

LWOP (part-time or full-time) – member's election

Notes for member

Types of leave without pay (LWOP)

There are 2 types of LWOP – 'prescribed' and 'ordinary'.

Prescribed LWOP is sick leave, maternity leave, secondment, workers compensation, military leave, study leave, and other leave which the employer has certified is in the interest of the employer or the State.

Ordinary LWOP is any other type of LWOP not listed above.

When to use this form

Full-time LWOP

You **should** complete this form if you are taking more than 3 months *ordinary* LWOP.

Part-time LWOP

You **may** complete this form if you are taking part-time LWOP of any type (including prescribed LWOP) and wish to make an election about your employee status during the period of LWOP.

Full-time ordinary LWOP

Your options

You have two options:

• Option 1

To keep your full unit (benefit) entitlement.

If you choose this option you may be required to pay the cost of the employer's contribution liability to SSS for the period of LWOP (check with your employer).

• Option 2

To take a permanent reduction in your unit (benefit) entitlement for that part of the LWOP that is over 3 months. (The number of units you hold may be reduced immediately.)

If you choose this option you will not be required to pay the cost of the employer's contribution liability to SSS for the period of LWOP.

If no election is made, Option 2 applies automatically.

Part-time LWOP

Your options

You have two options:

• Option 1

To elect part-time employee status during the period of LWOP.

During any kind of part-time LWOP (ordinary or prescribed) you can be treated as a part-time employee for superannuation purposes, *but only if you specifically elect to do so.* (Use this form, Section 2.) Otherwise, you will continue to be treated as a full-time employee.

Being treated as a part-time employee may reduce the amount of personal contributions payable for the period of your part-time LWOP, but it will also **reduce your unit entitlement and therefore your end benefit.**

If you elect to have the part-time employment provisions apply to you, your unit (benefit) entitlement and contributions will be adjusted as follows.

- Contributions paid before the change are used to buy fully-paid units in the scheme – you do not have to make any further contributions for these units.
- We adjust your unit entitlement for the period of your expected part-time employment and calculate the new rate of contributions payable.
- It is important that you understand that **this reduction in unit entitlement is permanent** and will reduce the amount of benefits you would have received if you had not elected to have your part-time LWOP treated as part-time employment.

• Option 2

To be treated as a full-time employee during the period of LWOP.

If the full-time equivalent of **ordinary** part-time LWOP is more than 3 months, then the conditions for full-time LWOP apply. Please refer to the notes for *Full-time ordinary LWOP*.

Your employer should be able to confirm the equivalent full-time period of your part-time ordinary LWOP.

If no election is made, Option 2 applies automatically.

Member contributions for the period of LWOP

You must keep up payments of *your own* contributions for the whole period of your LWOP.

Before your leave begins, make arrangements with Pillar, the scheme administrator, about your payments. You may pay in one of these ways:

- in advance, or
- progressively during your LWOP, or
- in arrears (with interest added) when you return to work – either as a lump sum or by instalments over a period not longer than 2 years, or
- at exit, with interest added.

What to do

Talk to your employer and complete Sections 1–4 with their advice where necessary. They will then complete their section and send this form to us. You will be given remittance slips for your personal payments.

If you need help with this form

Contact Customer Service
phone **1300 130 096**
between 8.30 am and 5.30 pm
(for the cost of a local call)
e-mail: enquiries@stc.nsw.gov.au

Notes for employer

Employer's contribution cost

The employer needs to decide whether, as a condition to granting ordinary LWOP, the member must pay the employer's contribution liability due to SSS.

For further information see the *Easy Reference Guide for Employers – State Super Scheme (SSS)*.

Enquiries

Employer enquiries should be directed to the Pillar Administration Employer help line, (02) 4253 1426.

Where to send this form

Send the completed form to:
State Super (SSS)
PO Box 1229
Wollongong NSW 2500

Privacy notice

The information you provide in this form is collected by and held for State Super by the fund administrator, Pillar Administration (Pillar), in accordance with the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*, under which you have rights of access and correction. For further information about privacy, contact Pillar by writing to PO Box 1229, Wollongong NSW 2500.

LWOP (part-time or full-time) – member’s election

1 Your personal details

Member or Payroll no. Birth date

Family name

Given name/s

Daytime contact telephone number

2 Your period of LWOP

Period of leave starts ends

Full-time ordinary LWOP
(now mark either A or B in Section 3 with a cross)

or

Part-time LWOP (of any type):

I wish to be treated as a part-time employee for the period of leave (now cross B in Section 3), or

I understand that I will continue to be treated as a full-time employee for the period of leave. (If your part-time leave is **ordinary** LWOP and the full-time equivalent is over 3 months, cross either A or B in Section 3.)

3 Your choice of unit entitlement

A I wish to keep my full unit entitlement and will make any necessary payments to my employer for their liability to the scheme.

or

B I wish my unit entitlement in SSS to be permanently reduced. I understand that this may result in an immediate reduction in the number of units I currently hold.

Note: In both cases your personal contributions to the scheme are still payable.

4 Please sign here

Signature

Date

5 Employer to complete

Employer code

Employer name

Postal address (please include postcode)

Suburb, Town, City Postcode

LWOP granted from to

Superable full-time salary per annum

\$ pa. at start date of period of leave

Part-time annual salary (if applicable)

\$ pa. at start date of period of leave

- This leave
 - is is not 'approved leave'* in terms of the Superannuation Act 1916 *(ie. what is now called 'prescribed leave').
- For this period of LWOP the employee
 - is is not required to pay the employer's superannuation liability to SSS.
- The employee has been informed of their superannuation obligations.

Signature of authorising officer

Name (please PRINT)

Date

Employer to return form to:
State Super (SSS) PO Box 1229
Wollongong NSW 2500