



Claim Form

BEFORE YOU BEGIN

Please note: The *Fair Entitlements Guarantee Act 2012* (FEG Act) commenced on 5 December 2012. The Fair Entitlements Guarantee (FEG) replaces the existing General Employee Entitlements and Redundancy Scheme (GEERS).

This claim form should only be used **where the insolvency event occurred on or after 5 December 2012**.

If an insolvency event occurred prior to this date, the GEERS claim form should be used. An insolvency event occurs when a liquidator is appointed under the *Corporations Act 2001*, or when an employer becomes bankrupt under the *Bankruptcy Act 1966*.

WHAT IS FEG?

FEG is a basic payment scheme intended to operate as a scheme of last resort, providing financial assistance (called an advance) to employees who have lost their employment because of their employer's insolvency and who are owed employment entitlements that are not able to be paid by their employer or from other sources. When the Commonwealth makes an advance under FEG, the Commonwealth assumes the individual's right to recover these amounts through the winding up or bankruptcy process.

The FEG Act governs eligibility for FEG assistance, the categories of entitlement covered, and the amount you may be entitled to receive (the advance).

For further information on assistance under FEG and the claim process, you may:

- › see the range of fact sheets on the operation of FEG—available at the FEG website (www.employment.gov.au/FEG)
- › contact the insolvency practitioner managing your former employer's business affairs
- › telephone the FEG Hotline on **1300 135 040**
- › visit the FEG website (www.employment.gov.au/FEG)
- › send an email to the FEG Hotline at FEG@employment.gov.au.

TCF CONTRACT OUTWORKERS SCHEME

Under the FEG Act, a special scheme has been established to provide assistance to contract outworkers in the textile, clothing and footwear industry (TCF contract outworkers). The scheme has been created under the *Fair Entitlements Guarantee Regulation 2012*, which commenced on 15 May 2013 and applies to insolvency events occurring on or after this date. If you are a worker who fits into this category, you may be eligible for FEG assistance even though you are not an employee.

If you think you may be eligible for entitlements under the TCF contract outworkers scheme, use this form to make your application. When you are completing this claim form, you should understand that any reference to 'employer' or 'employment' is a reference to the specified person you performed work for, and the type of work you performed for that person.

For example, where you are asked to include the details of your former employer, you should provide the details of the specified person you performed work for. Similarly, you should provide information about when you started and finished performing work for that person where you are asked for information about when your employment started and ended.

WHAT FEG COVERS

If you make an effective claim within 12 months of the end of your employment or the insolvency event (whichever is later), you may be eligible to receive assistance under FEG for the following employee entitlements:

- › wages
- › annual leave
- › long service leave
- › payment in lieu of notice
- › redundancy pay.

Please note—Employment entitlements under FEG are subject to maximum capping thresholds. For further information on the capping thresholds see the Eligibility for FEG assistance factsheet on the FEG website (www.employment.gov.au/FEG).

HOW TO FILL OUT YOUR CLAIM FORM

1. Complete this form in English.
2. If you speak a language other than English, call the Translating and Interpreting Service (TIS) on 13 14 50 for free help anytime.
3. Read questions carefully and follow the instructions beside each question.
4. We encourage you to submit your claim form **ONLINE**. This will enable us to begin processing your claim in the shortest time possible. Please go to the FEG website (www.employment.gov.au/FEG):
 - a. enter your answers by typing them into the relevant fields of the form
 - b. note that at any time you can save this form to your computer by clicking the 'Save' button
 - c. submit the completed form by clicking 'Submit'. If any fields are not completed accurately, an error message will be displayed at the end of the form. You must correct each error before you can submit your claim form online
 - d. note that you will be advised of the successful submission of your claim form.
5. If you are using a **PRINTED** copy of this form please use blue or black pen only, print clearly and note an individual claim form must be submitted for each person claiming assistance under FEG.
6. Try to fill out all sections of the form, answering all questions and ticking the relevant boxes. Fields marked with this symbol * are mandatory and must be completed, unless you see an instruction to go to another question. Remember, your claim will not be effective unless you have provided all mandatory information requested on this form.
7. For assistance, speak with the insolvency practitioner managing your former employer's affairs or call the FEG Hotline on **1300 135 040**.
8. If you are using a printed copy of this form, send your completed form to:

**Fair Entitlements Guarantee Branch
Department of Employment
GPO Box 9880
CANBERRA ACT 2601**
9. We will notify you in writing when we have received your claim form and after we have assessed your claim.
10. If you would like to check the status of your claim, go to the FEG website (www.employment.gov.au/FEG) or call the FEG Hotline on **1300 135 040**.

