

## Continuity of Scheme Membership

### Notes for members

#### Use this form...

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

#### SASS Members

- You must be or were aged less than 58 on the date you left your present job.
- Continuity of your membership will be approved provided that this form is received by State Super preferably before, but **no later than two months after your new employment begins with a SASS employer.**

#### 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 preferably before, but **no later than three months after your new employment begins with a SSS employer.**

### Which scheme are you a member of?

☐ SASS ☐ SSS

### 1. Your personal details

Member number

         

Mr/Mrs/Ms/Miss

   

Male

Female

Birth date (DD-MM-YYYY)

  -   -    

Given name(s)

                  

Family name

                  

#### If you need help with this form

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

ABN 29 239 066 746  
SPIN SAS0101AU

## 1. Your personal details (continued)

Residential address

Suburb

State/Territory

Postcode

Postal address (if different from residential address)

Suburb

State/Territory

Postcode

Work or Home

Daytime contact telephone number

Mobile number

Email address

## 2. Employer details

Name of current (or recent) employer

Last day of work for this employer (DD-MM-YYYY)

Name of intended employer

Date when new employment will begin (DD-MM-YYYY)

## 3. Please sign here

I wish to continue my membership of SASS / SSS.

Given name(s)

Family name

Members signature

Date (DD-MM-YYYY)

### Return the completed form to

State Super  
GPO Box 2181  
MELBOURNE VIC 3001

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