

NOTIFICATION OF DEFINED BENEFITS MEMBER CEASING EMPLOYMENT FORM

Employer to complete when a Defined Benefits member ceases employment.

Member details

Given names:

Surname:

Date of birth: Member number:

Termination of employment details

Date of termination: Date last worked:

Full-time salary at date of termination: \$

Part-time salary at date of termination: \$ (If applicable)

Final Average Salary: \$ (HCC/LCC Defined Benefits members only)

Reason for leaving employment:

- Resignation Retrenchment/redundancy
 Retirement Death*
 Total and permanent disablement* **Quadrant will advise of any additional requirements*

Has the member been on 'leave without pay' for longer than 30 days? Yes No

If yes, date leave commenced: Date returned to work:

Final contributions

Are there any further contributions yet to be made by you to Quadrant on behalf of this member? Yes No

If yes, what date will contributions be sent? **Date:**

Employer details

Employer name:

Name of person completing form:

Contact number:

Signature: **Date:**

September 2010