

# 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](https://caresuper.com.au/forms).

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 <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> 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 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](https://caresuper.com.au/getintouch).

OR

Post to:  
**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

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