



# Election to pay member contributions in respect of a period of Leave Without Pay (LWOP)

## Important information about this form

### Who should use this form?

MilitarySuper members who proceed on LWOP for more than 21 days where contributions are permitted and who wish to elect to pay contributions for part or all of the LWOP. Information about contributing while on LWOP at [csc.gov.au](https://csc.gov.au)

### More information

For more information you can contact us on **1300 006 727** about your options and completion of this form.

You can also read the:

- **MilitarySuper Product Disclosure Statement (PDS)**
- **Leave Without Pay (LWOP) provisions (MB07) factsheet.**

These publications are available at [csc.gov.au](https://csc.gov.au)

A Financial Advisor may also be able to assist.



#### Important:

**This form must be submitted prior to the period of LWOP ceasing.**

For more information regarding the impact of LWOP on continuity of service for retention benefit purposes please refer to the **Leave Without Pay (LWOP) provisions (MB07) factsheet**.

On lodgement of application, please provide a copy of your approved ADF leave application.

## Leave provisions and MilitarySuper

MilitarySuper provides members with the flexibility of being able to contribute in respect of certain types of LWOP. MilitarySuper members who proceed on LWOP where contributions are permitted should carefully consider the possible benefits of electing to pay contributions for the LWOP period.

### LWOP – 21 days or less

Contributions must be paid for LWOP of up to 21 days.

### LWOP – more than 21 days

Contributions are not permitted if LWOP is more than 21 days, unless the LWOP is granted for one of the reasons shown in **Table 1**.



Military  
Superannuation &  
Benefits Scheme

➡ About this form continued on next page

**Table 1: LWOP summary**

Types of LWOP	May elect to pay contributions	MilitarySuper – payment will attract employer benefit accrual
Maternity or paternity reasons (birth/pregnancy/termination/adoption)	9 months	MilitarySuper employer benefit accrual limited to 9 months
Compassionate reasons	2 years	No
Accompanying a Defence Force spouse on a Defence Force posting	2 years	No
Study, training, or other activity which is approved as relevant to Defence Force requirements (eg: United Nations secondment)	No limit	MilitarySuper employer benefit accrual limited to 12 months
Temporary physical or mental incapacity	No limit	Military employer benefit accrual limited to 12 months with written approval provided by the Department of Defence

**Please note:** For information on eligibility for the retention benefit and any impact of LWOP on the benefit please contact the Department of Defence.

## How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a ✓ or ✗ then fill out the next question or section.

## Submitting your form

Send the completed application and attachments to:

**Email:**

Military.MemberAccounts@csc.gov.au

**Post:**

MilitarySuper  
GPO Box 2252  
Canberra ACT 2601  
Australia

or

**Fax:**

(02) 6275 7010



ML3  
02/21

# Election to pay member contributions in respect of a period of Leave Without Pay (LWOP)

# Form start

**Read each section of the form carefully before filling it in.**

## About yourself

- |    |                                      |   |                               |                               |
|----|--------------------------------------|---|-------------------------------|-------------------------------|
| 1. | Service                              | <input type="checkbox"/> Navy   | <input type="checkbox"/> Army | <input type="checkbox"/> RAAF |
| 2. | Service number/Employee ID           | <input type="text"/>  |                               |                               |
| 3. | Full name of<br>MilitarySuper member | GIVEN NAME(S)<br><input type="text"/><br><input type="text"/><br>SURNAME<br><input type="text"/>  |                               |                               |
| 4. | Postal address                       | POSTAL ADDRESS<br><input type="text"/><br><input type="text"/><br>SUBURB<br><input type="text"/> STATE<br><input type="text"/> POSTCODE<br><input type="text"/> |                               |                               |
| 5. | Contact phone number                 | BUSINESS HOURS<br><input type="text"/><br>AFTER HOURS<br><input type="text"/><br>MOBILE NUMBER<br><input type="text"/>  |                               |                               |
| 6. | Email address                        | <input type="text"/><br><input type="text"/>  |                               |                               |



## Military Superannuation & Benefits Scheme

## B LWOP details

7. Period of LWOP granted 
D
D
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M
M
/
Y
Y
Y
Y
to
D
D
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M
M
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Y
Y
Y
Y
8. Type of LWOP granted
- ☐ Maternity or parental
  - ☐ Compassionate
  - ☐ Temporary incapacity
  - ☐ Accompanying a Defence Force spouse on a Defence Force posting
  - ☐ Approved education, training, or other activity relevant to Defence Force requirements.
9. ☐ I elect to pay **member contributions** for the **whole period of LWOP** (if less than two years).

## C Statement

10. I understand that MilitarySuper rules permit me to revoke this election at any time three months after it is made, and that if a revocation is made at any time three months after this election, it will take effect from the first payday following the date of the revocation.

 **Sign**

SIGNATURE

Date signed

D
D
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M
M
/
Y
Y
Y
Y

## D Attachments

11. When you lodge this form, please provide the following Department of Defence LWOP approving documents:
- ☐ **Copy of the approved ADF leave application and copy of minutes showing the type of leave approved for LWOP** – if the LWOP is approved for parental (maternity/paternity), accompanying spouse or compassionate leave.
  - ☐ **ADF leave application and copy of minutes that LWOP approved as relevant to Defence Force requirements** – if the LWOP is to undertake further education, training, or engage in some other activity relevant to Defence Force requirements send MilitarySuper an advice to this effect.
  - ☐ **Higher Duties Allowance (HDA) Advice** – if you are in receipt of HDA immediately before LWOP commences and would have continued to receive HDA for the entire LWOP period had you not proceeded on LWOP, send MilitarySuper an advice to this effect.

## E Privacy

12.

- ☐ I do not want my contact details passed to a commissioned independent research firm for the purpose of participating in research on the service provided by MilitarySuper.

Personal information that you or a third party provide, such as your employer, is collected, held, used and disclosed as required or authorised by law in accordance with the privacy policies and notice, available via [militarysuper.gov.au](http://militarysuper.gov.au) or by contacting us on **1300 006 727**, for the purpose of managing your super. This includes the management of superannuation investments, providing superannuation products and information, the administration of accounts, conducting market research and product development. The privacy policies and notice contain important information about how personal information is handled, including rights to access and update that information and how a complaint about a breach of privacy can be made.

## F Lodgement

**You have now completed this form.**

Send the completed application and attachments to:

**Email:**

[Military.MemberAccounts@csc.gov.au](mailto:Military.MemberAccounts@csc.gov.au)

**Post:**

MilitarySuper  
GPO Box 2252  
Canberra ACT 2601  
Australia

or

**Fax:**

(02) 6275 7010

End Form



**Need assistance?  
Call us on the phone  
numbers below**



**Email**  
[members@enq.militarysuper.gov.au](mailto:members@enq.militarysuper.gov.au)



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**Web**  
[csc.gov.au](http://csc.gov.au)



**Overseas Callers**  
+61 2 6192 9502