

LEAVE WITHOUT PAY (LWOP) RETIREMENT SCHEME



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

You can complete this form using a black pen and CAPITAL letters. Use a (✓) 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 Active Super 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 Trustee.

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)	<input type="text"/>																
Family name	<input type="text"/>																
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leave type	<input type="text"/>					Comments		<input type="text"/>									

Given name(s)	<input type="text"/>																
Family name	<input type="text"/>																
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leave type	<input type="text"/>					Comments		<input type="text"/>									

Given name(s)	<input type="text"/>																
Family name	<input type="text"/>																
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leave type	<input type="text"/>					Comments		<input type="text"/>									

1. MEMBER DETAILS (CONTINUED)

Given name(s)	<input type="text"/>																
Family name	<input type="text"/>																
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Leave type	<input type="text"/>								Comments	<input type="text"/>							

Given name(s)	<input type="text"/>																
Family name	<input type="text"/>																
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Leave type	<input type="text"/>								Comments	<input type="text"/>							

Given name(s)	<input type="text"/>																
Family name	<input type="text"/>																
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Leave type	<input type="text"/>								Comments	<input type="text"/>							

Given name(s)	<input type="text"/>																
Family name	<input type="text"/>																
Member no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payroll no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last day of leave (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Leave type	<input type="text"/>								Comments	<input type="text"/>							

2. EMPLOYER DETAILS

Employer name

Reporting Centre code

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

Signature of authorised officer

Date (DD MM YY)

Name of authorised officer

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

Email admin@activesuper.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 member accounts and providing services to members associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Member personal information may be shared with our administrator, other superannuation trustees and other service providers, in order to be able to provide our services to members. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal member 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 members, how they can access and correct the information, how they may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').