

employment questionnaire

If you are aged 65 or over, CareSuper is required to confirm your employment status before accepting any contributions. Please note your contribution may not be accepted until we receive this form and may be refunded to you if the form is not returned within 28 days of a contribution. Please complete the form in blue or black pen and block letters.



1. Member details

CareSuper member number	Date of birth (DD/MM/YYYY)	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Given names		
<input type="text"/>		
Address		
<input type="text"/>		
Suburb/town	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	
<input type="text"/>	<input type="text"/>	



Did you know?

You can keep your CareSuper account even when contributions are no longer being made.

If you are ready to retire, call the CareSuperLine on 1300 360 149 to find out more about your options.

***Note: mandated employer contributions include Superannuation Guarantee, award or Certified Industrial Agreement.**

2. Confirmation of employment status

The following table shows the contribution types that CareSuper can accept, based on your age and your work status.

Age	Employer contributions (including salary sacrifice)	Personal contributions
Under 65	Your employer can contribute to the fund	You can contribute to the fund
65 to less than 75	Your employer can contribute to the fund if: <ul style="list-style-type: none"> the contributions are mandated* employer contributions, or you have been gainfully employed at least 40 hours in a period of not more than 30 consecutive days during the same financial year in which the contributions were made 	You can contribute to the fund if you have been gainfully employed at least 40 hours in a period of not more than 30 consecutive days during the same financial year in which the contributions were made
75 and over	Your employer can contribute to the fund only if the contributions are mandated* employer contributions	You cannot contribute to the fund

Please (✓) tick which boxes apply:

I meet the age and work requirements for **employer contributions**

I meet the age and work requirements for **personal contributions**

3. Declaration

I declare that all the information supplied by me on this form is correct. I understand that CareSuper can only accept contributions based on the age and work status requirements outlined in the table above.

Member's signature



Date (DD/MM/YYYY)



Return this completed form to:
CareSuper
Locked Bag 5087
Parramatta NSW 2124

Or scan and email your application to admin@caresuper.com.au

Need help? Call the CareSuperLine

1300 360 149