

Section 3 continued

Work postal address

State Postcode
Phone (work)
Signature Date
Day Month Year

By completing this application, you acknowledge that you have read and understood the **Responsibilities** information sheet available at:
http://employer.pss-css.gov.au/tools/employer_services/term_conditions.shtml

4. Please delete the following user

Surname
First name
Date of birth Day Month Year

5. Employer/agency declaration

- > This section must be completed by an authorised senior officer on behalf of the employer or agency.
- > The officer detailed above will be authorised on behalf of the employer/agency for the purpose of supplying ComSuper and ARIA any notice, comment, contributions or information required to facilitate administration of PSSap, PSS and CSS.
- > By completing this application, you acknowledge that you have read and understood the **Responsibilities** information sheet available at:
http://employer.pss-css.gov.au/tools/employer_services/term_conditions.shtml
- > Please note if no election is made below, the authorised user will gain full access and have the authority to manage the entire employee listing for the employer or agency.

Please complete this section only if you wish to specify the level of authority for the nominated user. The nominated user in this case will have access as specified below, to the full employee listing of the employer or agency.

- None - this is view only access
- Save - the user will be able to view and create new PSSap memberships
- Submit - the user will be able to create, view and submit the data file for processing

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