Australian Government
Commonwealth Superannuation Corporation

FOR EMPLOYER USE

EPC20 08/24

Departmental Report

Employers should complete this form for CSS and PSS members that have resigned, retired, been made redundant, or had their employment terminated.

A About the member

Member's name

Given name(s)

Surname

Reference Number (AGS)

Date of birth D D / M M / Y Y Y Y

B About the employment

Date of exit D D / M M / Y Y Y Y

Has the member been terminated or made redundant?

☐ **Yes** – If yes, please include a copy of the retirement certificate

☐ **No**

Final super salary at exit

$ D D / M M / Y Y Y Y

Please note: This can be greater than the super salary at the last birthday.

Final 3 birthday salaries before exit

$ D D / M M / Y Y Y Y

$ D D / M M / Y Y Y Y

$ D D / M M / Y Y Y Y

Commonwealth Superannuation Corporation

The information provided in this form is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial advisor. You should obtain a copy of the relevant Product Disclosure Statement (PDS) and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243, AFSL: 238069, RSEL: L0001397

Commonwealth Superannuation Scheme ABN: 19 415 776 361 RSE: R1004649

Public Sector Superannuation Scheme ABN: 74 172 177 893 RSE: R1004595

What is the pay day of the final contributions (or other final adjustment)?

D D / M M / Y Y Y Y

What is the amount of this contribution (or adjustment)?

$

Please note: You should ensure that you balance the contributions by the last payday immediately before their date of exit.

Personnel checklist

☐ Yes		Benefit application form provided to member
☐ Yes		Superannuation history print out
☐ Yes	☐ N/A	Details of any part- time hours worked
☐ Yes	☐ N/A	Details of any periods of LWOP including maternity/parental LWOP
☐ Yes	☐ N/A	Retirement certificate attached

Please note: failure to provide the documents outlined in this checklist will result in delays in processing this application.

Certification by employer

I,

Given name(s)

Surname

being the officer authorised to sign on behalf of the eligible employer, declare that the above information is true and correct, and certify that no variations to contributions will be made subsequent to the ceasing entry shown above.

Phone

Email

@

Sign

Signature

Date signed

D D / M M / Y Y Y Y

Please email the completed Departmental Report to formsandapplications@csc.gov.au

Email employer.service@csc.gov.au

Phone 1300 338 240

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