

Notification of Leave Without Pay

for ESSSuper Defined Benefit Fund members

Answers to common questions

When do I have to complete this Notification of Leave Without Pay form?

If you are an operational employee and are planning to go on Leave Without Pay (LWOP), or are already on LWOP, for a period of greater than 4 weeks, you must notify ESSSuper by completing the form on the reverse side of this page. This form **must** be submitted to ESSSuper within 4 weeks of the commencement of your LWOP. If your period of LWOP is 4 weeks or less, you are not required to complete this form.

What is the 2% contribution?

If you are on LWOP for more than 4 weeks, for reasons other than parental leave, you may elect to pay a contribution equal to 2% of your gross salary for this period. This will ensure you maintain full death and disability entitlements during your period of LWOP. Please contact your pay office for confirmation of the premium amount as ESSSuper is unable to calculate this for you.

You must advise ESSSuper of your intention to maintain full death and disability entitlements by completing Section 3, and paying the 2% contribution within 4 weeks of the commencement of your LWOP.

As your benefit multiple does not accrue whilst you are on LWOP, being on LWOP for an extended period may reduce your death and disability benefit. Please call the Member Service Centre on 1300 650 161 for further information.

If you wish to pay the 2% contribution, please forward your payment for the full amount, together with this completed form to ESSSuper. You have the option to pay the 2% contribution premium in full or for a minimum of six months premiums.

Your 2% premium will not pay for any insurance in the Accumulation Plan.

What happens if I do not pay the 2% contribution?

If you elect not to pay the 2% contribution during LWOP, there will be no prospective service benefit in the event of your death or disability during this period, effectively reducing your death and disability entitlements. In the event of your death or disability during this period, your death and disability benefits will be based on your accrued benefit (current entitlement) only.

What happens to my contributions whilst I am on Leave Without Pay?

During your period of LWOP, you are not able to contribute to your superannuation through your pay. You may however elect to contribute a lump sum amount or SG Contributions from a secondary employer to the Accumulation Plan at any time.

What happens to my superannuation benefit whilst on Leave Without Pay?

Your benefit multiple does not accrue during your period of LWOP, (unless you are on Parental Leave).

For example, if you have reached a multiple of 5 times your Final Average Salary at the date before you go on LWOP, this multiple is frozen until you resume your employment. Your benefit may still increase slightly as a result of an increase in your Final Average Salary over time.

Do I have to notify ESSSuper when I return from Leave Without Pay?

When you resume employment, you are required to notify ESSSuper in writing of your date of return and your desired contribution rate. This enables us to ensure that your employer is forwarding your contributions from the date you resume employment.

Do you require further information?

For more information on your LWOP options, the effect on your death and disability entitlements, or contributing to an Accumulation Plan account, please visit our website www.esssuper.com.au or call the Member Service Centre on 1300 650 161.

Who should use this form?

You should complete a Notification of Leave Without Pay form if you are an operational member and you are commencing Leave Without Pay (LWOP) for a period more than four weeks.

You should not complete this form if you are on LWOP for a period of four weeks or less, or on leave from your employer due to secondment. For additional information on secondment please contact our Member Service Centre on for full details.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Your personal details

Member number

Title

 Mr Mrs Ms Miss Other (please specify)

Surname

Given names

Date of birth

 / /

Postal address

Suburb

State

Postcode

Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address

Suburb

State

Postcode

Telephone (business hours) () (after hours) ()

Telephone (mobile)

Email address



By providing your email address you are authorising ESSSuper to send communications to that address. This authorisation will apply until it is revoked by you.

Section 2

Leave without pay dates

The period of
Leave Without Pay

Start date / / End date / /

Section 3

Leave without pay type

Parental
(up to 12 months)

Illness or injury
(medical certificates are
supplied to employer)

Workcover Claim

TAC claim

Your death and disability cover will continue for the above types of LWOP and no premium is required to be paid.

Other (go to Section 4)

Section 4

Death and disability cover

I would like to pay:
(please choose
one option only)

OPTION 1 – Nothing (go to Section 5)

OR

OPTION 2 – The 2% contribution premium to maintain death and disability. You should contact your pay office to calculate the value of the premium required to maintain your death and disability cover while you are on Leave Without Pay.

Your payment and this form **must** be submitted to ESSSuper within 4 weeks of the commencement of your LWOP.

If you selected OPTION 2, please complete the payment information below:

Full payment of: \$

Payment made by: EFT* (Direct Debit) Remittance Date: / /

OR

Other payment eg. Cheque / Money Order (made payable to "ESSSuper" and attached to this form)

*Account Name: ESSSuper, Branch (BSB): 033-001, Account Number: 151047 Ref: "LWOP" & "member number" (eg. "LWOP123456")

Section 5

Signature and declaration

I acknowledge and agree:

- I have read and considered the information provided on this form and have considered obtaining independent financial advice in respect of my superannuation options.
- ESSSuper is not responsible for ensuring that deductions are made and forwarded to ESSSuper by my employer.
- I consent to providing this information so that ESSSuper can process my application for Leave without pay. I understand that ESSSuper will only use this information for purposes listed in the privacy policy.
- I fully understand and accept the implications of the election I have made on this form and the information I have provided is true and correct.

Signature

PLEASE SIGN HERE

Date / /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001
T 1300 650 161 | F 1300 766 757 | www.esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at www.esssuper.com.au