

# CERTIFICATE OF ENROLMENT IN FULL-TIME STUDY

## Your privacy

The information you provide in this form is collected on behalf of and held for State Super by the scheme administrator, Mercer Administration Services (Australia) Pty Ltd, in accordance with STC's Privacy Statement, the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*, under which you have rights of access and correction. Information you provide may be disclosed to lawfully authorised government agencies and third parties.

For further information about privacy, contact Mercer by writing to:

PO Box 1229  
Wollongong NSW 2500

or visit

[www.statesuper.nsw.gov.au](http://www.statesuper.nsw.gov.au).

ABN 29 239 066 746  
SPIN SAS0101AU

## Notes to parent/guardian

This certificate is for the purposes of the application for payment of pension benefits for a full-time student aged:

- SASS - between 16 to 25
- SSS - between 18 to 25
- PSS - between 18 to 21

## What you need to do

- Complete the student details section below.
- Contact the registrar or principal of the educational institution and make arrangements for them to complete this form.
- Return this form to:

State Super  
PO Box 1229  
Wollongong NSW 2500

## Student's details

Member number of deceased pensioner

Student's given name/s

Student's family name

Postal address of parent/guardian

Suburb

State/Territory

Postcode

Residential address of parent/guardian

Suburb

State/Territory

Postcode

## If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on [DB 1300 130 094](tel:1300130094) or [SASS 1300 130 095](tel:1300130095) or [SSS 1300 130 096](tel:1300130096) or [PSS 1300 130 097](tel:1300130097) or email [enquiries@stc.nsw.gov.au](mailto:enquiries@stc.nsw.gov.au)

## Student's details (continued)

Work or Home	Daytime contact telephone number																		
Mobile number																			
Email address of parent/guardian																			

## Notes to educational institution

**What you need to do**

- Complete the rest of this form.
- Have the form signed by the principal or registrar and affix the official institution stamp.
- Return this form to the parent or guardian.

## Details of educational institution

Name of educational institution																			
Postal address																			
Suburb										State/Territory					Postcode				

## Details of course

Name of course																			
Date course begins (DD-MM-YYYY)										Date course ends (DD-MM-YYYY)									

**Note:** We can only accept a course as valid if the course is continuing at the current date.

## Please sign here

I certify that this institution is:

- an educational institution established by or under any State or Commonwealth Act, or
- an institution recognised by a Government body providing accreditation for educational institutions within the relevant jurisdiction, or
- an institution whose students are eligible for Government student assistance, or
- an institution which provides a course leading to a qualification recognised by a Government body or by a professional association.

Signature of principal/registrar	Date

**Official institution stamp**

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