



Partial invalidity pension

Informal reduction in hours

A Personal details

Member number

Title Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Previous hours per fortnight

Reduced hours per fortnight

Reduction effective from / /

Date sick leave will expire/has expired / /

The member has decided to remain a designated full-time employee.

The member has been provided with information about the effects of this decision on superannuation contributions and benefits, and leave accrual and disbursement, as well as on eligibility to partial invalidity pension payments when leave is taken.



Commonwealth Superannuation Corporation

The member's salaries on the day after their sick leave expired/expires are:

\$ (annual salary before reduction)

\$ (annual salary after reduction)

I certify that the above information is true and correct.



Sign

SIGNATURE

Date signed

^D ^D / ^M ^M / ^Y ^Y ^Y ^Y

Where can I get more information?

EMAIL employer.service@csc.gov.au

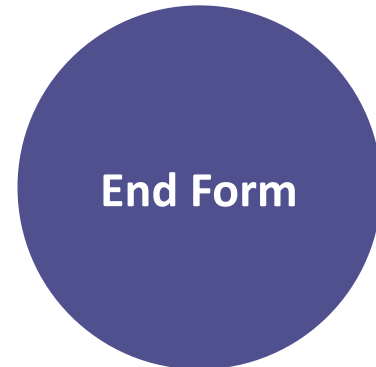
PHONE 1300 338 240

FAX (02) 6275 7010

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