

CHANGE IN HOURS WORKED (CIHW) RETIREMENT SCHEME

If you're an employer, you can use this form to let us know about the change in hours worked (eg full-time to part-time, or part-time to full-time) by an employee who is also a member of the Active Super Retirement scheme.

Page 1 of 2

You can advise the change in hours worked by:

- Providing a full-time salary for an employee working full-time; **or**
- Providing both a full-time and part-time salary for an employee working part-time; **or**
- Providing the full-time hours that would have been worked and the actual part-time hours worked for an employee working part-time; **or**
- Providing the new salary ratio for an employee working part-time ie (part-time salary/full-time salary = salary ratio (to four decimal places)).

Changing hours worked will have an effect on the employee's entitlements and the amount of contributions payable to the scheme, so this advice should be remitted as soon as possible to ensure it appears on your next monthly contribution due report.

1. EMPLOYEE DETAILS

Surname:	<input type="text"/>		
Given name/s:	<input type="text"/>		
Member number:	<input type="text"/>	Payroll number:	<input type="text"/>
Full-time salary or hours worked:	<input type="text"/>	Part-time salary or hours worked:	<input type="text"/>
New salary ratio:	<input type="text"/>		
Start date:	<input type="text"/>	End date:	<input type="text"/>

Surname:	<input type="text"/>		
Given name/s:	<input type="text"/>		
Member number:	<input type="text"/>	Payroll number:	<input type="text"/>
Full-time salary or hours worked:	<input type="text"/>	Part-time salary or hours worked:	<input type="text"/>
New salary ratio:	<input type="text"/>		
Start date:	<input type="text"/>	End date:	<input type="text"/>

Surname:	<input type="text"/>		
Given name/s:	<input type="text"/>		
Member number:	<input type="text"/>	Payroll number:	<input type="text"/>
Full-time salary or hours worked:	<input type="text"/>	Part-time salary or hours worked:	<input type="text"/>
New salary ratio:	<input type="text"/>		
Start date:	<input type="text"/>	End date:	<input type="text"/>

VISION SUPER IS ONE OF AUSTRALIA'S OLDEST SUPER FUNDS.

We are an industry super fund, that has been supporting workers with super since 1947.

Our focus is improving your returns and keeping your administration fees and costs low to help you grow your retirement benefits.

Active Super is part of Vision Super.

continued over...

Contact Us: PO Box 18041, Collins Street East, Melbourne VIC 8003		
Contact Centre: 1300 547 873	hello@activesuper.com.au	www.activesuper.com.au
Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the Local Authorities Superannuation Fund ABN 24 496 637 884		

CHANGE IN HOURS WORKED (CIHW) RETIREMENT SCHEME

1. EMPLOYEE DETAILS (CONTINUED)

Surname:	<input type="text"/>		
Given name/s:	<input type="text"/>		
Member number:	<input type="text"/>	Payroll number:	<input type="text"/>
Full-time salary or hours worked:	<input type="text"/>	Part-time salary or hours worked:	<input type="text"/>
New salary ratio:	<input type="text"/>		
Start date:	<input type="text"/>	End date:	<input type="text"/>

Surname:	<input type="text"/>		
Given name/s:	<input type="text"/>		
Member number:	<input type="text"/>	Payroll number:	<input type="text"/>
Full-time salary or hours worked:	<input type="text"/>	Part-time salary or hours worked:	<input type="text"/>
New salary ratio:	<input type="text"/>		
Start date:	<input type="text"/>	End date:	<input type="text"/>

2. EMPLOYER DETAILS

Employer name:	<input type="text"/>
Reporting centre code:	<input type="text"/>

I certify that the details given are true and complete and that I have obtained the necessary consent to disclose personal information to us.

Name of authorised officer:

Signature of authorised officer:

Date:

This information is collected for the sole purpose of managing and paying superannuation benefits and entitlements and will be protected in accordance with the *Privacy Act 1988* and Vision Super's privacy policy, which is available on request or on the Fund's website.

SEND YOUR COMPLETED FORM BACK TO US VIA:

- Mail** PO Box 18041, Collins Street East, Melbourne VIC 8003
- Email** hello@activesuper.com.au
- File upload** Secure file upload at www.visionsuper.com.au/upload-documents/