Employer application or change of details form (HIP division)

Please complete this form if you:

- wish to become a registered employer of Prime Super; or
- you are already a registered employer and you wish to update some of your details.

Please complete in pen using **BLOCK** letters. Print 'X' to mark boxes where applicable.





| SECTION 1 – EMPLOYER DETAILS | | | | | | |
|--|--|---|--|--|--|--|
| Employer Name | | | | | | |
| | | | | | | |
| Trading Name | | | | | | |
| | | | | | | |
| ACN ABI | V | Employer Number (if you are already registered) | | | | |
| | | | | | | |
| Employer Postal Address | | | | | | |
| Employer Fostar Address | | | | | | |
| | | | | | | |
| | | | | | | |
| Town/Suburb/City | | State Postcode | | | | |
| | | | | | | |
| Telephone (BH) | (AH) | Mobile | | | | |
| | | | | | | |
| Contact Name | | | | | | |
| | | | | | | |
| Contact Position | | | | | | |
| | | | | | | |
| Email | | | | | | |
| | | | | | | |
| | | | | | | |
| CECTION 2 INDUCTOR (| | f | | | | |
| | need to complete this section if you are using this | | | | | |
| Prime Super's <i>HIP</i> division is only open to employers vineed to join the <i>Prime</i> division of Prime Super. | who operate in the health and related industries. If you d | lon't belong to one of the industries below, you will | | | | |
| | (slages tisk) | | | | | |
| My business operates in the following industry: | | | | | | |
| Administration (health) | Education and training | ☐ Natural therapies | | | | |
| Aged care | Environmental services | ☐ Nursing | | | | |
| Allied health services | General practitioners | Occupational therapy | | | | |
| Alternative medicine | Management (health) | Oncology | | | | |
| Ambulance | Medical administration | Optical | | | | |
| Childcare | Medical assistant | Osteopathic | | | | |
| Chiropractic | Medical devices | Paediatrics | | | | |
| Clinical research | Medical imaging | Paramedics | | | | |
| Community health | Medical research | Pathology | | | | |
| Counselling | Medical services | Patient services | | | | |
| ☐ Dental | Medical specialists | Pharmaceuticals | | | | |
| ☐ Dieticians | Mental health | Pharmacy | | | | |
| Disabled care | ☐ Midwifery | Physiotherapy | | | | |





Continued overleaf

| Podiatry Psychology Registrars Rehabilitation Residential care services | Residents Retail Sales (health related) Social services Other | | | Social wo Speech th Support s Surgical | | related) | | | | |
|--|---|--------------------------|------------------------------|--|------|----------|--|--|--|--|
| SECTION 2 – MAKING CONTRIBUTIONS | | | | | | | | | | |
| CONTRIBUTION FREQUENCY | | | | | | | | | | |
| By default, contributions made into the Fund are done so on a monthly basis. If you wish to make contributions on a quarterly basis instead, please tick the box below. | | | | | | | | | | |
| Quarterly | | | | | | | | | | |
| The majority of our employers use the Prime Super website at www.primesuper.com.au to submit their contributions to the Fund. If you'd like to receive information on how to set up this facility for your business, please indicate below: | | | | | | | | | | |
| Yes, please email me the details | | | | | | | | | | |
| Yes, please fax me the details | | | | | | | | | | |
| No, not at this time | | | | | | | | | | |
| SECTION 3 – DECLARATION | | | | | | | | | | |
| I/We Agree to be bound by the Trust Deed as amended from time to time, governing the superannuation fund known as Prime Super. | | | | | | | | | | |
| I/We agree to provide the Trustee with all information and to do all such things as the Trustee requires to comply with the Superannuation Guarantee legislation. | | | | | | | | | | |
| I/We declare that the details in this form are true and correct. | | | | | | | | | | |
| I/We declare that we operate in the health and related industries and are eligible to join the HIP division of Prime Super. | | | | | | | | | | |
| Full Name | | | | | | | | | | |
| | | | | | | | | | | |
| Employer Signature | | | | | | | | | | |
| | | ate (DDMM | IYYYY) | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| NEXT STEPS | | | | | | | | | | |
| NEW EMPLOYERS | | | | | | | | | | |
| If you are registering as a new employer and want to arrange for your employees to be admitted to Prime Super, please also complete a <i>Prime Super employee schedule</i> . This form will enable us to admit your employees to Prime Super after which they will receive a <i>New member welcome kit</i> . | | | | | | | | | | |
| Download the form from our website at www.primesuper.com.au . Go to 'Tools and resources', 'Forms and publications' then 'Employers and self-employed'. | | | | | | | | | | |
| Please note: If any of your employees are already members of Prime Super, we will identify this on our system, and they will be added to your file. | | | | | | | | | | |
| WHERE TO SEND THIS FORM | | | | | | | | | | |
| Once completed please return this form to us via mail, fax or email. | | | | | | | | | | |
| Mail Prime Super Locked Bag 5103 Parramatta NSW 2124 | | Freecall Fax Email | 1800 675 839 1800 023 662 | | m au | | | | | |

If you have any questions about this form or Prime Super please call us on 1800 675 839 (8.00am to 8.00pm Monday-Friday Sydney time).