

Advice of SASS member ceasing employment

Notes for employers

Use this form ...

- To let us know **immediately** about any employees contributing to SASS who have ceased employment with you.
- To give us details of members aged 65 to 70 who are still working but wish to be paid their benefit.

Don't use this form ...

- For intra-employer transfers: use a *Transfers within the Public Service* form.

How should the information be sent to Pillar?

You can use this form, or you can extract the information from your database as a paper copy printout.

Send it to:

State Super (SASS)
PO Box 1229
Wollongong NSW 2500

Exit reason

The reason for exit must be one of the following:

- age retirement,
- death,
- invalidity,
- retrenchment,
- resignation,
- dismissal, *or*
- discharge.

Date of birth confirmed

Cross the Yes box next to *Birth date* if you have seen an original or certified copy of any of these documents:

- birth certificate, *or*
- passport, *or*
- certificate of Australian citizenship, *or*
- certificate of evidence of Australian residency, *or*
- current RTA photo driver's licence.

If you have not seen any of these documents, cross the *No* box.

Grounds for retrenchment

If the member has been retrenched, please indicate the specific grounds for the retrenchment in the *Retrenchment certification* section of this form.

The legislation governing SASS requires the employer, where a benefit becomes payable to a member on retrenchment, to provide the Trustee with a certificate confirming that the member has been retrenched and specifying the grounds for the retrenchment.

Attributed full-time salary

The annual salary rate to be provided is:

- if the employee is less than age 70, the rate applicable on the date of the employee's exit, *or*
- if the employee has reached age 70, the rate applicable on their 70th birthday.

If the employee works part-time, you need to give us the full-time salary on which the part-time salary is based so that we can make the necessary calculations.

Retrospective salary adjustments

We need you to give us revised salary figures where:

- a member received a retrospective salary adjustment in the last 2–3 years before exit, and
- the adjustment would, if it had actually been paid from the date it was effective, have changed the member's superable salary figures you reported to us for the Annual Review Days of 31 December last year and the previous year.

Please include the amended salary figures in the *Member Details* section.

This information will enable us to correctly determine the benefit entitlements of members whose SASS benefits are calculated on *final average salary*, which is the average of the exit salary and the salary *payable* at the two annual review days before exit.

Any other queries?

Check in your *Employer Easy Reference Guide*, or call the STC Employer Officer on: (02) 4253 1426.

The Employer Easy Reference Guide is available on our website: www.statesuper.nsw.gov.au

Alternatively, you can email your questions to STC_employer_contact@pillar.com.au

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To be completed by the employer.

Member details

Family name

Given name/s

Title (eg Mr Mrs Ms Miss Dr)

Birth date

Confirmed?*

Yes No

Member number or payroll number

Date of exit

Exit reason

Full-time salary (or attributed full-time salary) at exit

If applicable (see Retrospective Salary Adjustments in Notes) please also give amended salary figures for

31 December last year

31 December previous year

If applicable, amount paid or payable under Section 97 of the Local Government Act to an ex Local Government superannuation scheme member.

Invalidity

Complete this section **only if** the exit reason is **invalidity**.

The above member is physically or mentally incapable of carrying out their normal duties as a

member's occupation

and accordingly: (mark **one** box with a cross)

- was medically retired,
 was dismissed,
 resigned.

Has workers' compensation been paid or claimed?

Yes No

Retrenchment certification

You **must** complete this section if the exit reason is **retrenchment**.

I certify that the member has been retrenched on the following ground(s) as indicated.

Mark one or more box(es) with a cross.

1 The member's employment has been **compulsorily terminated** because:

- The services of the member are no longer required and their position is not to be reinstated.
 The work for which the member was engaged has been completed.
 The quantity of work has diminished and has resulted in a reduction in the number of employees.

2 The member has **accepted an offer** to terminate employment on one of the grounds specified above.

Signature of authorised officer

Name (please print)

Date

Contact number

Employer's details

Employer name

Employer code

Please sign here

I certify that the above details are correct.

Signature of authorised officer

Name (please print)

Date

Contact number