

Parental leave insurance fee waiver



INSTRUCTIONS FOR EMPLOYERS COMPLETING THIS FORM

(Self-employed members 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 later of the first day of the month after the employee commences parental leave or the date we receive their completed application. We will stop waiving fees on the last day of the month the employee returns to work. 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. See the relevant **Insurance Guide PDS** for more information.

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

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

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 _____



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 by:

1. Attaching and submitting it online at: caresuper.com.au/getintouch
2. Posting it to:

**CareSuper
Locked Bag 20019
Melbourne VIC 3001**

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