

# Contributory Scheme Parental/Sick leave without pay election form



## About this form

Complete this form if you're planning to commence parental leave or sick leave without pay or on less than full pay.

## If you need help

For assistance call the RBF Enquiry Line on **1800 622 631**.

Please print in **black** or **blue** pen, in UPPERCASE, one character per box.

### 1. Complete personal details

Title	Date of birth (dd/mm/yyyy)	
<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	
Given name(s)	<input type="text"/>	
Postal address	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime telephone	Mobile	
<input type="text"/>	<input type="text"/>	
After hours telephone	<input type="text"/>	
Email	<input type="text"/>	
Membership number	<input type="text"/>	
Name of your employer/agency	<input type="text"/>	

## 2. Advise details of your leave without pay

### Type of leave (select an option ✓)

Without pay     On less than full pay

Start date of leave without pay:  /  /

Anticipated return to work date:  /  /      unknown

### Purpose of leave (select an option ✓)

#### Sick leave

Members who take sick leave without pay or on less than full pay must still pay contributions for any duration of LWOP.

I elect to:

Delay paying contributions (plus interest) until I return to work (the entire debt must be paid within 2 years after returning to work).

Pay contributions on a regular basis.

I will make contribution payments:  Monthly     Quarterly

Pay a lump sum representing my contributions in advance.

I will pay by:  Roll in from another complying super fund

Cheque

EFT

EFT details are as follows:

BSB 037-001

Account Number: 577193

Please enter your member number as the payment reference.

#### Parental leave

For RBF purposes, parental leave is any period for no longer than 12 months on any one occasion of unpaid maternity, paternity or adoption leave.

I elect to:

Delay paying contributions (plus interest) until I return to work (the entire debt must be paid within 2 years after returning to work).

Pay contributions on a regular basis.

I will make contribution payments:  Monthly     Quarterly

Pay a lump sum representing my contributions in advance.

I will pay by:  Roll in from another complying super fund

Cheque

EFT

EFT details are as follows:

BSB 037-001

Account Number: 577193

Please enter your member number as the payment reference.

Not contribute while on Parental Leave (Contribution Holiday). I understand that this period will be classed as non-contributory service.

## 2. Advise details of your leave without pay (continued)

any other reason (not sick or parental leave)

My LWOP will be for longer than 20 working days. I understand that I am not able to pay contributions during this time (contribution holiday) and that this period will be classed as non-contributory service.

My LWOP will be for 20 working days or less. Contributions are still required to be paid.

I elect to:

Delay paying contributions (plus interest) until I return to work (the entire debt must be paid within 2 years after returning to work).

Pay a lump sum representing my contributions in advance.

I will pay by:  Roll in from another complying super fund

Cheque

EFT

EFT details are as follows:

BSB 037-001

Account Number: 577193

Please enter your member number as the payment reference.

## 3. Sign the form

By signing this form I:

- ▶ acknowledge that I am fully aware of my rights and obligations with regard to the provisions of the governing rules of the Contributory Scheme and the administrative requirements in relation to leave on less than full pay or leave without pay and have made my election as per Step 2
- ▶ understand if I have chosen to pay contributions in advance whilst on leave without pay, I must make arrangements to ensure that these contributions are paid to RBF prior to commencing leave without pay or becoming aware of leave without pay
- ▶ understand any benefits payable to me when I cease membership of the Contributory Scheme will be adjusted as required to take account of my period of leave without pay (if required)
- ▶ understand that the information contained in this form will be relied upon and used by the Commission to process my election. For this purpose, my personal information may pass between the Commission and its administrator and professional advisers, insurers, government bodies, my employer and other parties as required, including the Trustee of any other super fund my super is transferred to
- ▶ consent to the handling of my personal information in this manner. If I do not give this consent, my election cannot be implemented
- ▶ understand I can access my personal information by writing to RBF's Privacy Officer.

Signature

X

Date

/ /

Please return your completed form to RBF, Reply Paid 89418, PARRAMATTA NSW 2124.

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