

To: Level 1, 14 Moore Street, Canberra City, 2601

GPO Box 9905  
CANBERRA 2601



**Australian Government**

**Comcare**

## Cessation of Employment

The following employee ceased employment and has a continuing compensation entitlement. The case is referred for your continuing administration.

### Employee Details

Surname: ..... AGS number: .....-

Given names: ..... Claim number: ...../.....

Date of Birth: ...../...../..... Date of injury: ...../...../.....

### Employment Details

 Details on cessation. Use information relevant to NWE.

Salary: \$..... pa/pw/pf Designation: .....

Date of last increment: ...../...../..... Designation ID code: .....

Increment level (i.e. 1st, TOR etc.): .....

### Cessation Details

Paid to COB: ...../...../..... Paid from: ...../...../..... to ...../...../.....

Date of cessation: ...../...../..... Reason for cessation (please tick):

Applied for superannuation pension? yes/no  Resignation  
Date application forwarded to Comsuper: ...../...../.....  Retirement (type): .....  
 Other (specify): .....

Is this a payment to a child of a deceased employee? yes/no

Signed: ..... (Personnel Officer)

Name: ..... Contact telephone number: .....

Customer/Dept: ..... Date Signed: ...../...../.....

### Comcare Claims Manager to complete

1. Refer DP1, DP2 and Employment Declaration forms to the Direct Payments Team
2. All forms checked for signature
3. Change Commonwealth employee flag to 'N'
4. Insert date of customer cessation in PRACSYS
5. Incap determined to COB of customer cessation
6. Write to Comsuper for superannuation details