

DHB/RNZCGP Contributions



Email
masinvest@linkmarketservices.com
MAS
Phone 0800 627 738

i This form is for use by District Health Board (DHB) employees, and registrars of the Royal New Zealand College of General Practitioners (RNZCGP).

Please note that the basis on which employer and employee contributions are calculated may differ between KiwiSaver and other superannuation plans. Please check with your DHB or RNZCGP (as applicable) for the current position on splitting employee contributions specific to you.

Type of application

- This is a new application
- This is a change to my existing contributions
- This is a change to my employer. My old employer was:

Member details

Title First name(s)

Surname

Member number IRD number

Employer

Employee number Department

Date employment starts Please check your first payslip to ensure deductions have started

Contributions

Do you have a Medical Assurance Society Retirement Savings Plan? Yes No

Please pay % to the Medical Assurance Society Retirement Savings Plan.

Do you have a Medical Assurance Society KiwiSaver Plan? Yes No

Employee contributions can only be 3%, 4%, 6%, 8% or 10%.

Please pay % to the Medical Assurance Society KiwiSaver Plan.

Do you have a KiwiSaver plan with another provider? Yes No

Employee contributions can only be 3%, 4%, 6%, 8% or 10%.

Please pay % to KiwiSaver.

Authorisation

By signing below you authorise MAS to act as your agent for the purposes of setting up this salary deduction arrangement with your employer, and authorise the employer to provide MAS with all information they require to carry this out.

Signature Date

Payroll schedules – please send to:

Email masinvest@linkmarketservices.com
General enquiries 0800 627 738

