

# Application to fix contribution errors

1800 005 166

[info@caresuper.com.au](mailto:info@caresuper.com.au)

GPO Box 1547, Hobart TAS 7001

Use this form to apply for a refund or reclassify a contribution(s) made in error for a CareSuper member. Refer to our *Apply to fix contribution errors* fact sheet for more information.

## Section 1

### Your details

Registered name	
<input type="text"/>	
Trading name	
<input type="text"/>	
Employer code (if known)	ABN
<input type="text"/>	<input type="text"/>
Best contact person name	Their daytime contact phone number
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

## Section 2

### Payment

Where we're able to, we'll refund contributions through your clearing house. We may pay by cheque if we can't confirm your bank details.

Account name - must be your business name			
<input type="text"/>			
BSB number	Account number	EFT reference	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



Section 3

Employer  
declaration

I acknowledge that I've read, understood and accepted the following declarations and conditions:

- I have the capacity and authority to make this application and to sign this declaration on the employer's behalf.
- It's my responsibility to advise the affected employee of my application and I understand that CareSuper may also contact them.
- It's my responsibility to inform the affected employee that my application may have insurance or tax implications for them. It's my responsibility to advise them to seek professional advice.
- Approval of my application will be at CareSuper's discretion, taking into consideration the particulars of the application and our legal responsibilities.
- In some cases, it may not be possible to process a refund. CareSuper accepts no responsibility for refunds that it's unable to process.
- When the value of unit prices has decreased during the period between the payment and the claim, the amount refunded may be less than the contributed amount.
- CareSuper retains the right to recover costs if additional investigation or complicated calculations are required.
- I acknowledge and agree that the employer is fully accountable to CareSuper for any matters arising out of the claim and agree the employer shall indemnify CareSuper against all costs, expenses and any other sums incurred arising out of the payment or administration of this claim or where a refund is found to have been paid improperly or is disputed by a CareSuper member regardless of whether or not that member's right to the contribution is established.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at [caresuper.com.au/privacy-policy](https://caresuper.com.au/privacy-policy) or by calling us on **1800 005 166**.

Full name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your signature

<input type="text"/>
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Date (DD MM YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Employee information

### Important information

You must complete the following sections if:

- you're applying for a refund of \$2,000 or more from an individual employee's account – complete a separate copy of this page for each impacted employee or
- the correction relates to one employee within a single financial year

### If the correction relates to more than one employee or spans multiple financial years:

You'll need to complete the *Application to fix contribution errors - additional information* form instead of completing **section 5**, contact us for a copy. You'll still need to complete the rest of this form if you're applying for a refund of \$2,000 or more from an individual employee's account.

For privacy reasons, only provide details of a single employee on this page.

## Section 4

### Employee details

Employee name

Date of birth (DD MM YYYY)

CareSuper member number

This application won't proceed if the following items aren't completed:

The employee has been notified of the error.

Estimated total refund amount impacting this employee only:

\$

Your employee must sign **section 6** if the amount shown above is \$2,000 or more.

## Section 5

### Contribution details

- **If the correction relates to more than one employee or spans multiple financial years** – you need to provide details on our *Application to fix contribution errors - additional information* form, contact us for a copy. Don't complete the table below.

OR

- **If the correction relates to one employee within a single financial year** – provide details of each impacted contribution in the table below.

### Error codes:

- A The contribution was paid on behalf of the wrong employee – fill out the Amount to be refunded column.
- B The contribution was overpaid – fill out the Amount to be refunded column.
- C The contribution was reported as the wrong type – fill out the Correct contribution type column.
- D Other – provide details:

Date contribution paid	Pay period ending	Contribution amount you paid	Contribution paid as type	Error code (see above)	Amount to be refunded	Correct contribution type
Example only						
20/7/22	28/7/22	\$400.00	Super guarantee	C		Super guarantee \$200.00 Member \$200.00
15/1/22	6/11/21	\$350.00	Salary sacrifice	B	\$150.00	



**Section 6**

**Employee acknowledgement**

This section must be completed by the employee if the refund is \$2,000 or more.

- I understand that I received super contributions in error, and that the amount shown in **section 4** will be deducted from my CareSuper account.

Full name

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Signature of client A

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Date (DD MM YYYY)

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Return the completed, signed and dated form to [info@caresuper.com.au](mailto:info@caresuper.com.au) or CareSuper, GPO Box 1547, Hobart TAS 7001.