

Advice of member ceasing employment

Please print clearly in black ink.

Use this form...

- ▶ To let us know **immediately** about any employees contributing to PSS who have ceased employment with you.

1. Member details

Member number

Registered number

Mr/Mrs/Ms/Miss/Dr

Male

Female

Birth date (DD-MM-YYYY)

Given name(s)

Family name

Exit reason

Last day of service (DD-MM-YYYY)

2. Contributions

Amounts deducted from salary from 1 July to exit date in the same financial year

\$ (Pre-tax + Post tax)

If exit date falls between 1 July and 31 August, please also provide amounts deducted from previous financial year

\$ (Pre-tax + Post tax)

Total

\$

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@mercero.com

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 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.

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

3. Salary details

Salary of office (ie Salary plus any superable allowances) as at date of exit:

F/T— \$

P/T— \$

Full or part time? F/T P/T

Last year 31 December salary:

F/T— \$

P/T— \$

Previous year 31 December salary:

F/T— \$

P/T— \$

4. Please sign here

I certify that the particulars in Parts 1, 2 and 3 are correct.

Processed by (Print in BLOCK LETTERS)

Signature of processor

Date (DD-MM-YYYY)

- -

Name of authorising officer (Print in BLOCK LETTERS)

Signature of authorising officer

Date (DD-MM-YYYY)

- -

Daytime contact telephone number

5. Any other questions

Check in your *Employer Easy Reference Guide*, or call the Employer Help Line on: 1300 142 708.

The Employer Easy Reference Guide is available on our website:

www.statesuper.nsw.gov.au

Alternatively, you can email your questions to: STC_Employer@mercero.com

Please send the completed form and Working History details to:

State Super (PSS)
GPO Box 2181
MELBOURNE VIC 3001
or email to: PSS_Benefits@mercero.com

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