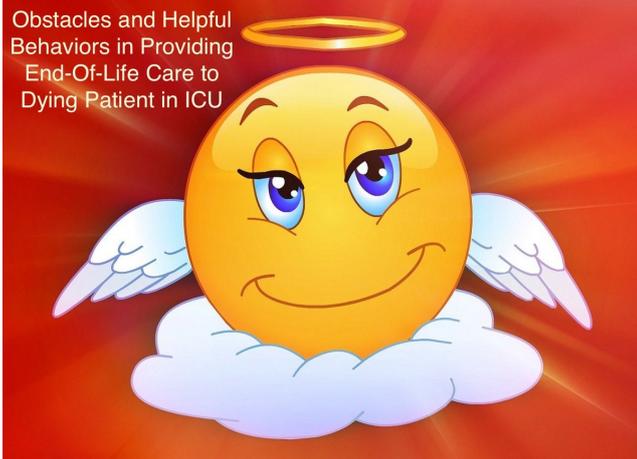
Silver Chain 'Hospice Care Service', offering 24 hour nursing, medical, pastoral and counselling services.

The Metropolitan Palliative Care Consultancy Service, offering community-based nursing, medical and social work services to nursing homes and other institutions without their own provision. These services are available in office hours only.

There is no charge for these services.



Obstacles and Helpful Behaviors in Providing End-Of-Life Care to Dying Patient in ICU



Dr. Thorne acknowledged that it is likely that Voluntary Assisted Dying will become legal in WA at some stage (even if the Bill currently passing through parliament fails). He indicated that while some Palliative Care doctors are against this, the majority will respect the patient's decisions while continuing to provide support and symptom management.

Dr. Thorne finished up with a reminder about planning ahead for one's medical care by putting one's wishes in writing — an Advanced Health Directive gives direction about one's health care wishes to be followed if one is unable to make such instruction oneself; an Enduring Power of Guardianship allows one to appoint someone to make lifestyle and treatment decisions on one's behalf if one is unable to communicate and an Enduring Power of Attorney allows one to nominate someone to make financial and property decisions on one's behalf





WESTERN AUSTRALIA SELF FUNDED RETIREES Inc.

www.wasfr.org.au

MINUTES

Minutes of the General Meeting of WASFR Inc. held at the Cambridge Bowling Club, Howtree Place Floreat, on Friday **11 OCTOBER 2019**.

The President opened the meeting at 10.05am with an attendance of 47 members and 7 visitors. A warm welcome was extended to the visitors.

APOLOGIES:

C. Atkinson, W. Cann, J. Yeatman, S. Yeates, B. Arnold, R. Wyatt.

CONFIRMATION OF MINUTES:

Moved V. Payne, seconded B. Dewar, that the Minutes of the meeting held on 13 September 2019 be accepted as a true record. Carried.

BUSINESS ARISING:

WA Seniors Alliance: The President said that there was little to add to what has already been reported at earlier meetings. This group of like-minded organisations was started in 2008 and, with a few minor exceptions, continues to push for improved benefits for retirees. The next meeting is scheduled for early November where the 2020/21 State submission will be finalised. Members were invited to offer any particular items that could be considered for inclusion in the submission.

Alliance for a Fairer Retirement System (AFRS): The last meeting of the AFRS was held on 25th September. The CEO of COTA Australia, Ian Yates, was the main speaker and he gave a summary of the issues that were important to COTA. He was questioned on the subject of Deeming rates but chose not to support a clear case for lowering the upper rate. He indicated that some superannuation funds did offer more than the 3% rate and the government had a right to consider this fact. There was some discussion regarding how the majority of part-pensioners invested their funds, and he was able to concede that there did seem a case for a review of the upper rate.

The Federal government has announced that one of the recommendations from the Productivity Commission report relating to a Review into Retirement Incomes has been approved. A 3 person Committee has been formed and one of these will be the Chair of the Alliance for a Fairer Retirement System, Professor Deborah Ralston. The President said that Professor Ralston is a highly qualified person who has the background to give full justice to all submissions to this Committee. He said that some criticism had come from a few places, but that such criticism was biased, and had no real basis. The Prime Minister had listened to these comments and had confirmed that Professor Ralston would remain on the Committee. As a consequence of this criticism, Professor Ralston has resigned from her position as head of the SMSF Association, and has also resigned from her position of spokesperson for the AFRS. The CEO of the SMSF Association, John Maroney, has also stepped down from his position on the AFRS. Ian Henschke, Chief Advocate for National Seniors Australia, has accepted the position of spokesperson for the AFRS. The President commented that it was regrettable that the AFRS had lost the 2 main people behind its' creation, and he hoped that none of the other participants would also consider leaving the AFRS. The next meeting is scheduled for 23rd October, and it will be interesting to see how the group will function under a changed arrangement. (Note: The meeting on 23 October has now been moved to 6 November.)

