LEAVE WITHOUT PAY (LWOP) RETIREMENT SCHEME



Use this form if you're an employer and want to advise a period of leave without pay (LWOP) for a member of the Active Super Retirement Scheme.

You can complete this form using a black pen and CAPITAL letters. Use Use a (\checkmark) to mark boxes. There are essentially two types of leave without pay that can be reported:

- Non-Prescribed Leave Without Pay (NP LWOP) no contributions are payable to LGS for whole calendar months only. Leave that covers only part of a month will require payment of contributions for that whole month
- Prescribed Leave Without Pay (P LWOP) a member can make arrangements directly with the Trustee to reduce their contributions during this period. If no application is made for a rate reduction then contributions are still payable. Types of prescribed leave can be sick leave, maternity leave, paternity leave, worker's compensation, secondment, service with the armed forces or in circumstances approved by the Trustees.

Leave without pay will have an effect on the member's entitlements and the amount of contributions payable to Active Super, therefore this advice should be remitted promptly to ensure it appears on your next monthly contribution due report.

NOTE: Only periods greater than five (5) days are to be reported. Only periods of leave that cover a whole month will have an impact on the payment of contributions to Active Super.

1. MEMBER DETAILS

Given name(s)	
Family name	
Member no.	Payroll no.
First day of leave (DD MM YY)	Last day of leave (DD MM YY)
Leave type	Comments
Given name(s)	
Family name	
Member no.	Payroll no.
First day of leave (DD MM YY)	Last day of leave (DD MM YY)
Leave type	Comments
Given name(s)	
Family name	
Member no.	Payroll no.
First day of leave (DD MM YY)	Last day of leave (DD MM YY)
Leave type	Comments



1. MEMBER	DETAILS (CONTINUED)
Given name(s)	
Family name	
Member no.	Payroll no.
First day of leave (DD MM YY)	Last day of leave (DD MM YY)
Leave type	Comments
Given name(s)	
Family name	
Member no.	Payroll no.
First day of leave (DD MM YY)	Last day of leave (DD MM YY)
Leave type	Comments
Given name(s)	
Family name	
Member no.	Payroll no.
First day of leave (DD MM YY)	Last day of leave (DD MM YY)
Leave type	Comments
Given name(s)	
Family name	
Member no.	Payroll no.
First day of leave (DD MM YY)	Last day of leave (DD MM YY)
Leave type	Comments



2. EMPLOYER DETAILS							
Employe	er name						
Reportir	ng Centre code						
		s given are true c rmation to Active		nd that I have obt	tained the n	ecessary consent to	
Signatu	re of authorised	d officer					
						Date (DD MM YY)	
Name o	f of authorised	officer					
SEN	D YOUR (COMPLET	ED FORM	BACK TO	US AT:		
Mail	Active Super,	PO Box N835, Gro	svenor Place NS	SW 1220			
Email	admin@activ	vesuper.com.au					

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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