

# Parental leave insurance fee waiver



## INSTRUCTIONS FOR EMPLOYERS COMPLETING THIS FORM

(If you are self-employed, you are not eligible for this insurance fee waiver.)

**For your employee to qualify to have their insurance fees waived during parental leave:**

- They must be employed
- You (the employer) must have approved the parental leave
- Insurance cover must be active and not otherwise ended.

If your employee satisfies the above criteria, we will waive fees for death, TPD and income protection cover for 12 months starting from the first day of the month after the employee commences parental leave. We will stop waiving fees on the last day of the month the employee returns to work. See the relevant **Insurance Guide PDS** for more information. Please note that insurance fees will not be waived for any period that your employee is on leave prior to CareSuper receiving this waiver request.

Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

## 1. EMPLOYEE DETAILS

Member account number (if known) \_\_\_\_\_ Date of birth (DD/MM/YYYY) \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Residential address (required) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Email \_\_\_\_\_

Gender  Male  Female  A gender not listed here

## 2. EMPLOYER DETAILS

Employer name \_\_\_\_\_

Have you (the employer) approved the parental leave?  Yes  No

Date parental leave is to commence (DD/MM/YYYY) \_\_\_\_\_ Expected return to work date (DD/MM/YYYY) \_\_\_\_\_

Please notify us in writing if the employee returns to work before the expected date.

## 3. PAYROLL AUTHORISATION

I certify the information to be correct.

Authorised person's signature \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Name of authorised person \_\_\_\_\_

Position of authorised person \_\_\_\_\_ Daytime telephone \_\_\_\_\_

**!** Employers should complete this form on behalf of a CareSuper member intending to take parental leave.



## YOU MUST SIGN AND DATE THIS FORM

The form won't be valid if you don't sign it.

## ONCE YOU'RE DONE

Return this completed form to:

**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

For more information call **1300 360 149**.