Important!

1. The information you provide in this form must be correct to the best of your knowledge. Giving false or misleading information has serious consequences.
2. It is in your interest to include copies of all documents that may help us assess your claim when you lodge your claim. Please note that your claim will not be effective unless you have provided all the mandatory information and supporting documents where requested to do so.
3. Please keep a copy of the completed claim form and any copies of supporting documents for your records as we are unable to return them to you.
4. There are some key eligibility criteria for assistance under FEG:
 - › you must have been an Australian citizen or the holder of a permanent or Special category visa at the time your employment ended
 - › you must make an effective claim within 12 months of the end of your employment or the insolvency event (whichever is later)—claims made outside this time frame will not be considered under any circumstances
 - › contractors (other than TCF contract outworkers), and some classes of employees are not eligible for assistance under FEG. Please refer to the *Eligibility for FEG assistance* fact sheet available on the FEG website (www.employment.gov.au/FEG).

Language Assistance

ENGLISH: This claim form is to be completed by employees who have had their employment terminated due to the insolvency of their employer and are owed entitlements. Instructions on how to fill out this form are located beside the questions. For more information and assistance call the **FEG Hotline on 1300 135 040**. If you need language assistance to complete this form call the **Translating and Interpreting Service on 131 450**.

<p>ARABIC:</p> <p>يجب تعبئة إستمارة المطالبة هذه من جانب المستخدمين الذين تم إنهاء توظيفهم بسبب إعسار رب عملهم وكانت لهم مستحقات لم يتلقوها. توجد إرشادات عن طريقة تعبئة هذه الإستمارة إلى جانب الأسئلة. للمزيد من المعلومات والمساعدة اتصل بـ FEG Hotline (الخط المباشر) على الرقم 1300 135 040. وإذا كنت تحتاج إلى مترجم لمساعدتك في تعبئة هذه الإستمارة اتصل بـ Translating and Interpreting Service (خدمة الترجمة الخطية والشفهية) على الرقم 131 450.</p>	<p>KOREAN:</p> <p>이 클레임 양식은 고용주 파산으로 인해 고용이 중단되었으며 체불 임금이 발생한 고용인들이 작성하도록 되어 있습니다. 각 질문 옆에 양식 작성에 대한 설명이 있습니다. 보다 자세한 정보와 지원이 필요하신 분들은 FEG Hotline (정보라인)에 1300 135 040으로 연락하십시오. 이 양식을 작성하기 위해 언어 지원 서비스가 필요하시면 Translating and Interpreting Service (통번역 서비스)에 131 450으로 전화하시면 됩니다.</p>
<p>CROATIAN:</p> <p>Ovaj obrazac za podnošenje zahtjeva ispunjavaju zaposlenici čiji je radni odnos prestao zbog stečaja poslodavca i prema kojima postoje nenamirena dugovanja. Upute kako ispuniti ovaj obrazac se nalaze pored pitanja. Za više informacija i pomoć nazovite FEG Hotline (dežurni telefon) na 1300 135 040. Ako za ispunjavanje ovog obrasca trebate pomoć oko prevodenja, nazovite Translating and Interpreting Service (Službu prevoditelja i tumača) na 131 450.</p>	<p>SIMPLIFIED CHINESE:</p> <p>因雇主无偿债能力而遭雇主解雇及拖欠薪酬和福利的雇员，请填写该索偿表。表格填写说明在问题的旁边。如需了解更多详情和需要协助，请拨打FEG Hotline (热线电话)：1300 135 040。如果填表时需要语言协助，请致电Translating and Interpreting Service (笔译与传译服务处)：131 450。</p>
