

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

Notes for members

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.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**

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 Mercer, the scheme administrator, about your payments. You may pay in one of these ways:

1. in advance
2. progressively during your LWOP
3. in arrears* (with interest added) when you return to work
4. at exit*, with interest added.

*** Important note:** Options 3 and 4 are only available where special circumstances exist and applications are subject to approval.

Special circumstances will extend to a person who is on leave without pay and has provided satisfactory evidence that, during the period of leave, financial hardship would occur if the payment of the member's personal contributions were required to be paid. Approval may be given to applications to defer payment of contributions under options 3 and 4 where:

- (a) the member demonstrates that he or she would suffer financially if the application were not approved;
- (b) the member demonstrates that the only income he or she will receive is significantly less than the salary he or she was receiving prior to going on leave without pay;
- (c) the member demonstrates that he or she will not receive any income while on leave without pay.

If you wish to apply for deferral of contributions, please submit a letter with this election outlining how you meet criterion (a), (b) or (c) above.

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.

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 Mercer Employer help line, **1300 142 708**.

Where to send this form

Send the completed form to:
State Super (SSS)
GPO Box 2181
Melbourne VIC 3001

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email enquiries@stc.nsw.gov.au

1. Member's details

Employee Payroll ID

Member number

Mr/Mrs/Ms/Miss/Dr

Male

Female

Birth date (DD-MM-YYYY)

Given name/s

Family name

Work or Home

Daytime contact telephone number

Mobile number

Email address

2. Your period of LWOP

Period of leave starts (DD-MM-YYYY)

ends (DD-MM-YYYY)

☐

A Full-time ordinary LWOP

OR

☐

B 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 request to keep my full unit entitlement and will make any necessary payments to my employer for their liability to the scheme.

OR

☐

B I request 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.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**

4. Please sign here

Name (Print in BLOCK LETTERS)

Signature

Date (DD-MM-YYYY)

5. Employer to complete

Employee code

Employer name

Postal address

Suburb

State/Territory

Postcode

LWOP granted from (DD-MM-YYYY)

to (DD-MM-YYYY)

Superable full-time salary per annum (at start date of period of leave)

\$ p.a.

Part-time annual salary (if applicable) (at start date of period of leave)

\$ p.a.

Use this section to advise us if the leave is prescribed or ordinary LWOP.

This leave is:

- ☐ prescribed LWOP - as described on page 1 of this form.
- ☐ ordinary LWOP - which is all LWOP that is not prescribed.

If the LWOP is ordinary LWOP and the full-time equivalent period of this leave is more than 3 months, please complete the section below to advise us if the employee has elected to or is required to pay the employer liability.

The employee has elected to/is required to:

- ☐ pay the employer liability (a unit reduction will not apply for this period of leave)
- ☐ not pay the employer liability (a unit reduction may apply for this period of leave).

Please confirm if the employee has been advised of their obligations in regards to the employer liability.

The employee:

- ☐ has been advised of their obligations in relation to the employer's liability.
- ☐ has not been advised of their obligations in relation to the employer's liability.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**

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:

GPO Box 2181
Melbourne VIC 3001

or visit

www.statesuper.nsw.gov.au.

ABN 29 239 066 746
SPIN SAS0101AU

5. Employer to complete (continued)

Name of authorised officer (Print in BLOCK LETTERS)

Signature of authorised officer

Date (DD-MM-YYYY)

Telephone number

Email address

Return the completed form to:

State Super (SSS)
GPO Box 2181
MELBOURNE VIC 3001

If you have any further enquiries please call Mercer's Employer help line on **1300 142 708** between 8:30 am and 5:30 pm AEST from Monday to Friday.

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST from Mon–Fri on **1300 130 096** or email **enquiries@stc.nsw.gov.au**