

→ Contribution suspension form

Use this form to let LGsuper know about:

- approved periods of leave without pay of more than 4 weeks
- approved periods of paid or unpaid parental leave of more than 4 weeks

Do NOT use this form for any other types of leave.

Personal details LGsuper respects privacy. All personal information collected is protected in line with the National Privacy Principles and LGsuper's Privacy policy.

Employer		Member number
Last name	Given names	Date of birth
Address		
Suburb		Postcode

Employer to complete

Reason for leave (tick box) Medical Other e.g. Parental leave, Travel leave, Study leave

Period of leave (must be greater than 4 weeks):

Date leave starts	Date due to return
Authorised signature for employer	Employer
	Date

Notes

1. Insurance cover

- Death and Total and Permanent Disablement cover, Total and Temporary Disablement cover and Income Protection cover will continue for up to 12 months provided the members account is sufficient to cover the cost of insurance premiums.
- If the period during which the contributions are suspended exceeds 12 months and the member does not apply to have their cover extended, Death cover will continue as normal. Total and Permanent Disablement cover will continue, but subject to an Activities of Daily Living Definition. Total and Temporary Disablement cover or Income Protection cover may cease. Refer to the LGsuper Guide (PDS) for more information or contact LGsuper.

2. Benefits

- The period during which contributions are suspended will not form part of membership for benefit purposes.

3. Workcover payments

- Members receiving Workcover payments may be treated as being on leave without pay and can suspend their contributions. However, by making a written agreement with the employer, the member can elect to continue making superannuation contributions as if the member were not absent. In this case you do not need to send this form to LGsuper.