<p>GERMAN:</p> <p>Dieses Antragsformular ist von Beschäftigten auszufüllen, deren Arbeitsverhältnis aufgrund von Zahlungsunfähigkeit des Arbeitgebers beendet wurde und denen Zahlungsansprüche zustehen. Anweisungen zum Ausfüllen des Formulars finden Sie neben den Fragen. Weitere Informationen und Unterstützung erhalten Sie von der FEG-Hotline unter 1300 135 040. Wenn Sie beim Ausfüllen dieses Formulars sprachliche Unterstützung benötigen, wenden Sie sich bitte unter 131 450 an den Translation and Interpreting Service (Übersetzer- und Dolmetscherdienst).</p>	<p>TRADITIONAL CHINESE:</p> <p>因雇主無償債能力而遭雇主解雇及拖欠薪酬和福利的雇員，請填寫該索償表。填寫表格的指引在問題的旁邊。如需瞭解更多詳情和需要協助，請撥打FEG Hotline (熱線電話)：1300 135 040。如果填表時需要語言協助，請致電Translating and Interpreting Service (筆譯與傳譯服務處)：131 450。</p>
<p>GREEK:</p> <p>Αυτή η αίτηση αποζημίωσης πρέπει να συμπληρωθεί από τους εργαζόμενους που έχουν απολυθεί λόγω πτώχευσης του εργοδότη τους και τους οφειλόνται δεδουλευμένες αποδοχές. Οδηγίες συμπλήρωσης της αίτησης αυτής υπάρχουν δίπλα από τις ερωτήσεις. Για περισσότερες πληροφορίες και βοήθεια τηλεφωνήστε στη Γραμμή Πληροφοριών FEG (Hotline) στο 1300 135 040. Αν χρειάζεστε γλωσσική βοήθεια για να συμπληρώσετε την αίτηση αυτή τηλεφωνήστε στην Translating and Interpreting Service (Υπηρεσία Μετάφρασης και Διερμηνείας) στο 131 450.</p>	<p>SPANISH:</p> <p>Los empleados que hayan sido despedidos por insolvencia de su empleador y a quienes se les adeuden pagos a los que tienen derecho, deberán completar este formulario de reclamo. Las instrucciones para completar el formulario aparecen al lado de las preguntas. Para obtener más información y asistencia, llame a la FEG Hotline (línea directa) al 1300 135 040. Si necesita ayuda para completar este formulario llame al Translating and Interpreting Service (Servicio de Traducción e Interpretación) al 131 450.</p>
<p>ITALIAN:</p> <p>Questo modello di denuncia deve essere compilato da dipendenti che hanno perso il lavoro a causa dell'insolvenza del datore di lavoro e che vantano il diritto al pagamento di spettanze relative all'ex rapporto di lavoro. Le istruzioni su come compilare questo modulo si trovano accanto alle domande. Per maggiori informazioni, chiamate la FEG Hotline al numero 1300 135 040. Se vi serve assistenza linguistica per compilare questo modulo, chiamate il Translating and Interpreting Service (servizio traduzioni e interpreti) al numero 131 450.</p>	<p>HINDI:</p> <p>यह दावा फार्म उन कर्मचारियों द्वारा भरा जाना है जिनकी नौकरी उनके नियोक्ता के दिवालिया होने के कारण छूट गई है और उनकी हकदारियाँ बाकी हैं। इस फार्म को भरने के निर्देश प्रश्नों के साथ दिए गए हैं। और अधिक जानकारी व सहायता के लिए FEG Hotline(हॉटलाइन) को 1300 135 040 पर फोन करें। यदि इस फार्म को भरने के लिए भाषा की सहायता चाहिए तो Translating and Interpreting Service (अनुवाद व दुभाषिया सेवा) को 131 450 पर फोन करें।</p>
<p>MACEDONIAN:</p> <p>Овој формулар треба да се пополни од страна на вработените чиј работен однос бил прекинат заради неликвидноста на работодавачот и на кои им се должат исплати. Упатствата како да се пополни овој формулар се наоѓаат покрај прашањата. За повеќе информации и помош, телефонирајте на FEG Hotline (Информативна линија) на 1300 135 040. Ако ви треба помош околу јазикот за да го пополнете формуларот, телефонирајте во Translating and Interpreting Service (Служба за писмено и усмено преведување) на 131 450.</p>	<p>VIETNAMESE:</p> <p>Các nhân viên nào bị cho nghỉ việc vì chủ nhân vỡ nợ và chưa được trả lợi bổng hãy điền vào đơn này để đòi. Lời chỉ dẫn cách điền đơn được ghi bên cạnh câu hỏi. Muốn biết thêm chi tiết và nhờ giúp, xin quý vị điện thoại đến FEG Hotline (Đường dây thường trực) số 1300 135 040. Nếu quý vị cần trợ giúp ngôn ngữ để điền đơn này, xin điện thoại đến Translating and Interpreting Service (Dịch vụ Thông Phiên dịch) số 131 450.</p>

