

Corporate Parental leave insurance fee waiver



INSTRUCTIONS FOR EMPLOYERS COMPLETING THIS FORM

(Self-employed members are not eligible for this insurance fee waiver.)

Use this form if you're part of a corporate insurance arrangement (CIA).

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.

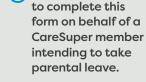
If your employee satisfies the above criteria, we'll waive their insurance fees for death, total and permanent disablement (TPD) and income protection cover for 12 months starting from the later of the first day of the month after the employee commences parental leave or the date we receive their completed application. We'll stop waiving insurance 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 **Corporate Insurance Arrangement (CIA) Guide** for more information.

If you're an Employee Plan, Personal Plan or 125% and 150% standard cover member, use the **Parental leave** insurance fee waiver form available at caresuper.com.au/forms.

Daytime telephone

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

Member account number (if known) Date of birth (DD/MM		Title
Member account number (if known) Date of birth (DD/MM	I/YYYY)	Title
Surname		
ound.ne		
Given names		
Residential address (required)		
Suburb	State/territory	Postcode
Mobile Daytime telephor	Daytime telephone	
Email Gender		
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 \boldsymbol{k}	pefore the expected	date.
3. PAYROLL AUTHORISATION		
I certify the information to be correct.		
	/	_/
Authorised person's signature	Date (DD/MM/YY	YY)
Name of authorised person		



Employers need



YOU MUST PRINT AND THEN SIGN THIS FORM

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

ONCE YOU'RE DONE

Upload this completed form at

caresuper.com.au/getintouch.

OR

Post to:

CareSuper Locked Bag 20019 Melbourne VIC 3001

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

Position of authorised person