

ASC10

Additional Superannuation Contribution Employment Declaration Form



To be completed by an employee on commencement of employment in a Public Service body

With effect from 1 January 2019, all employees are required to declare their overall personal public service pension status with regard to any public service pension scheme or pension arrangement¹. The following details are required to be completed and returned immediately to the payroll department.

MAIN EMPLOYMENT

- | | | | |
|--|----------------------|----------------------|--|
| a. Is THIS employment your MAIN ² public service employment? | YES | NO | |
| | <input type="text"/> | <input type="text"/> | |
| i. <i>Are you a member of a public service pension scheme in respect of THIS employment?</i> | YES | NO | |
| | <input type="text"/> | <input type="text"/> | |
| ii. <i>If no, do you receive a payment in lieu of pension in respect of THIS employment?</i> | YES | NO | |
| | <input type="text"/> | <input type="text"/> | |
| iii. <i>If no, have you an entitlement to a retirement gratuity in respect of THIS employment?</i> | YES | NO | |
| | <input type="text"/> | <input type="text"/> | |
| iv. <i>If no, do you have any other pension arrangement in respect of this employment?</i> | YES | NO | |
| | <input type="text"/> | <input type="text"/> | |

If yes, please give further details:

- | | | | |
|--|----------------------|----------------------|--|
| b. Do you have any other employment in the Public Service? | YES | NO | |
| | <input type="text"/> | <input type="text"/> | |

If yes, please provide details of subsidiary employments overleaf or on additional sheets as required

I certify the foregoing information to be correct to the best of my knowledge and belief, and I undertake to notify the Payroll Department at _____, immediately of any change affecting the details given above/overleaf. I understand that if I am a member of a Public Service pension scheme, receive a payment-in-lieu of pension, am entitled to a retirement gratuity, or have any other pension arrangement that I am liable for the additional superannuation contribution at the appropriate rate.

Signature: _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

NAME [in block capitals] : _____

PPS:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Employer: _____

Payroll/Works
Number:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

IMPORTANT NOTE: The above information is required in order to process your payroll. Failure to complete this form **correctly** may result in non-payment of wages/salary and/or an **underpayment of ASC**.

¹ **Note:** A pension arrangement as certified by the Minister may include membership of a public service pension scheme, payment-in-lieu of pension, a retirement gratuity payable on retirement or any other such pension arrangement ;

² **Note:** A MAIN employment shall be the main public service employment as nominated by the individual for the purposes of the additional superannuation contribution;

PLEASE COMPLETE THIS CERTIFICATE IN BLOCK CAPITALS

Additional Superannuation Contributon - Employment Declaration Form

SUBSIDIARY EMPLOYMENTS

Name [in block capitals]: _____

PPS No. _____

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SUBSIDIARY EMPLOYMENT # 1

Employer:

Employer Registered Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

- i. Are you a member of a public service pension scheme in respect of this subsidiary employment?
- ii. If no, do you receive a payment in lieu of pension in respect of this subsidiary employment?
- iii. If no, have you an entitlement to a retirement gratuity in respect of this subsidiary employment?
- iv. If no, do you have any other pension arrangement in respect of this subsidiary employment?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

If yes, please give further details:

SUBSIDIARY EMPLOYMENT # 2

Employer:

Employer Registered Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

- i. Are you a member of a public service pension scheme in respect of this subsidiary employment?
- ii. If no, do you receive a payment in lieu of pension in respect of this subsidiary employment?
- iii. If no, have you an entitlement to a retirement gratuity in respect of this subsidiary employment?
- iv. If no, do you have any other pension arrangement in respect of this subsidiary employment?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

If yes, please give further details:

SUBSIDIARY EMPLOYMENT # 3

Employer:

Employer Registered Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

- i. Are you a member of a public service pension scheme in respect of this subsidiary employment?
- ii. If no, do you receive a payment in lieu of pension in respect of this subsidiary employment?
- iii. If no, have you an entitlement to a retirement gratuity in respect of this subsidiary employment?
- iv. If no, do you have any other pension arrangement in respect of this subsidiary employment?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

If yes, please give further details:

PLEASE COMPLETE THIS CERTIFICATE IN BLOCK CAPITALS