

Suncorp Easy Super Employees' Membership Application Form



WC
Plan No. E6

Employer's Superannuation Name (eg ABC Superannuation Plan)

Suncorp Use Only	M/Ship Category No.	Member's Full Name	Date of Birth and Commencement Date ^Δ	Employment Status	Contact Phone Number and Tax File No. (Optional)	Member's Residential Address and Occupation	Current Annual Salary or hourly rate of pay
Member No.		Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth -- / -- / -- Commencement Date -- / -- / --	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Terminated <input type="checkbox"/> Spouse <input type="checkbox"/>	Contact Phone No: () TFN: -- / -- / --	Annual Salary \$ Hourly Rate \$ Hrs. per week*	
Payroll No.		Surname Given Name/s				Occupation	
Member No.		Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth -- / -- / -- Commencement Date -- / -- / --	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Terminated <input type="checkbox"/> Spouse <input type="checkbox"/>	Contact Phone No: () TFN: -- / -- / --	Annual Salary \$ Hourly Rate \$ Hrs. per week*	
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Payroll No.		Surname Given Name/s				Occupation	

Please Note

* In the event that the hours per week are either not provided, or are less than 15 hours on a regular basis for part-time or casual employees, then SCI benefits will not be available. Spouse members are not entitled to SCI benefits.
 Δ Not applicable for spouse applications.

Authorisation

By signing this form you are certifying that the details provided are correct.

List any of the above employees who are absent from work due to illness or injury on the commencement date shown on this form.

Authorised Signature:

Ph:

Date: / /

If member details are not completed, this application will be returned.

At-Work Certification

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Authorised Signature **X**

Ph: _____ Date / /

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