

# Details of Employment, Business or Occupation

## When should I use this form?

You'll need to complete this form to tell us about any employment, business or occupation you've taken part in during the past six months.

Be sure to check out the Additional information about the form on the back page.

Please complete in **BLOCK** letters, using blue or black ink.

## 1 Personal details

Client number

Your client number can be found on your annual statement or by logging in to Member Online.

Review period

Date (dd/mm/yyyy)                      Date (dd/mm/yyyy)  
to

Title                      Given names

Last name

Previous name<sup>1</sup> (if we know you by another name)

Date of birth (dd/mm/yyyy)      Home phone number

Mobile phone number              Work phone number

Email address

Residential address

State                      Postcode  
Postal address              As above

State                      Postcode

## 2 Confirmation

I confirm:

I **haven't** been employed or involved in any business or occupation, or earned income as described on page 2.

OR

I **have** been employed or involved in any business or occupation, or earned income as described on page 2.

You must answer each of the following questions if you **have** been employed or involved in a business or an occupation.

Describe the type of employment, business or occupation you were involved in.

Name of employer, business, or occupation

Postal address of employment, business or occupation

State                      Postcode  
Phone number

Status of employment (e.g. part-time)

Period of employment, business or occupation

Date (dd/mm/yyyy)                      Date (dd/mm/yyyy)  
to

Gross fortnightly average income (before tax or deductions)

\$

Gross biannual income (before tax or deductions)

\$

Is the income likely to continue?

Yes                      No

<sup>1</sup> If your name has changed and you work for the Queensland Government or default employer, let your payroll office know and they will then let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.

### 3 Additional information

If you'd like to give us further details about any **employment, business** or **occupation** you've been involved in, please use the space below.

### 4 Declaration

I give permission to the employer named in section 2 to answer questions from QSuper about my employment, business, or occupation.

- I'm the person named on this form.
- The information given on this form is true and correct.

Name

Signature

(Please sign in blue or black pen – We do not accept electronic signatures on this form)

Date signed (dd/mm/yyyy)

/ /

### Additional notes about this form

Make sure you return this form to us so that we can continue your pension payments. You need to tell us about any type of employment, business, or occupation you've taken part in.

If you're thinking about taking on any paid employment, or engaging in any business or occupation at any time in the future, please get in touch with us to find out what effects additional income may have on your pension.

Please make sure you fill out all appropriate sections, sign the form, and return it to us as soon as possible. If we've mailed this form to you, please use the included reply paid envelope to return it to us once completed.

We'll consider a member has earned income when they:

- Take part in any business or occupation on their own account.
- Take part in any employment and receives a salary or wage.
- Receive compensation under the Worker's Compensation and Rehabilitation Act 2003.

It also includes any income you received while your QSuper ill-health pension was suspended (including lump sums).

Additional income doesn't include investment or rental income (unless it's related to operating a business venture), or inheritances.

We'll only reduce your pension if there's a connection between an activity you do and income you receive for it.

### Where to send this form

Please send your completed form to us by:

#### Post

QSuper  
GPO Box 200  
Brisbane QLD 4001

#### Email

qsuper@qsuper.qld.gov.au

#### Member Centres

Visit [qsuper.qld.gov.au/membercentres](https://qsuper.qld.gov.au/membercentres) for locations

#### Member Services team

**Phone** 1300 360 750  
**Overseas** +61 7 3239 1004  
Monday to Friday 8.00am – 6.00pm (AEST)

**Postal address** GPO Box 200, Brisbane QLD 4001  
**Email** [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)  
**Fax** 1300 242 070  
**Website** [qsuper.qld.gov.au](https://qsuper.qld.gov.au)

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