

# SuperStream Alternative File Format (SAFF)

# Supplementary information for creating contributions data

Combined Aware Super accumulation and defined benefit data

This document contains additional information about creating contributions data using the *SuperStream Alternative File Format (SAFF)* in conjunction with our clearing house, SuperChoice.

Prepared and issued by Aware Super Pty Ltd ABN 11 118 202 672, AFSL 293340 as trustee of Aware Super ABN 53 226 460 365 Unique Superannuation Identifier (USI) 53 226 460 365 001 MySuper Authorisation Number 53 226 460 365 073

### Important reference documents

The following documents along with this supplementary document contain important details for your IT staff or payroll provider about creating a SAFF file for use with SuperChoice:



#### Important things to note

Consider the following notes when preparing your contributions data using the SAFF file format:

- 1 The SAFF file format has 133 columns. All columns must be present, although only 38 columns require data.
- **2** Data is required in **two sections** when joining new employees as members:
  - a) Most information goes into the Super Fund Member Common section
  - b) Some additional information goes into the Super Fund Member registration section.
- 3 The first row must contain Header Values exactly as specified by the ATO and SuperChoice.
- 4 Section headings and column headings must be provided, and they must match the ATO sample file.

## Sections

Consider the following section requirements when preparing your contributions data using the SAFF file format.

Section	Purpose
Header	This section should be left blank
Sender	This section should be left blank
Payer	This section should be left blank
Payee/Receiver	<ul> <li>The Unique Superannuation Identifier (USI) field is required in this section to identify the superannuation fund product of each employee.</li> <li>Aware Super has 2 USI: <ul> <li>Accumulation – 53226460365001</li> <li>Defined Benefit – 53226460365003</li> </ul> </li> <li>One row should be entered for an employee per USI where that employee has both accumulation and defined benefit contributions</li> </ul>
Employer	This section is used to identify you – the employer.
Super Fund Member Common	This section contains fields and is used to identify the employee for whom the contribution is paid. This section should be completed on every file.
Super Fund Member Contributions	This is used to identify contributions details
Super Fund Member Registration	This section is only required when joining a new employee as a member; or for an existing employee who is already an Aware Super member but has changed employers to you. This section should be combined with the "Super Fund Member Common" section.
Defined Benefit Contributions	This is used to identify <b>defined benefit</b> contributions details only.
Defined Benefit Registration	<ul> <li>This section is used to provide changes for a defined benefit employee, including those defined benefit members who transfer from one employer to another.</li> <li>This section should be combined with the "Super Fund Member Common" section.</li> <li>While this is not a closed scheme, the only form of new entrant is: <ul> <li>an eligible Health Super division accumulation member who applied to the Trustee</li> <li>who is accepted to join Division C, and</li> <li>who wants to submit defined benefit contributions.</li> </ul> </li> <li>In this instance, this section is to be used to provide the details about a new entrant.</li> </ul>

## **Fields**

Consider the following field requirements when preparing your contributions data using the SAFF file format.

#### **Required Y/N**

Mandatory You must provide this information. If it is not provided, the file will be rejected.
Optional It is useful if you include this information, but it is not mandatory.
Conditional The field has a rule linked to another field and depends on the information you provide, e.g. column R (ABN) must be provided if the fund is an SMSF, otherwise column S (USI)

must be provided.

**Important:** Some fields listed here may be considered optional by the ATO and/or SuperChoice, however they are considered mandatory by us in order to process your contributions data.

#### 1. Payer/Receiver section

This section provides information about which funds will receive the member contributions.

Col	Column heading	Required Y/N	Notes
R	ABN	Conditional	Only required where the super fund is a SMSF. It must match the ABN registered for that SMSF. If entered, leave column S (USI) blank.
S	USI	<b>Conditional</b> Aware Super Accumulation – 53226460365001 Aware Super Defined Benefit – 53226460365003	Required for all super funds except SMSFs. If entered, leave column R (ABN) blank. Where you have contributions for <b>both</b> accumulation and defined benefit for the same employee, you <b>MUST</b> enter one row per USI into the file.
U	TargetElectronicService Address	Conditional	Used where the super fund is a SMSF to identify the messaging provider. It must be completed if column R (ABN) is entered. The target electronic service address is selected by the SMSF trustee (usually the employee) and they are responsible for providing it to you.

