

Parental leave insurance fee waiver



INSTRUCTIONS FOR EMPLOYERS COMPLETING THIS FORM

Use this form if you're an Employee Plan, Personal Plan, 125% or 150% standard cover member. 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
- They must not be receiving employer contributions (a waiver will apply for any periods of parental leave where contributions are not being paid)

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 up to 24 months starting from the first day of the month after the employee commences parental leave. We'll stop waiving insurance fees on the last day of the month the employee returns to work. Employees can apply to have their insurance fees waived before or during their parental leave, or within 6 months of returning to work. See the **Insurance Guide** for more information.

If you're part of a corporate insurance arrangement (CIA), use the **Corporate parental leave insurance fee waiver** form. Complete this form in blue or black pen using BLOCK LETTERS and tick where applicable.

1. EMPLOYEE DETAILS

Member account number (if known) _____ / _____ / _____ Title _____

Date of birth (DD/MM/YYYY) _____

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.

If the member is completing this form after they have returned from leave, please ensure the form is submitted within 6 months of returning to work.

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) _____

You only need to provide dates for any parental leave period where **you won't be paying employer contributions** for this employee. If you'll be paying contributions to your employee for the whole of their parental leave, they won't be eligible to have their insurance fees waived. 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.

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

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