

Members with change in AEC status

A period of relevance or non-relevance needs to be advised for a member

Which scheme?

☐ SASS ☐ SSS ☐ PSS

What to do

- Use this form to tell us when a member changes AEC status so that the accrual of entitlements and contribution rates (if applicable) can be adjusted.
- Give your employer details and ensure the form is certified by an authorised officer in the box provided

Send the completed form to:

SASS Member changes: SASS_Conts@mercerc.com

SSS Member changes: SSS_Contributions@mercerc.com

PSS Member changes: PSS_Maintenance@mercerc.com

Alternatively the form can be posted to:

State Super

GPO Box 2181, Melbourne VIC 3001

Enquiries

Check your *Employer Easy Reference Guide* or contact your employer support officer on 1300 142 708 or via email: STC_Employer@mercerc.com

The *Employer Easy Reference Guide* is available on our website:
www.statesuper.nsw.gov.au

Notes for employers

What is the AEC (Additional Employer Contribution)?

The AEC contribution is an employer funded superannuation contribution that SASS, SSS and PSS employers must pay each month for employees who are eligible for the contribution. Contributions are payable at the rate of SG rate less 9%.

What determines whether a member is eligible?

Only members whose remuneration is subject to the NSW Government Wages Policy are eligible for this contribution.

How can I check the current status of a member?

You can check the current status of a member through the **Member Administration** section of the **STC Employer Portal**.

If you need help with this form

Contact your Employer Support Officer between 8:30am and 5:30pm AEST from Mon–Fri on 1300 142 708 or email STC_Employer@mercerc.com

Changes in Member Eligibility to receive Additional Employer Contributions (Changes in AEC Status)

Employee's given name	Employee's family name	Member number	Payroll number	Eligible / Non-Eligible	Start Date DD -MM-YYYY	End Date DD -MM-YYYY	Remarks

Employer code

Employer name

I certify that the particulars given are true and complete.

Name

Signature of authorised officer

Date DD -MM-YYYY

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