

Departmental Report for Gold State Super Members

GOLD STATE SUPER

Member Services Centre 13 43 72 Facsimile 1800 300 067 gesb.com.au
 PO Box J 755, Perth WA 6842 Level 4 Central Park, 152 St Georges Terrace, Perth

SECTION 1 REASON FOR REPORT

Use this form to notify GESB of:

- Termination of Employment
OR
 Retrospective Salary Increase

SECTION 2 MEMBER DETAILS

To be completed by the HR/Payroll Officer

Please provide the member's Member Number and personal details.

GESB Member Number

WIN No. Office Use Only

Mr Mrs Miss Ms Other

Surname (Family Name) please print

Given Names

Date of Birth / / Male Female

Postal Address

 Postcode

Telephone - Home Telephone - Mobile

 ()

Payroll Number

Government Department/Agency

Former Occupation

Date Employment Ceased / /



Note: GESB has a Privacy Statement to ensure that it handles private information about individuals responsibly. Our Privacy Statement is available on our website or can be obtained by contacting our Member Services Centre.

Government Employees Superannuation Board ABN 43 418 292 917

SECTION 3 TERMINATION DETAILS

Please appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Employment Lapsed |
| <input type="checkbox"/> Age Retirement | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Disability Retirement | <input type="checkbox"/> Death |
| <input type="checkbox"/> Transferred to Employer's Super Scheme | |
| <input type="checkbox"/> Retrenchment/Voluntary Severance | |
| <input type="checkbox"/> Withdrawn from Gold State Super | |

SECTION 4 EMPLOYER CERTIFICATION

The HR/Payroll Manager or their authorised delegate must make this certification.

I hereby certify that I have read and understand the definitions provided, and have duly applied correct amounts to the information provided. I understand that this organisation will be liable for any overpayment due to incorrect information provided.

Name

Position

Telephone – Work

 ()

Signature

 X

Date

 / /

SECTION 5 DEFINITIONS

Please refer to the following definitions prior to completing the salary details in Section 6. This will ensure that all components of salary are included for calculations of final remuneration.

Employment Status

Please nominate whether the member was working full-time or part-time at the time of ceasing employment.

FOR OFFICE USE ONLY

SECTION 5 DEFINITIONS CONTINUED

Allowances

These are separately identified amounts that are ordinarily payable for each pay period and are acceptable for Gold State Super. These should be averaged for the 12 month period preceding the termination date for final remuneration purposes.

Salary

Remuneration that is ordinarily paid to the employee, by way of salary or wages, payable in cash in their capacity as an employee and includes any packaged remuneration components. Any additional salary in lieu of annual leave or long service leave is NOT included in salary. Any additional payments must retain their identity as such and remain excluded from salary for superannuation purposes. If an employee ceases employment during a pay period, please report a salary applicable to the whole period.

For **part-time employees**, please provide the actual part-time superannuation salary.

Packaged Remuneration

Where an employee voluntarily foregoes (or sacrifices) part of their cash salary in return for the employer paying for certain items on behalf of the employee (in untaxed payments) the packaged salary represents the cash equivalent of these components, for the current pay period, and is included with the salary.

Total

This should equal the sum total of the salary (including any packaged contributions if appropriate) and any acceptable Gold State Super allowances.

SECTION 6 FURTHER TERMINATION DETAILS

Employment Status (✓appropriate box)

Full-time Part-time (please specify) %

Has the member changed their Full-Time Equivalent (FTE) percentage over the last two years? (✓appropriate box)

Yes No (If yes, please provide details below)

Date From	Date To	FTE% Worked
<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"/>

(If more than 3 changes, please attach a list)

Date you expect to forward the last contribution

Fortnightly Salary at Ceasing Date:

Salary (including any packaged amount)*

Allowances*

Total*

*Refer to Section 5 for definition of terms

Please state type of Allowance earned

For retrospective salary increases Where Gold State Super members have terminated employment between the approval and effective dates of a retrospective salary increase, a new Departmental Report for Gold State Super Members form will be required to reflect the amended salary levels. The effective date of the retrospective salary increase is:

Date

At any time during the last three years, has the member received a **Higher Duties Allowance** (HDA) for a continuous period of at least 12 months? (✓appropriate box)

Yes No (If yes, please provide details below)

Date HDA Commenced	Date HDA Ceased	Fortnightly HDA Salary
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did any breaks in HDA occur due to leave taken? (✓appropriate box)

Yes No

SECTION 7 POST TO GESB

Post your form to:

GESB
PO Box J 755
Perth WA 6842
Facsimile 1800 300 067