Please answer all questions and tick the relevant boxes.
Fields marked with this symbol * are mandatory and must be completed, unless you see an instruction to go to another question. Leaving a question blank may delay the processing of your claim.



PART A – YOUR FORMER EMPLOYER’S DETAILS

EMPLOYER DETAILS

A1: The legal name, for example, 'XYZ Pty Ltd'. Your former employer's legal name is the name of the entity which can be found on all official papers or legal documents. It might also be found by checking your payslips, payment summaries, or separation certificate.

A2: Address of your former employer, for example, '10 Main Street, Sydney, NSW, 2000'.

Postcode
If you are unsure of the postcode, please visit the Australia Post website (www.auspost.com.au)

A3: A business' trading name is sometimes different to the registered legal name.

A4: To find your employer's ABN or ACN, talk to the insolvency practitioner. You can also check your payslip, any letter from your employer with their letterhead, your payment summary, or visit the Australian Business Register website (www.abr.business.gov.au).

A5: EESS – Employee Entitlements Support Scheme, SEESA – Special Employee Entitlements Scheme for Ansett Group Employees, GEERS – General Employee Entitlements and Redundancy Scheme.

* **A1** What is your former employer's legal name?

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A2 What is your former employer's address?
Number and street

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Suburb / City

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State / Territory

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Postcode

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A3 Trading name (if known)

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A4 ABN (Australian Business Number) or ACN (Australian Company Number)

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* **A5** Have you submitted a previous claim for assistance under EESS, SEESA, GEERS or FEG? Tick the relevant box.

- Yes for this employer but a different insolvency event, go to question B1
 Yes for a different employer, go to question A5.1
 No go to question B1

* **A5.1** If Yes for a different employer, please state the legal name of the different employer.

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PART B – PERSONAL DETAILS

YOUR NAME

B1: Please tick a box to indicate your title.

* **B1** Title

- Mr Mrs Ms Miss Dr

* **B2** Your name

* First name

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Middle name

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* Family name

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PART B – PERSONAL DETAILS

YOUR NAME

* **B3** Have you ever been known by any other name?

Yes if yes, please provide details below

No

* Other name

Type of name (e.g. name at birth or name before marriage)

YOUR DATE OF BIRTH

* **B4** What is your date of birth?

CITIZENSHIP OR RESIDENCY

♦ A Special category visa is a type of Australian visa that is only available to New Zealand citizens. Section 32 of the *Migration Act 1958* defines 'Special category visa'.

* **B5** Were you an Australian citizen at the time your employment ended?

Yes If Yes, it is **mandatory** that you provide **certified** documentary evidence to support your claim—then go to question B6 (See note following question B5.1 for a list of acceptable forms of evidence)

No If No, go to question B5.1

* **B5.1** Were you the holder of a permanent visa (i.e. your visa lets you live in Australia indefinitely), or Special category visa♦ (i.e. your visa lets you stay and work in Australia as long as you remain a New Zealand citizen) granted under the *Migration Act 1958* at the time your employment ended?

Yes If Yes, it is **mandatory** that you provide **certified** documentary evidence to support your claim—then go to question B6 (See note below for a list of acceptable forms of evidence)

No If No, you are **not** eligible for assistance under FEG. You may wish to contact the insolvency practitioner who is handling the affairs of your former employer to discuss your options as a creditor

If you have answered 'Yes' at question B5 or B5.1, acceptable evidence of your citizenship or residency status includes a copy of **at least one** of the following categories of documents that has been certified as a 'true copy' of the original document by a person authorised to do so:

- › an Australian passport current at the end of your employment
- › a full Australian birth certificate
- › an Australian citizenship certificate issued prior to the end of your employment
- › a document of identity issued by the Australian Government prior to the end of your employment
- › an appropriate Australian visa issued prior to the end of your employment which may be recorded in your passport
- › a certificate of evidence of resident status issued by the Department of Immigration and Border Protection prior to the end of your employment (or confirming from what date the person held the resident status)
- › where appropriate, for the purpose of proving you hold a Special category visa, a New Zealand passport.

