



Redundancy benefit estimate request form

Agency Name

Agency ID

Address

SUBURB **STATE** **POSTCODE**

Contact person

Phone **BUSINESS HOURS** **AFTER HOURS**

MOBILE NUMBER

Email

@



I confirm the member is aware this information is being sought and the member has given consent to its disclosure to the agency.

Date

/ /

Estimate to be returned by: Agency email
 Member email (please specify on following pages)
 Post

Notes:

- Confirm salary and allowances on date of retirement.
- Confirm recommencement from LWOP/MAT leave etc.
- Confirm last birthday adjustment has been reported
- Supply details of part-time hours (if varied within last six months)



Commonwealth Superannuation Corporation

Member's Details

Reference number (AGS)

Surname and initial

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

Final salary on exit \$

Final 3 birthday salaries before exit

\$

\$

\$

Proposed date of retirement ^D ^D / ^M ^M / ^Y ^Y ^Y

Member email

@

Comments

Please email your benefit estimate request to formsandapplications@csc.gov.au

Where can I get more information?



EMAIL employer.service@csc.gov.au

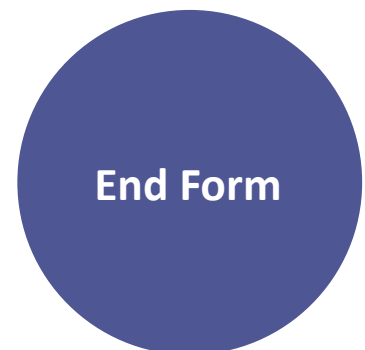
PHONE 1300 338 240

FAX (02) 6275 7010

MAIL Employer Service

GPO Box 2252
Canberra ACT 2601

WEB csc.gov.au



Email
employer.service@csc.gov.au



Phone
1300 338 240



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(02) 6275 7010



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