



Advice of leave without pay.

i You need to complete this form if you have a Salarylink benefit and are commencing or have commenced on LWOP.

Hostplus Member number

Please note that taking leave without pay may affect the amount of benefits payable to you. In certain cases, your super payouts may be less than if you had worked for your employer during the period of leave. You may also cease to be eligible for some forms of benefit. You should contact us on 1300 467 875 to discuss how your leave may impact your benefits.

1 Your details.

Title

 Mr Mrs Miss Ms Other

Please specify

Given names

Surname

Date of birth

Gender

 Male Female

Name of your employer

Postal address

Suburb

State

P/C

Country

Email address

Business phone

Home phone

Mobile phone

2 Leave without pay details.

Date leave commences

Date leave ends

Reasons for leave*

* If you are taking leave without pay due to ill health, contact us for information regarding your insurance entitlements.

3 Insurance options.

Generally, any Death and Total and Permanent Disablement Insurance cover (including Terminal Illness) will continue while you are on leave without pay.

Income Protection cover (if applicable) will continue whilst you are on leave without pay for a maximum period of 24 months. Continuation of Income Protection cover beyond 24 months is subject to approval by the Trustee or its Insurer.

Premiums may be applicable, and any limitations will continue to apply. For more information contact us.

4 Privacy.

Hostplus is seeking to collect your personal information in order to carry out your instructions in this form. If you do not provide us with the information requested, we may not be able to carry out instructions or provide the services you require. For further information about how personal information is handled and how you can access and correct your personal information, you can view the Hostplus Privacy Policy at hostplus.com.au/privacy or by calling us on 1300 467 875.

5 Member declaration.

Signature

Date

Name (print)

6 Employer declaration.

Name of employer

Signature of authorised officer

Date

Name (print)

Hostplus use only

Contributions are/are not approved for continuation for the period

 to

Income Protection cover (if applicable) is/is not approved for continuation for the period*

 to

*(for continuation of Income Protection cover beyond 24 months).

Approved by

Date



It is important that you answer all questions on this form. In confidence when completed.



When you have completed this form please send it to: hpdbadmin@hostplus.com.au, alternatively a printed and signed form can be posted to Hostplus, Locked bag 5046, Parramatta NSW 2124