Please note your driver's licence is not acceptable evidence to show you are an Australian citizen or the holder of a permanent or Special category visa.

Information about how to have your documents certified is included in the Claim Form Checklist at the end of this claim form or in the *How do I certify documents?* factsheet on the FEG website (www.employment.gov.au/FEG).

PART C – YOUR JOB DETAILS

YOUR OCCUPATION

C2: Examples of 'industry' types include: transport, manufacturing, hospitality, construction, textile, clothing and footwear.

C3: Examples of 'job titles' include sales manager, security guard, truck driver, hairdresser.

C4: Examples of 'common duties and tasks' include ordering stock, retail sales, deliveries, bricklaying, metal work, welding.

C5: Examples of trade or educational qualifications include trade certificates or equivalent, Certificates I-IV, Diplomas, Advanced Diplomas or Bachelor degrees. Examples of professional associations include the Institute of Chartered Accountants or Engineers Australia.

EMPLOYMENT TYPE

It is in your interest to provide copies of any documents that may help the department to assess your claim, including:

- › payslips
- › a signed contract of employment
- › letter of termination
- › timesheets
- › payment summaries
- › separation certificate.

If you include these documents with your claim form, do not attach originals as we are not able to return them to you. A decision may be made on the information you have provided.

* **C1** In which state or territory were you employed?

* **C2** What industry did you work in?

* **C3** What was your job title?

* **C4** List the most common duties and tasks you did in your job.

* **C5** Were you required to hold trade or educational qualifications, or were you required to be a member of any professional associations in order to do your job?

- Yes If Yes, go to question C5.1
 No If No, go to question C6

* **C5.1** If Yes, list the trade, educational qualifications, and (if relevant) the name of the professional association that you were required to be a member of in order to do your job.

* **C6** What was your working relationship with the employer at the time of the termination of your employment? Tick the relevant box.

- Employee
 Apprentice employee
 Trainee employee
 (Sub) Contractor
 Textile clothing and footwear contract outworker

* **C7** What was your working arrangement with the employer at the time of the termination of your employment? Tick all relevant boxes.

- Full-time
 Part-time
 Casual
 Shiftwork
 Piecework
 Probation

PART C – YOUR JOB DETAILS

GOVERNING INSTRUMENT

If you are unsure of the formal employment arrangement with your former employer:

- › call the Fair Work Infoline on 13 13 94
- › visit the Fair Work Ombudsman website (www.fairwork.gov.au)
- › contact the insolvency practitioner.

C8: Examples of instruments that may govern employment include: a written law of the Commonwealth, state or territory; an award determination or order that is made or recorded in writing; a written instrument; or an agreement (whether a contract or not).

◆ **Please attach a copy of this document to your claim.**

C9: You can provide details of commissions and allowances at questions F3.1.1 and F3.1.2.

DIRECTORS AND RELATIVES

C12 and C13: For further information see the *Eligibility for FEG assistance* factsheet on the FEG website (www.employment.gov.au/FEG).

C13: Relatives may include a spouse (including de facto spouse), parents, grandparents and great grandparents, children, grandchildren, brothers or sisters. For a complete list see section 9 of the *Corporations Act 2001*.

C8 What type of instrument governed your employment? Tick all relevant boxes.

- Written law of the Commonwealth, state or territory
- Award, determination or order

What is the title?

- Written instrument (for example, collective agreement, Australian Workplace Agreement, certified agreement) ◆
- An agreement (for example an employment contract) ◆
- Letter of appointment ◆

C9 What was your **weekly** wage before tax, excluding commissions or allowance(s)?

C10 What was your hourly wage before tax?

C11 How many hours each week did you work on average?

