

Employer  
Administration  
Centre

# CSS benefit estimate request form

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POST CODE

[illegible]

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[illegible][illegible][illegible][illegible][illegible]

SIGNATURE

D	D			/	M	M			/	Y	Y	Y	Y
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☐ Potentially eligible children exist

Post

**DFSPB**

Notes:

- > Confirm salary and allowances on date of retirement.
- > Confirm recommencement from LWOP/MAT leave etc.
- > Confirm last birthday adjustment has been reported
- > Supply details of part-time hours (if varied within last six months)

### Member 1

Reference number (AGS)

[illegible]

Surname &amp; initial

[illegible]

Date of birth

D	D

/

M	M

/

Y	Y	Y	Y

Final salary on exit

\$									
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Proposed date of retirement

D	D		M	M		Y	Y	Y	Y
		/			/				

Member Email

[illegible]

@

[illegible]

## Comments

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**Please email your benefit estimate request to [APSRedundancies@comsuper.gov.au](mailto:APSRedundancies@comsuper.gov.au)**

• END FORM