#### 2. Employer section

This section provides information about the employer who is sending the contributions.

Col	Column heading	Required Y/N	Notes
AD	ABN	Conditional	The employer's ABN (usually you). It must match the ABN registered for that employer.
AE	Location ID	Optional	The employee's work site location as a code or name.
AF	Organisational Name Text	Optional	The full name of the employer.
AG	Superannuation Fund Generated Employer Identifier	Mandatory	This is your Aware Super employer code. This is extremely important if you are registered as a multiple employer client within SuperChoice, to ensure we can identify each employer correctly.
			This should be recorded in SuperChoice under the 'Manage Funds' section within Employer Maintenance and is called Fund Employer Number (FEN).

#### 3. Super Fund Member Common section

This section provides common information about your employees.

Col	Column heading	Required Y/N	Notes
AH	TFN	Conditional	If TFN has been supplied by your employee, then you are obliged to provide it.
AI	Person Name Title Text	Optional	Indicates a person's position (e.g. Dr) or used to greet a person formally (e.g. Mr).
AJ	Person Name Suffix text	Optional	Awards, honours or any other kind of denominations a person has been granted to appear after their name (e.g. AM). Please refer to Section 3.9 Super Fund Member Common Details in the SuperStream standard for contributions document.
AK	Family Name	Mandatory	The employee's last name or surname.
AL	Given Name	Mandatory	The employee's first name.
AM	Other Given Name	Optional	The employee's middle name.
AN	Sex Code	Optional	The gender of the employee: 1 – Male 2 – Female 3 – Intersex or Indeterminate 0 – Not stated or inadequately defined. If the field is left blank the value will default to 0 – 'not stated or inadequately described'.

#### 3. Super Fund Member Common section (continued)

Col	Column heading	Required Y/N	Notes
AO	Birth Date	Mandatory	The year, month and day the employee was born.
AP	Address Usage Code	Optional	Values are either "RES" if residential address is given or "POS" if postal address is given. If value is not provided, then the field will default to "RES".
AQ	Address Details Line 1 Text	Mandatory	First line of the employee's address. Usually the street address (e.g. 15 Elm Street). If it is a unit, use the format <unit number="">/<street number&gt; e.g. 2/15 Elm Street.</street </unit>
AR	Address Details Line 2 Text	Optional	Second line of the employee's address if applicable e.g. a building name like "Sunnyvale residences"
AS	Address Details Line 3 Text	Optional	Normally used for overseas addresses.
AT	Address Details Line 4 Text	Optional	Normally used for overseas addresses.
AU	Locality Name Text	Conditional	Usually the suburb or town. Applicable for Australian addresses only.
AV	Postcode Text	Conditional	If provided, the postcode and state must be a valid combination in the list published by Australia Post. Applicable for Australian addresses only.
AW	State or Territory Code	Conditional	If provided, the postcode and state must be a valid combination in the list published by Australia Post. Applicable for Australian addresses only.
AX	Country Code	Conditional	This represents the country code as prescribed by AS4590 and inherited from ISO 3166. Use AU for Australia.
AY	E-mail Address Text	Conditional	If the employee has supplied their personal email address than you are obliged to provide it (do not include an employee's company email address).
AZ	Telephone Minimal Number Landline	Conditional	If the employee has supplied their personal fixed- line phone number than you are obliged to provide it.
BA	Telephone Minimal Number Mobile	Conditional	If the employee has supplied their personal mobile phone number than you are obliged to provide it.
BB	Member Client Identifier	Mandatory	Unique membership number issued by the employee's super fund to identify them. It is important to provide this where available. You may enter NEW if you are joining a new employee with Aware Super.
			Enter UNKNOWN if you have not been provided a membership number by your employee.
			<b>NOTE:</b> Once a member number is generated or advised by us, you should update this field.
BC	Payroll Number Identifier	Mandatory	Number allocated by the Payer payroll system (the employer) to identify a payee (the employee).
BD	Employment End Date	Conditional	This date must be supplied if the employee's employment with you ended (terminated). It indicates that this will be the final contribution paid by the employer for this employee.
BE	Employment End Reason Text	Optional	The general reason why the employee's employment with you ended. Valid codes are:
			V – Voluntary cessation
			I – III health D – Deceased
			D – Deceased R – Redundancy
			F – Dismissal
			C – Contract cessation
			T – Transfer