* **C12** Were you a director, owner or principal of the business in the 12 months before the appointment of an insolvency practitioner or at any time since the insolvency event?

- Yes If Yes, you are **not** eligible for assistance under FEG. You may wish to contact the insolvency practitioner who is handling the affairs of your former employer to discuss whether you are eligible for other payments relating to the insolvency
- No If No, go to question C13

* **C13** Were you a relative of an employee who was a director, owner or principal of the business in the 12 months before to the appointment of an insolvency practitioner or at any time since the insolvency event?

- Yes If Yes, you are **not** eligible for assistance under FEG. You may wish to contact the insolvency practitioner who is handling the affairs of your former employer to discuss whether you are eligible for other payments relating to the insolvency
- No If No, go to question D1

PART D – TERMINATION OF YOUR EMPLOYMENT

START AND FINISH DATE

D1, D2 and D3: If you are not sure of the dates you started or finished work with your former employer, enter the month and year.

* **D1** What was the date of your first day of work with your former employer?

D D / M M / Y Y Y Y

* **D2** What was the date of your last day of work with your former employer?

D D / M M / Y Y Y Y

* **D3** Did you have more than one period of employment with your former employer?

Yes If Yes, go to question D3.1

No If No, go to question D4

* **D3.1** If Yes, state the date(s) of each separate period(s) of employment.

Date from Date to
D D / M M / Y Y Y Y | D D / M M / Y Y Y Y

Date from Date to
D D / M M / Y Y Y Y | D D / M M / Y Y Y Y

Further information

EMPLOYMENT TERMINATION

D4: If you answered yes to question D4 and answered questions D4.1 and D4.2, go to question E1.

D4.2: After you answer this question go to question E1.

D5: The insolvency practitioner may be the administrator, receiver manager, bankruptcy trustee or liquidator managing your former employer's affairs.

* **D4** Did you resign from your employment?

Yes If Yes, go to question D4.1

No If No, go to question D5

* **D4.1** What was the date you gave notice of your resignation?

D D / M M / Y Y Y Y

* **D4.2** What was the reason for your resignation?

* **D5** Who terminated your employment? Tick the relevant box.

Insolvency practitioner

Employer

* **D5.1** Were you told in advance or given notice that your employment would be terminated?

Yes If Yes, go to question D5.1.1

No If No, go to question D5.1.2

* **D5.1.1** What was the date you received notice that your employment would be terminated?

D D / M M / Y Y Y Y

D5.1.2 What was the reason given for your employment being terminated?

PART E – TRANSFER OF BUSINESS/TRANSFER OF EMPLOYMENT

* **E1** Has your former employer's business been sold?

- Yes If Yes, go to question E1.1
 No If No, go to question E2
 Don't Know If you Don't Know, go to question E2

* **E1.1** If Yes, please provide the legal name of the new owner of the business.

E1.2: Please provide any relevant letter of offer for your new employment.

IMPORTANT: If you accept employment with the new operator of the business within three (3) months of termination you are required to notify us. Failure to do so could result in the overpayment of entitlements which will need to be repaid.

* **E1.2** Were you offered work by, or did you commence work with, the new owner of the business **within three (3) months** of the termination of your employment with the employer named in question A1?

- Yes If Yes, go to question E1.2.1
 No If No, go to question E2
 Don't Know If you Don't Know, go to question E2

* **E1.2.1** What was the date you were offered work with the new owner of the business?

D D / M M / Y Y Y Y

* **E1.2.2** What was the date you started work with the new owner of the business? (if applicable)

D D / M M / Y Y Y Y

* **E1.2.3** Provide your job title and list common tasks and duties in your new job.

E1.2.4: You may tick more than one box. For example, you may have been offered or accepted employment as a full-time shiftworker.

* **E1.2.4** What type of work have you been offered or have you accepted? Tick all relevant boxes.

- Full-time
 Part-time
 Casual
 Shiftwork
 Piecework
 Probation

PART E – TRANSFER OF BUSINESS/TRANSFER OF EMPLOYMENT

E1.2.5: In answering this question consider whether the salary, hours of work and key entitlements you have been offered (such as annual leave, long service leave, payment in lieu of notice and redundancy pay) are substantially similar or better than the terms and conditions of employment you had with your former employer.

