

<input type="checkbox"/> Administration (health)	<input type="checkbox"/> Education and training	<input type="checkbox"/> Natural therapies
<input type="checkbox"/> Aged care	<input type="checkbox"/> Environmental services	<input type="checkbox"/> Nursing
<input type="checkbox"/> Allied health services	<input type="checkbox"/> General practitioners	<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Alternative medicine	<input type="checkbox"/> Management (health)	<input type="checkbox"/> Oncology
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Medical administration	<input type="checkbox"/> Optical
<input type="checkbox"/> Childcare	<input type="checkbox"/> Medical assistant	<input type="checkbox"/> Osteopathic
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Medical devices	<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Clinical research	<input type="checkbox"/> Medical imaging	<input type="checkbox"/> Paramedics
<input type="checkbox"/> Community health	<input type="checkbox"/> Medical research	<input type="checkbox"/> Pathology
<input type="checkbox"/> Counselling	<input type="checkbox"/> Medical services	<input type="checkbox"/> Patient services
<input type="checkbox"/> Dental	<input type="checkbox"/> Medical specialists	<input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Dieticians	<input type="checkbox"/> Mental health	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Disabled care	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Podiatry	<input type="checkbox"/> Residents	<input type="checkbox"/> Social work
<input type="checkbox"/> Psychology	<input type="checkbox"/> Retail	<input type="checkbox"/> Speech therapy
<input type="checkbox"/> Registrars	<input type="checkbox"/> Sales (health related)	<input type="checkbox"/> Support staff (health related)
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Social services	<input type="checkbox"/> Surgical
<input type="checkbox"/> Residential care services	<input type="checkbox"/> Other	

CONTRIBUTION FREQUENCY

☐ Quarterly☐ Yes, please email me the details☐ No, not at this time

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 if I/We have applied to join the *HIP* division that I/We operate in the health, aged care or related industries and am eligible to join the *HIP* division of Prime Super.

[illegible]

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NEW EMPLOYERS

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.

Once completed please return this form to us via mail, fax or email.

Freecall 1800 675 839
Fax 1800 023 662
Email administration@primesuper.com.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).