



## Continuity of Scheme Membership

### Notes for applicants

#### Use this form if...

- you are leaving your present job and **within 3 months** you will be starting a new job with another employer where you could be covered by the State Authorities Superannuation Scheme (SASS), or the State Superannuation Scheme (SSS).
- you want to continue your membership of SASS or SSS, *and*
- you do not intend to apply for payment of your benefit on leaving your present job.

**Note:** (SSS Members) If you have left employment due to resignation, dismissal or retrenchment (except if you are already being paid a retrenchment pension from SSS), you will be required to repay, together with interest, any lump sum benefit paid to you from SSS when your previous employment ceased.

Continuity of your membership will be approved provided that this form is received by State Super: -

- SASS members - preferably *before*, but **no later than two months after** your new employment begins with a SASS employer, or
- SSS members - preferably *before*, but **no later than three months after** your new employment begins with a SSS employer.

#### If you need help with this form

Contact Customer Service phone:

**SSS 1300 130 096, SASS 1300 130 095**

(8:30am to 5:30pm — Monday to Friday for the cost of a local call, unless calling from a mobile or pay phone)

e-mail: [enquiries@stc.nsw.gov.au](mailto:enquiries@stc.nsw.gov.au)

### 1 Your personal details

Birth date

DD / MM / YY

Superannuation number

Title (eg Mr Mrs Ms Miss Dr)

Family name

Given name/s

Postal address (please include postcode)



Suburb, Town, City

Postcode

Daytime contact telephone number

### 2 Employer details

Name of current (or recent) employer



Last day of work for this employer

DD / MM / YY

Name of intended employer



Date when new employment will begin

DD / MM / YY

### 3 Please sign here

I wish to continue my membership of SASS / SSS.

Signature

Name (please PRINT)

Date

DD / MM / YY

### What to do next

Post the completed form to:

**State Super  
PO Box 1229  
Wollongong NSW 2500**

### Your privacy

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 (NSW)*, 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.