



BERF  
11/11

# CSS benefit estimate request form

Agency

Address

SUBURB  STATE  POST CODE

Contact Person

Phone

Fax

Email

@

I confirm the member (or the member's immediate family in the event of death) is aware this information is being sought and the member (or the member's immediate family in the event of death) has given consent to its disclosure to the agency.

Signature of authorised officer

SIGNATURE

Date signed

/   /

Type of exit (please tick one)

- Involuntary retirement
- Resignation
- Age
- Invalidity
- Death > Please tick applicable:
  - Potentially eligible spouse exists
  - Potentially eligible children exist

Estimate to be returned by:

- Agency email
- Fax
- Member email (please specify on following pages)
- Post

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)	<input type="text"/>																				
Surname & initial	<input type="text"/>																				
Date of birth	<table><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D		M	M		Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Final salary on exit	\$ <input type="text"/>																				
Proposed date of retirement	<table><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D		M	M		Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Member Email	<input type="text"/> <input type="text"/>																				
	@ <input type="text"/>																				
Comments	<input type="text"/>																				

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

..... END FORM .....