

Defined Benefit Plan approved leave without pay form

1. Personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth: Male Female

Address:

Suburb: State: Postcode:

Contact email address:

Contact phone number: Mobile number:

Employer name: Employer number:

Payroll number:

2. Part A – Notification of approved leave without pay

Approved leave without pay has been granted to the above employee as follows:

First day of leave without pay: Date employment is to recommence: Reason for leave:

Maternity Travel Study Other

Employee must complete Part D below

Note: Where the employee is on unpaid leave due to ill health (ie where sick leave has expired) both member and employer contributions must be maintained. Leave without pay does not apply in this instance.

3. Part B – Notification of extension of approved leave without pay

Approved leave without pay for the above employee has been extended as follows:

New date employment is to recommence

4. Part C – Confirmation of return from approved leave without pay

Date employment commenced: Fulltime salary on recommencement: Service fraction on recommencement:

Has the fulltime salary decreased on recommencement? Yes No Reason for decrease:

5. Part D – Death and disability cover (must be completed by member)

If you wish to maintain full death and disability cover during your leave, you must pay 2% of your salary. Vision Super will calculate the amount and send an account to your employer. Please tick the appropriate box below:

I wish to maintain full death and disability cover I do not wish to maintain full death and disability cover

Signature of employee: Date:

This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the Privacy Act 1988 and Vision Super privacy policies.

Name of authorised officer: Signature of authorised officer: Date:



I W P

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Phone 03 9911 3222

Regionals 1300 300 820

Fax 03 9911 3299

www.visionsuper.com.au

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the Local Authorities Superannuation Fund ABN 24 496 637 884