#### 4. Super Fund Member Contributions section

This section provides information about the accumulation contributions for applicable employees.
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Col	Column heading	Required Y/N	Notes
BF	Pay Period Start Date	Mandatory	Start date of the pay period the contributions relate to.
BG	Pay Period End Date	Mandatory	End date of the pay period the contributions relate to.
BH	Superannuation Guarantee Amount	Optional	Contribution made by an employer for the benefit of an employee as mandated by super guarantee legislation. HINT: This data field was known as SGC under our previous file format.
BI	Award or Productivity Amount	Optional	Contributions made by an employer for the benefit of an employee as mandated by an award or other industrial agreement.
BJ	Personal Contributions Amount	Optional	Additional <b>employee</b> contributions (after-tax). HINT: This data field was known as <i>Additional Employee</i> under our previous file format.
BK	Salary Sacrificed Amount	Optional	Additional <b>employer</b> contributions including Salary Sacrifice (before-tax). <b>HINT:</b> This data field was known as <i>Additional Employer</i> under our previous file format.

#### 5. Super Fund Member Registration section – adding new members and changes to member details

This section provides information about joining a new employee as an Aware Super member. It is also used to make changes for an existing employee, including those employees who are already an Aware Super member but have changed employers to you.

**Note:** If you do not have data to enter into this section of the file (i.e. there are no new members or changes for existing members for the contribution period) then all fields (including monetary fields) must be left blank.

Col	Column heading	Required Y/N	Notes
BP	Employment Start Date	Conditional	The date the employee's employment started with your company. You must enter this date for all NEW employees identified in column BB (Member Client Identifier). <b>HINT:</b> This data field was known as <i>Date Joined Service</i> under our previous file format.
BV	Annual Salary for Insurance Amount	Optional	An employee's annual remuneration received from personal exertion, including base salary, bonuses, fees, regular overtime, commission and fringe benefits, but not including investment income, income received from deferred compensation plans, disability income policies or retirement plans and income not derived from personal exertion.
BW	Weekly Hours Worked Number	Optional	The employee's usual hours of work per week.
BX	Occupation Description	Optional	The employee's occupation as a 6 digit ANZSCO code.
СВ	Employment Status Code	Optional	The employee's employment status as a code: F/T – Full Time P/T – Part Time CO – Contractor CA – Casual

#### 6. Defined Benefit Contributions section

This section provides information about **defined benefit** contributions for applicable employees.

Col	Column heading	Required Y/N	Notes
CG	Defined Benefit	Mandatory	Member defined benefit contribution amount paid from after-tax salary.
	Member Post Tax Contribution		This contribution amount is linked to the rate in column DB (Defined Benefit Member Rate).
	Contribution		HINT: This data field was known as Employee Contribution under our previous file format.
СН	Defined Benefit	Mandatory	An amount paid by the employer to fund the defined benefit.
	Employer Contribution		This contribution amount is linked to the rate in column CY (Defined Benefit Employer Rate).
	Contribution		HINT: This data field was known as Employer Contribution under our previous file format.

