

# Employer Certification of Employment Details for Defined Benefit Account Holders

## How to use this form

Complete this form if you're a Queensland Government employer and you're letting us know, for superannuation purposes, that an employee has stopped working for the Queensland Government.

Please complete in **BLOCK** letters, using blue or black ink.

### 1 Employee's details

Title	Employee's first name
<input type="text"/>	<input type="text"/>
Employee's surname	
<input type="text"/>	
Employee's payroll number	Employee's date of birth
<input type="text"/>	<input type="text"/>

### 2 Employee's salary

Your former employee's salary details are needed to confirm salaries previously reported to QSuper. If your employee was part-time, **please provide their full-time equivalent salary.**

Your employee's base salary should generally only include higher duties if they had been on a higher salary for a continuous 12-month period passing through two 1 July periods.

For example, Jane's base salary is A04 and she starts relieving in an A06 position from 1 May 2019. Jane continues on higher duties until she finishes her employment on 9 August 2020. For superannuation purposes, her 1 July 2019 salary would be her A04 salary, and her 1 July 2020 salary would be her A06 salary.

Please detail the employee's base salary (plus approved allowances<sup>1</sup>) for superannuation purposes at 1 July for the last two years of employment:

	Year (yyyy)	Fortnightly salary
1 July	<input type="text"/>	<input type="text"/>
1 July	<input type="text"/>	<input type="text"/>

### Queensland Government wage increase deferral

Has this employee missed a pay increase that they would otherwise have been entitled to, as a result of the Queensland Government's wage increase deferral?

Yes  No

If yes, please complete details below (effective date means the date the salary should have increased):

Effective date (dd/mm/yyyy)	Salary that would have applied
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 3 Employee's termination details

Date of termination (dd/mm/yyyy)

Type of termination

- Left voluntarily (including resignation and retirement)
- Involuntary termination for reasons other than dismissal (including redundancy, early retirement, retrenchment, contract end, and termination of contract)
- Final day of permanent employment (employee is changing to casual employment<sup>2</sup>)
- Dismissal
- Retired ill health
- Deceased
- Other (e.g. reached age 75)

<sup>1</sup> A list of approved allowances can be found on the QSuper website or call us on 1300 367 845. <sup>2</sup> Only full-time or permanent part-time employees are able to contribute to a Defined Benefit account. If your employee is changing to casual employment, please ensure contributions are made to an Accumulation account and the termination date you provide is their last day of full-time/permanent part-time employment.

#### 4 Details of final contributions or adjustment

Please tell us the pay period that the **final contribution** or adjustment was, or will be, made to your employee's Defined Benefit account?

Pay cycle ending date (dd/mm/yyyy)

Please tell us the final contribution or adjustment amounts for the above period, indicating whether the amount is a positive (+) or negative (-) figure. Negative amounts reflect a recall of contributions. These amounts should be divided between standard, voluntary, and ordinary time earnings (OTE) top-up amounts. Please note that this is not the compulsory employer contribution to the Defined Benefit account.

	+ OR -		
Final employee standard contribution or adjustment	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>
Final employee voluntary contribution or adjustment	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>
Final employer OTE top-up contribution or adjustment	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>

Please provide the details of any leave without pay that lasted longer than 10 working days in the last two years.

Leave start date (dd/mm/yyyy)	Leave end date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

#### 5 Checking your attachments

If your employee has worked in higher duties, taken extended leave without pay, or you need to provide us with allowance details, please attach any additional documentation that explains their employment history.

For more information about Queensland Government superannuation, please visit our website at [qsuper.qld.gov.au/employers](http://qsuper.qld.gov.au/employers)

#### 6 Employer details

QSuper pay office code

Name of authorised officer

Daytime phone number

Declaration by employer:

*I declare that the information I have given is true and correct.*

Signature

(Please sign in blue or black pen – QSuper does not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

 /  / 

Next steps

#### Where to send this form

Please send your completed form to us by:

- Post:  
QSuper  
GPO Box 200  
Brisbane QLD 4001
- Email: [employer@qsuper.qld.gov.au](mailto:employer@qsuper.qld.gov.au)
- Fax: 1300 242 070

#### Need more information?

If you have any questions about this form, please contact our Employer Solutions team by calling us on **1300 367 845**.

You can also email us at [employer@qsuper.qld.gov.au](mailto:employer@qsuper.qld.gov.au)

#### Member Centres

70 Eagle Street, Brisbane  
63 George Street, Brisbane  
Sunshine Coast University Hospital, Ground Floor,  
Main Hospital Building, 6 Doherty Street, Birtinya

#### Member Services team

Phone 1300 360 750  
Overseas +61 7 3239 1004  
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001  
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