

notification of parental leave to be completed by the employer

HESTA

This form should be completed by an employer when a HESTA member is intending to take parental leave.

For your employee to qualify for insurance fee-free cover during parental leave:

- they must be employed
- parental leave must be approved by you (the employer)
- insurance must not have otherwise ended.

If the above criteria are satisfied, IP Cover, Death Cover and Lump-sum TPD Cover (if any), can continue for a **maximum of 12 months insurance fee-free** starting from the latter of the date on which approved parental leave commenced, or the date the HESTA Trustee is notified of the approved leave. See page 30 of the *Insurance options* booklet.

1 Employee details

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

HESTA Member number:

Employee number:

Date of birth:

Title: Ms Mrs Miss Mr Dr Other

Gender: F M

Given name/s:

Family name:

Postal address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Telephone number (business hours):

Telephone number (after hours):

Mobile:

Email:

By providing your email, you agree to receive electronic communication of materials that might otherwise have been sent in paper from us in the future.

2 Employer details

Employer Name:

HESTA employer number (if applicable):

Has parental leave been approved by the employer?

Yes

No

Date parental leave is to commence:

Expected return to work date:

If the employee returns to work prior to the expected return date please notify HESTA.

3 Payroll authorisation

I certify the information to be correct.

Signature:

Date:

Name of authorised officer:

Position of authorised officer:

Telephone number:

Return your completed form

Scan and email all requirements to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

contact us

hesta@hesta.com.au | 1800 813 327 | Email form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

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