



# Partial invalidity pension

## Informal redeployment

### A Personal details

Member number

Title  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Date of birth  /  /

Previous substantive position (previous position and level)

New redeployed position (reduced position and level)

Date redeployment effective from  /  /

The member has decided to remain at their substantive position.

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 the reduction occurred are:

\$  (annual salary before reduction)

\$  (annual salary after reduction)

I certify that the above information is true and correct.



**Sign**

SIGNATURE

Date signed

<sup>D</sup> <sup>D</sup> / <sup>M</sup> <sup>M</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>

## Where can I get more information?

**EMAIL** [employer.service@csc.gov.au](mailto:employer.service@csc.gov.au)

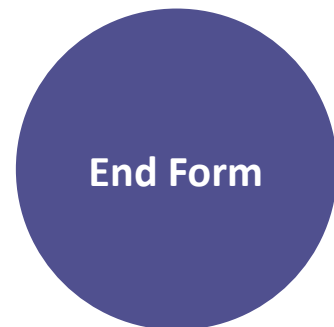
**PHONE** 1300 338 240

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**MAIL** Employer Service

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Canberra ACT 2601

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