

Retirement Scheme

Employer Statement

Please complete in capital letters and in BLACK INK only

This form is to be completed by the Employer. The following information is required to assess your eligibility for an Invalidity benefit. Your assistance in completing this form is greatly appreciated.

1. Member information

Full member name	<input style="width: 100%;" type="text"/>		
Member no.	<input style="width: 20%;" type="text"/>	Date of birth (dd/mm/yyyy)	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>
Date employment terminated	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>		
Reason for termination:	<input type="checkbox"/> Resignation <input type="checkbox"/> Medical termination <input type="checkbox"/> Medically dismissed <input type="checkbox"/> Aged Retirement <input type="checkbox"/> Other (please specify)		
<input style="width: 100%;" type="text"/>			
Member's termination notice/letter is attached	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Please tick only ONE (1) of the following options:			
Employment status prior to termination	<input type="checkbox"/> Permanent full-time	<input type="checkbox"/> Permanent part-time	<input type="checkbox"/> Casual
Full-time annual salary at Scheme exit date	<input style="width: 20%;" type="text"/>	If employee was part-time, please provide attributed full-time salary	<input style="width: 20%;" type="text"/>
Last date actively employed	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>	Commencement date of current position	<input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/>
a) Occupation or classification	<input style="width: 100%;" type="text"/>		
b) Major duties	<input style="width: 100%;" type="text"/>		
c) Job Description attached	<input type="checkbox"/> Yes		<input type="checkbox"/> No
d) Was the member fully engaged in those duties prior to termination?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
e) If 'No', what alternate duties were being performed?	<input style="width: 100%;" type="text"/>		
f) How long were these alternate duties performed prior to termination?	<input style="width: 100%;" type="text"/>		
g) Would the member be able to perform these or like duties on a permanent basis?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
h) How many days of sick leave were taken in the last 12 months of employment?	<input style="width: 10%;" type="text"/>		
i) Have Workers' Compensation payments been made?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
j) If 'Yes', please provide details, and attach copies of relevant information	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>			
k) Has any rehabilitation attempt been made?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
l) If 'Yes', please provide details, and attach copies of relevant information	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>			
m) Are there any other alternate roles that the employee would be able to perform if unable to return to their normal occupation?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
n) If 'Yes', please give details	<input style="width: 100%;" type="text"/>		
o) Are you aware of the employee being engaged in any other form of employment since ceasing employment with you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
p) If 'Yes', please give details	<input style="width: 100%;" type="text"/>		
q) Are you aware of any other factors that may assist us or has any relevance to this application?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
r) If 'Yes', please give details	<input style="width: 100%;" type="text"/>		



2. Employer details and declaration

Employer name											
Contact Number											
I declare that I have fully read this form and the information completed is true and correct:											
Name of authorised person (please print)											
Position											
Signed					Date (dd/mm/yyyy)		/		/		

IMPORTANT NOTES

PROTECTING YOUR PRIVACY

Some of the personal information you are requested to provide is required to establish and maintain your membership in Energy Industries Superannuation Scheme while other information is required under Australian Government Anti-Money Laundering and Counter-Terrorism Financing measures.

The Trustee is fully committed to comply with the National Privacy Principles in the way in which your personal information is stored and used. Full details of how this is achieved are contained in the Trustee's Privacy Policy, which is available from Member Services or on the Scheme's website at www.eisuper.com.au.

TRUSTEE INFORMATION

Please note that the information contained in this document is of a general nature only and is not for personal advice and has not taken into account your personal objectives, financial situation or needs. Any advice in this document is provided by FuturePlus Financial Services Pty Ltd (ABN 90 080 972 630) as an Australian Financial Services Licensee (AFSL 238445) on behalf of the Trustee of the Energy Industries Superannuation Scheme, Energy Industries Superannuation Scheme Pty Limited (ABN 72 077 947 285). Energy Industries Superannuation Scheme Pty Limited is an APRA Registrable Superannuation Entity Licensee (RSEL: L0001373). Energy Industries Superannuation Scheme – Pool B (ABN 64 322 090 181) is a Registered Superannuation Entity (RSE: R1004878).

Members should not rely solely on this information and should consider their own personal objectives, financial situation and needs before acting on this information. Prior to making any decision you should obtain and consider the relevant Product Disclosure Statement (PDS) pertaining to your Scheme membership.

Where to send this form/enquiries

Energy Industries Superannuation Scheme
PO Box N835
Grosvenor Place NSW 1220
website: www.eisuper.com.au

Phone: 1300 369 901
(8.30 am – 5.00 pm Mon – Fri)

enquiries: info@eisuper.com.au

DO NOT FAX THIS FORM AS YOUR ORIGINAL AUTHORISATION IS REQUIRED