* **E1.2.5** Are the terms and conditions of your new employment substantially similar or better than the terms offered by your former employer? Please provide details.

E1.2.6: In answering this question consider whether the salary, hours of work and key entitlements you have been offered (such as annual leave, long service leave, payment in lieu of notice and redundancy pay) are reduced compared to the terms and conditions of employment you had with your former employer.

* **E1.2.6** Are the terms and conditions of your new employment reduced when compared to the terms offered by your former employer? Please provide details.

E2 and E2.2: If you have worked for more than one (1) employer **within the three (3) month period** since your last day of work with the employer named in question A1, please provide a separate attachment with the names of all those employers and the dates that you started (and finished) employment with those employers. If you are not sure of the dates please provide the month and year.

* **E2** Did you start work with any other employer(s) **within three (3) months** of your last day of work with the employer named in question A1?

- Yes If Yes, go to question E2.1
 No If No, go to question F1
 Unsure If Unsure at this time, go to question F1

* **E2.1** What was the date you started work with your new employer?

D D / M M / Y Y Y Y

* **E2.2** Your new employer's legal name

PART F – CLAIM DETAILS – WHAT ENTITLEMENTS ARE YOU CLAIMING?

INSOLVENCY PRACTITIONER

F1 and F1.1: The insolvency practitioner manages the affairs of your former employer. Please supply the insolvency practitioner's name and contact number.

PAYMENTS

ARE YOU OWED ENTITLEMENTS?

F3: If you are not sure what type of employment entitlements you may be owed by your former employer **please call the Fair Work Infoline on 13 13 94.**

If you answered yes to question F3, you may be asked to provide documents to prove your employee entitlements.

It is in your interest to include with your claim form copies of all documents that may help us to assess your claim.

F1 Insolvency practitioner's name

F1.1 Insolvency practitioner's phone number (include area code)

*** F2** Have you received, or do you expect to receive any payment in respect of employment entitlements from any organisation or person (other than FEG) in relation to this claim?

- Yes If Yes, go to question F2.1
 No If No, go to question F3

*** F2.1** Have you received the payment?

- Yes
 No

*** F2.1.1** Enter the amount you received, or expect to receive from any organisation or person.

*** F2.2** Is this amount before or after tax? Tick the relevant box.

- Before tax After tax

*** F2.3** What organisation or person provided you, or is expected to provide you, with this money? (For example, Jim's Carpets)

*** F2.4** What was this money for? (For example, for unpaid wages)

*** F3** Are you owed employee entitlements by your former employer?

- Yes If Yes, go to question F3.1 (if unsure, tick yes)
 No If No, you are not eligible for assistance under FEG

PART F – CLAIM DETAILS – WHAT ENTITLEMENTS ARE YOU CLAIMING?

While this is not a mandatory question, do your best to give an indication of the amounts you think you are owed. This will assist us to assess your claim in the shortest time possible.

¹Up to 13 weeks of unpaid wages (wages as defined in the *Fair Entitlements Guarantee Act 2012*) are payable under FEG. The 13 week period ends at the earlier of: the time employment ended, or the date when an insolvency practitioner was appointed.

²FEG does not cover unpaid mandatory employer superannuation contributions under Superannuation Guarantee legislation. For information about how to seek recovery of these amounts contact the **Australian Taxation Office's Superannuation Infoline** on 13 10 20 or visit the Australian Taxation Office website (www.ato.gov.au/super).

Unpaid employee superannuation contributions, made under a salary sacrifice arrangement for example, are covered. Salary sacrifice arrangements may be considered as unpaid wages.

F3.1 Provide details of the employment entitlements you consider you are owed.

	Number of weeks (or hours) owed	Amount before tax
Wages¹		\$
Commission		\$
Regular allowances		\$
Annual leave		\$
Annual leave loading		\$
Payment in lieu of notice		\$
Redundancy		\$
Long service leave		\$
Employer Superannuation²	Not an eligible entitlement under FEG	
TOTAL		\$

F3.1.1 If you received commissions, please indicate in the box below how often this payment was received (for example, weekly, monthly, quarterly or otherwise).