It is expected that the Review Committee will distribute a consultation paper in November and invite all interested parties to lodge any submissions that may be appropriate. Their final report should be completed by June 2020.

BUSINESS ARISING: cont.

Interview with Anthony Spagnolo: The President said he had sent a reminder to Anthony Spagnolo asking for a response to the documentation submitted on 19th July 2019. A response was received saying "We've received your emails and will send a formal response to you" - that was dated 20th September, but nothing received so far. Note that there has been no further mention of the personal interview with Senator Mathias Cormann that was promised on 19th July.

New Committee members: The President spoke on the declining numbers of Committee members and reminded everyone of the possible consequences for WASFR if such a decline continues.

CORRESPONDENCE:

- Emails (many) from the Royal Commission into Aged Care (now extended to November 2020)
- Email re A.I.R. Forum (10 September) - copies of presentations
- Emails re AFRS meetings - incl. Terms of Reference for the Review of Retirement Incomes
- Emails re Actuaries Institute report (responses etc.)
- Emails re Xmas Party
- Emails to/from A. Spagnolo (meeting 19 July)
- Email re lowered MPIR (Aged Care)
- Emails from Town of Cambridge
- Emails re NSA meeting on 10 October - Celia Hammond (Member for Curtin)
- Emails re proposed meeting with Steve Irons (originally scheduled for 8 October 2019)
- COTA *Connections* September 2019
- CPSA *The Voice* - October 2019
- Gold Coast Retirees - October newsletter
- STAREE newsletter - Spring 2019 (Volunteers were encouraged to nominate for the trial)
- "The Monthly Today" - article on the \$800 payment
- Two phone calls re the drop in the RBA cash rate

FINANCE: M. Harris referred to the Finance statement on the reverse of today's Agenda which showed the total funds available as at 4th October amounted to \$8,716.36. There were no questions from members. M. Harris asked everyone to indicate their attendance for next month's meeting (catering purposes).

GENERAL BUSINESS:

2020/21 Federal Pre-Budget submission: The President said that the 2020/21 Federal Pre-Budget submission should be finalised shortly and invited everyone to inform the Committee if there were any issues that should be included. A comment was made concerning the possibility of including an item relating to an increase (for seniors), in the government subsidies for private health insurance. The Committee will give this matter due consideration before finalising the submission.

After the morning tea break, the President introduced Dr. David Thorne who spoke on the subject of palliative care. Dr. Thorne is a retired palliative care specialist who has been involved in this field for many years. Previously, Dr. Thorne held positions of Associate Professor at UWA, Notre Dame and the ECU where he taught palliative care to future doctors and nurses. There were many questions and Dr. Thorne was able to remain behind after the meeting had closed. Very well received by everyone.

Speakers for the following months are as follows

8 November	Christmas Party	no guest speaker
14 February	Todd Mason	Designing for Green Self Sustaining Buildings

Confirmed

Date

NEXT GENERAL MEETING: FRIDAY 8 NOVEMBER 2019

***WASFR Inc. does not give advice on any personal, or financial, matters.
Nothing written or spoken in the course of WASFR meetings, talks or publication is to be construed as advice given to members.***

State & Federal Advocates for Fully and Partly Self Funded Retirees

APPLICATION FOR MEMBERSHIP

Name/s:

Address:

Telephone:

Pre-retirement Occupation/Interests
(optional)

Annual Subscription: Couple \$30.00
Single \$20.00

Please forward application and subscription

to:

The Treasurer

Margaret Harris

WA Self Funded Retirees Inc.

201 Bagot Road

Subiaco WA 6008

YOUR COMMITTEE

Web site: www.wasfr.org.au

President:

Ron de Gruchy 9447 1313

Vice-President:

Position vacant

Secretary:

Sharon Goodchild 9386 5875

Treasurer:

Margaret Harris: 9381 5303

Committee:

Colin Atkinson 9447 9697

Joe McPhail 9446 7376

MEETINGS:

Meetings start at 10.00 am and are held at Cambridge Bowling Club, Floreat Sporting Precinct, Floreat, on the Second Friday of each month, excluding December and January.

**WE WOULD WELCOME ANY
NEW COMMITTEE MEMBERS**

DISCLAIMER

Please note that nothing written or spoken in the course of WASFR meetings, talks given, or in any publication is to be construed as advice to members or visitors.

THANKS

To the Cambridge Bowling Club for extending the use of their facilities to us for our Committee meetings, at no extra cost.

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