

Application to Retain Higher Salary

Notes for members

When to use this form...

Use this form if you are a contributory member of either the State Authorities Superannuation Scheme (SASS) or the State Superannuation Scheme (SSS) and you are applying to retain your higher salary for superannuation purposes (only) because your salary has reduced due to either ill-health or in circumstances considered to be special.

Note: SASS members — your application will be considered under section 27(5) of the *State Authorities Superannuation Act 1987*.

Note: SSS members — your application will be considered under section 10W(5) of the *Superannuation Act 1916*.

IMPORTANT: Applications for retention of higher salary must be supported with reasons and evidence for the salary reduction and can only be approved by SAS Trustee Corporation (STC).

Which scheme are you a member of?

SASS SSS

1. Your personal details

Member number				Birth date (DD-MM-YYYY)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss		Male	Female				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Given name(s)							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family name							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb				State/Territory		Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work or Home	Daytime contact telephone number						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need help with this form

Contact Customer Service between 8:30 am and 5:30 pm AEST Mon–Fri on [SASS 1300 130 095](tel:1300130095) or [SSS 1300 130 096](tel:1300130096) 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

2. Reasons for salary retention

Please provide below your reasons for salary retention

I understand that if this application is approved I will be required to pay the employee superannuation contributions on my higher salary.

Member's signature

Date (DD - MM - YYYY)

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3. Employer details and declaration (to be completed by employer)

Name of employer

Employer code

Date of new employment contract

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Superable salary before reduction

Superable salary after reduction

I understand that if this application is approved the employer is responsible for paying employer contributions based on the higher salary.

Manager's name

Manager's contact phone number

Manager's signature

Date (DD - MM - YYYY)

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Return the completed form to

State Super
GPO Box 2181
MELBOURNE VIC 3001

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