

# Form > Super SA > Pension LEAVE WITHOUT PAY

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**SUPER SA**  
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

## 1. Personal Details

Super ID

 Mr  Ms  Miss  Mrs  Dr  Prof

Surname

Given name(s)

Address

Postcode

Date of birth / /

Email\*

Telephone\* (W)

(H)

(M)

Name of employer

Employee no

### Contact us

#### Address

Ground floor, 151 Pirie Street  
Adelaide SA 5000  
(Enter from Pulteney Street)

#### Postal

GPO Box 48, Adelaide, SA 5001

#### Call

(08) 8207 2094 or 1300 369 315  
(for regional callers)

#### Email

supersa@sa.gov.au

#### Website

www.supersa.sa.gov.au

By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

## 2. Notification of Leave Without Pay

a) Period of leave without pay

/ / to / /

b) Period of any leave (eg long service leave or annual leave) taken with leave without pay (leave blank if not applicable)

/ / to / /

c) Is this leave an extension of previous approved leave without pay?

 Yes  No

If yes, please provide the date of previous leave without pay

/ / to / /

d) Reason or purpose for leave without pay

## 3. Payment of After-tax Contributions to Super During Leave Without Pay

### Option A

Yes, I wish to make after-tax contributions during my period of leave without pay by:

- Making a lump sum payment following notification of the amount from Super SA.
- Having fortnightly payments deducted from my bank account. (With this option you will need to complete the attached Direct Debit form.)

**Please note that in the interests of the security of our members and staff, Super SA does not accept cash payments. Payments can be made by cheque or money order. Contact Super SA for more details.**

### Option B

No, I have decided not to make after-tax contributions during my leave without pay.

- I understand that this will affect my final entitlement and should I die or become totally and permanently disabled, only my accrued super entitlement will be received.

# LEAVE WITHOUT PAY



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## 4. Member Declaration

I certify that the information provided on the previous page is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please forward completed form to your pay office for completion of Section 5.**

## 5. Agency Authorisation (by Authorised Officer)

Is the employee being seconded to another employer or participating in an overseas aid program?

Yes  No

I certify that the periods of leave contained in Section 2 of this form are correct.

Yes  No

**If the member has ticked Option A in Section 3, the substantive agency must maintain the employer contributions during the period of leave without pay (up to a maximum period of 12 months), unless the member is seconded to another employer and makes a Leave Without Pay (LWOP) application under Regulation 49 of the *Superannuation Regulations 2016*. If the Super SA Board approves LWOP in excess of 12 months under Regulation 49 the host employer will be required to pay employer contributions for the entire period.**

Agency name \_\_\_\_\_

Agency location \_\_\_\_\_

Signature of Authorised Officer \_\_\_\_\_

Name of Authorised Officer (please print) \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

**Please forward completed form to Super SA**