

## employer certification

When an employee leaves Airservices Australia/CASA, hand them a *leaving ASA/CASA* fact sheet and send the completed employer certification to AvSuper Admin, PO Box 1140, Wollongong DC NSW 2500 as soon as possible. If the information provided later proves to be incorrect, as the employer, you may be liable for any resulting overpayment of superannuation benefits.

### Member's personal details

Surname	Mr/Mrs/Ms/Miss
<input type="text"/>	
Given names	
<input type="text"/>	
Member's email address (not from Airservices Australia/CASA)	
<input type="text"/>	
AvSuper member number	
<input type="text"/>	

### Nature of benefit

<input type="checkbox"/> Resignation/End of Contract	<input type="checkbox"/> Age Retirement
<input type="checkbox"/> Death	<input type="checkbox"/> Retrenchment/Loss of Essential Qualifications
<input type="checkbox"/> Total & Permanent Incapacity	<input type="checkbox"/> Other <input type="text"/>

Was the member an ATC or FSO? ☐ Yes ☐ No

Date of exit

### Final contribution details

Final payday for deduction	Amount paid: Salary Sacrifice	After Tax	Employer SG
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	Financial year to date figures: Salary Sacrifice	After Tax	Employer SG
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

### General salary and earnings information

#### Accumulation members only

Salary as at last 30 June \$  (or commencement if not employed on 30 June last)

#### Defined Benefit Members only

Final superannuation salary on last three birthdays:	Birthday 1	Birthday 2	Birthday 3
\$	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**In the last 15 months:**

a) Has the member taken any LWOP which does not count for super purposes? If so, provide details including commencement and cessation dates:

b) Has the member worked part-time hours at any time?

If so, provide details including hours worked and any changes in the period, including date of return to full-time hours if applicable:

c) Has the member changed their contribution rate? If so, provide dates of changes and new contribution rates:

d) Has there been any other change to the nature of the member's super (eg transfer from defined benefit to accumulation, opt-out of CSS)?

**Ordinary time earnings**

What are the ordinary time earnings for the member for the complete or part quarters of the current financial year?

1 July to 30 September    \$

1 October to 31 December    \$

1 January to 31 March    \$

1 April to 30 June    \$

**Authorisation**

Completed by

Date

Telephone (daytime)

Checked by

Date

Telephone (daytime)