

UNPAID PARENTAL LEAVE - CONTRIBUTION OPTIONS

I, _____, wish to inform the Trustee that I will be taking unpaid parental leave from ____/____/____ to ____/____/_____.

I understand that under NZAS' current policy, whether or not I continue contributing to the Fund, during my unpaid parental leave period:

- (i) I will continue receiving employer contributions to the Fund (at the full rate set out in the Trust Deed, based on my salary immediately before the leave commenced); and
- (ii) if I suffer death or Total Disablement (and a claim is approved by the Trustee) then I will be entitled to both the insured component of my benefit (subject to any restrictions applying to me) and the additional one times salary component payable under the Trust Deed.

Please tick **ONE** option (✓):

- Option 1:** I wish to **suspend my monthly member contributions** to the Fund until my return.
- Option 2:** I wish to **continue my monthly member contributions** (in amounts equal to my current contribution rate) through an agreed arrangement with the Trustee and payroll*.

*Payroll (or the Fund's Administration Manager) will contact you if you choose this Option 2.

If Option 2 applies, please also **complete the following**:

I understand that my current member contributions are \$_____ per month and that, if I choose to continue contributing during my unpaid parental leave period, I will need to contribute a total amount of \$_____ for the _____ months I am away.

IMPORTANT NOTE:

Contributions during unpaid parental leave need not be made through payroll, so long as:

- (i) payroll or the Fund's Administration Manager collects them; and
- (ii) the contributions do not exceed (in amount or frequency) those you were making immediately before you took leave.

Signed: _____

Date: ____/____/_____

Please return your completed form to NZAS Human Resources at least 30 working days prior to your unpaid parental leave starting.

Section for NZAS Payroll only

Payroll Records updated

If member has selected Option 2 (**continue my monthly member contributions**):

Will Payroll collect those contributions and remit them to the Fund?

Yes

No

Will the Administration Manager be required to contact the member to arrange payment to the Fund?

Yes

No

Signed: _____

Date: ____/____/____

Name: _____

Role: _____

Email completed form to NZASRF@mercero.com