#### 6. Defined Benefit Contributions section (continued)

Col	Column heading	Required Y/N	Notes
СМ	Actual Periodic Salary or Wages Earned	Mandatory	The actual gross salary as determined and advised by the employer each pay period. This includes the base rate of pay, and allowances which are ordinarily payable regularly and periodically (including shift and roster related payments), including certificate/qualification allowances and higher duties allowances for at least a 52 week period. Allowances that are excluded include reimbursement type allowances (e.g. uniform expense and travel allowances), and any allowances which are ordinarily not paid over a 52 week cycle or do not flow from regular rostered duty. <b>HINT:</b> This data field was known as <i>Salary</i> under our previous file format.
СР	Service Fraction	Mandatory	<ul> <li>The ratio of actual hours to full-time hours during the contribution period (i.e. field CT/field CR).</li> <li>Expressed as a decimal</li> <li>0 = not working</li> <li>1 = fulltime</li> <li>any other decimal is a % of fulltime, (can be up to 3 decimal places e.g. 0.532)</li> <li>HINT: This data field was known as <i>Service Proportion</i> under our previous file format.</li> </ul>
CQ	Service Fraction Effective Date	Mandatory	This should be used to show the effective date of column CP (Service Fraction). This should be the same as per field BG (Pay Period End Date). HINT: If submitting monthly, this date should be the last day of the month.
CR	Full Time Hours	Mandatory	The number of hours stipulated in the award/workplace agreement for a full-time position calculated for the contribution period. E.g. the award or workplace agreement for a full-time position is 38 hours per week and the contribution period is equal to two weeks, then Full Time Hours = 76.
CS	Contracted Hours	Mandatory	The number of hours stipulated in writing between the employee and the employer calculated for the contribution period. E.g. the employment arrangement states the employee is to work 20 hours each week and the contribution period is equal to two weeks, then Contracted Hours = 40.
СТ	Actual Hours Paid	Mandatory	The number of hours (excluding overtime) that the employee worked during the contribution period. E.g. If the employee is contracted to work 20 hours per week normally, the contribution period is equal to two weeks and the employee worked an extra shift of 5 hours within the contribution period, then Actual Hours Paid = 45.

# 7. Defined Benefit Registration section – adding new employees and changing existing employee details

This section provides information about joining a **new** employee as a **defined benefit** member, and making changes for an employee with an existing defined benefit account, including those members who transfer from one employer to another and have approval to continue their defined benefit fund.

**Note:** New defined benefit memberships can only be created with prior Trustee approval for employees who meet certain eligibility criteria.

**Note:** If you do not have data to enter into this section of the file (i.e. there are no new members or changes to existing members for the contribution period) then all fields (including monetary fields) must be left blank.

Col	Column heading	Required Y/N	Notes
CU	Employee Location Identifier	Optional	The employee's department location as a code or name.
CV	Service Fraction	Conditional	<ul> <li>The ratio of contracted hours to full-time hours during the contribution period.</li> <li>Expressed as a decimal:</li> <li>0 = not working</li> <li>1 = fulltime</li> <li>any other decimal is a % of fulltime, (can be up to 3 decimal places e.g. 0.532)</li> <li>This field should only be entered when there is a <b>change</b> to an employee's service fraction.</li> </ul>
CW	Service Fraction Start Date	Conditional	This field should only be entered when there is a change to an employee's service fraction in column CV (Service Fraction).
СХ	Service Fraction End Date	Conditional	This field should only be entered when there is a change to an employee's service fraction in column CV (Service Fraction).

