



Notification of parental leave.

To be completed by the employer



This form should be completed by an employer when a Hostplus member is intending to take parental leave. For your employee to qualify to have their insurance premiums waived for up to 12 months during parental leave they must:

- be employed (If you are self-employed you are not eligible for the insurance premium waiver)
- have their parental leave approved by you (the employer)
- notify us in writing if they return to work or their parental leave ends before the end date of the premium waiver
- have been a Hostplus member for a minimum of 12 months.

If your employee satisfies all the above requirements, their insurance premiums will be waived for any insurance they currently have as a member of Hostplus (including Death, TPD and Income Protection) starting from the later of the start date of their parental leave and the date we receive your completed application.

1

Employee details

*Denotes mandatory fields

Complete all details to help us identify the member's account.

Hostplus membership number*

Employee number

Date of birth*

Gender

☐

Male

☐

Female

Title

☐

Mr

☐

Mrs

☐

Ms

☐

Dr

Other

Given names*

Surname*

Postal address

Suburb

Telephone number (business hours)

Telephone number (after hours)

Mobile phone

Email address

2 Employer details

Employer name*

Hostplus employer number*

Has parental leave been approved by the employer?

☐

Yes

☐

No

Date parental leave is to commence

Expected return to work date*

Requested end date of parental premium waiver

Must be a date during the period of approved parental leave and no more than 12 months after the parental leave started.



If the employee returns to work prior to the expected return date please notify Hostplus as soon as possible.

3 Payroll authorisation

I certify the above information to be true and correct.

Signature of applicant*

Date*

Name of authorised officer

Position of authorised officer

Telephone number



The authorised officer of the employer must sign and date this form – the form will not be valid if not signed by the authorised officer of the employer.

Please forward the completed form to Hostplus via one of the following:

- via email to info@hostplus.com.au
- via mail Locked Bag 5046, Parramatta NSW 2124