# 7. Defined Benefit Registration section – Adding new employees and changing existing employee details (continued)

Col	Column heading	Required Y/N	Notes		
СҮ	Defined Benefit Employer Rate	Conditional		s superannuable salary. This field (Defined Benefit Member Rate)	
			The Defined Benefit Employer recommended by the Fund's ac	Rate is associated with the Defir stuary.	ned Benefit Member Rate and is
			The recommended rates per Be	enefit Class are:	
			Division	Member rate	Employer Rate
			C:0	0%	1%
			C:3	3%	6%
			C:4	4%	6%
			C:6	6%	10%
			D:0	0%	1%
			D:3.5	3.5%	6%
			D:6	6%	10%
			HINT: This data field was know	n as Employer Contribution Rat	e under our previous file format.
67	Defeed Dece	Conditional			
CZ	Defined Benefit Employer Rate	Conditional	This field should only be ente	rea: olumn CY (Defined Benefit Em <sub>l</sub>	alover Pata) as a result of a
	Start Date		change in column DB (Define	ad Benefit Member Rate) or	bioyer Rate) as a result of a
			<ul> <li>as required by us.</li> </ul>		
DA	Defined Benefit Employer Rate End Date	Conditional	This field should only be ente Employer Rate).	red when there is a change in o	column CY (Defined Benefit
DB	Defined Benefit	Conditional	The member contribution rate	as a percentage of superanuable	s colory
00	Member Rate			ed when there is a change to the	
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			TThe recommended rates per 1 Division C:0 C:3	Benefit Class are: Member rate 0% 3%	1% 6%
			TThe recommended rates per 1 Division C:0 C:3 C:4	Benefit Class are: Member rate 0% 3% 4%	1% 6% 6%
			TThe recommended rates per 1 Division C:0 C:3 C:4 C:6	Benefit Class are: Member rate 0% 3% 4% 6%	1% 6% 6% 10%
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			TThe recommended rates per N Division C:0 C:3 C:4 C:6 D:0 D:0 D:3.5	Senefit Class are: Member rate 0% 3% 4% 6% 0% 3.5%	1% 6% 6% 10% 1% 6%
			TThe recommended rates per I Division C:0 C:3 C:4 C:6 D:0	Senefit Class are: Member rate 0% 3% 4% 6% 0%	1% 6% 6% 10% 1%
			TThe recommended rates per 1 Division C:0 C:3 C:4 C:6 D:0 D:3.5 D:6	Benefit Class are:	1% 6% 6% 10% 1% 6%
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DC	Defined Benefit Member Rate	Conditional	TThe recommended rates per f Division C:0 C:3 C:4 C:6 D:0 D:3.5 D:6 HINT: This data field was know	Benefit Class are: Member rate 0% 3% 4% 6% 0% 3.5% 6% m as Employer Contribution Rate red when there is a change in 6	1% 6% 6% 10% 1% 6% 10% e under our previous file format.
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DD	Member Rate Start Date Defined Benefit Member Rate End Date Leave Without	Conditional	The recommended rates per l Division C:0 C:3 C:4 C:6 D:0 D:3.5 D:6 HINT: This data field was know This field should only be enter (Defined Benefit Member Rate This field should only be enter (Defined Benefit Member Rate Provide if an employee is on le employee returns. Indicates that the employee is granted by the employer. Codes: 1. Sick/Carer's/Personal 2. Maternity/Paternity (Paid) 3. Maternity/Paternity (Unpaid) 4. Compassionate/Bereavements	Benefit Class are: Member rate 0% 3% 4% 6% 0% 3.5% 6% In as Employer Contribution Rat red when there is a change in o a). red when there is a change to a b). eave without pay. Please provides s on a specific category of app	1% 6% 6% 10% 1% 6% 10% re under our previous file format. column DB column DB

## 7. Defined Benefit Registration section – Adding new employees and changing existing employee details (continued)

Col	Column heading	Required Y/N	Notes
DU	Leave Without Pay Code Start Date	Conditional	This field should only be used when there is an entry in column DT (Leave Without Pay Code).
DV	Leave Without Pay Code End Date	Conditional	This field should only be used when there is an entry in column DT (Leave Without Pay Code).
EA	Employee Location Identifier	Optional	The employee's business unit location as a code or name.
EB	Employee Location Identifier Start Date	Optional	The employee's start date within the business unit.
EC	Employee Location Identifier End Date	Optional	The employee's end date within the business unit.

#### **Contact us**

 Phone
 1300 118 632

 Fax
 1300 722 072

 Email
 enquiries@aware.com.au

Post PO Box 1229 Wollongong NSW 2500 Web aware.com.au



#### Important information

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