F3.1.2 If you received a regular allowance, please indicate in the box below what type of allowance and how often this payment was received (for example, tool allowance paid monthly)

PART F – CLAIM DETAILS – WHAT ENTITLEMENTS ARE YOU CLAIMING?

F3.2: If you answered yes at question F3.2, examples of action you might list at F3.2.1 include seeking assistance from your union, seeking assistance from the Fair Work Ombudsman, or asking your employer to pay the outstanding amount. If you have taken any of these steps, please provide copies of relevant documents.

F3.2.1: Go to question G1 once you have answered this question.

*** F3.2** Have you taken any action to try to get payment from the employer for amounts you are owed?

- Yes If Yes, go to question F3.2.1
- No If No, go to question F3.2.2

F3.2.1 Please outline the steps you have taken and the dates you took these steps.

F3.2.2 Please outline why you have not taken any steps to recover the amounts you are owed.

PART G – OTHER INFORMATION THAT WE NEED

CHANGES IN EMPLOYMENT CONDITIONS

G1: For example, did an event occur such as a pay rise, pay cut, change of duties, change of job title or change in employment status from a contractor to an employee?

*** G1** During the last six (6) months of your employment with your former employer, did your entitlements, such as wages, and/or conditions of employment change?

- Yes If Yes, go to question G1.1
 No If No, go to question G2

*** G1.1** If Yes, please explain how your entitlements or conditions changed

OTHER SOURCES OF ENTITLEMENTS

G3: Examples of entitlement protection schemes include: Australian Construction Industry Redundancy Trust (ACIRT), Mechanical and Electrical Redundancy Trust (MERT), Building Employees Redundancy Trust (BERT), INCOLINK, and/or a Long Service Leave Corporation.

Include a copy of your most recent statement. Do not attach your original statement as it will not be returned to you.

*** G2** Did you receive workers compensation during the last six (6) months of your employment?

- Yes If Yes, go to question G2.1
 No If No, go to question G3

*** G2.1** If Yes, please state the name of the workers compensation insurer.

*** G3** Are you a member of a redundancy trust and/or any other industry-based entitlement protection scheme?

- Yes If Yes, go to question G3.1
 No If No, go to question H1
 Don't Know If you Don't Know, go to question H1

*** G3.1** If Yes, which one(s)?

*** G3.1.1** Member/ID number(s)

PART H – AUTHORISED REPRESENTATIVES (choose one only)

ALTERNATIVE CONTACT

H1: If you wish to give the Commonwealth authority to speak with someone else about your FEG claim, (such as your wife, partner, brother, sister, or child) then please provide their details below (note that they must be over the age of 18). If you appoint a person as an alternative contact, they will have the authority to speak with us about your claim, but all correspondence will still be sent to you.

OR

AGENT AUTHORISATION

H2: If you wish to nominate an agent to manage your claim for FEG assistance on your behalf, please provide their details below. An agent could be an employee representative such as a union, guardian or legal representative.

Please note: if you nominate an agent, **all** correspondence relating to your FEG claim will be addressed to the agent—you will not receive copies. You can contact us at any time to change this arrangement. The Commonwealth will also be able to disclose all of your personal information in relation to your FEG claim to your nominated agent.

H2.2: For example XYZ Union

Postcode

If you are unsure of the postcode, please visit the Australia Post website (www.auspost.com.au).

H1 Do you authorise the Commonwealth to disclose your personal information in relation to your FEG claim to the alternative contact nominated below?

Yes

Yes, **all** correspondence relating to your FEG claim will be sent to you but the Commonwealth is able to discuss and disclose personal information relating to your FEG claim to the person you nominate as your alternative contact.

No

H1.1 Title

Mr Mrs Ms Miss Dr

First name

Family name

H1.2 Relationship (ie husband, wife, brother, sister, friend)

H2 Do you authorise an agent to manage your FEG claim on your behalf?

Yes

Yes, **all** correspondence relating to your FEG claim will be sent to your nominated agent, including any personal information relating to your claim.

No

H2.1 Title

Mr Mrs Ms Miss Dr

First name

Family name

H2.2 Name of organisation (if applicable)

H2.3 Postal address

Number and street or Post Office Box number

Suburb / City

State / Territory

Postcode

H2.4 Contact details

Agent's phone number (include area code)

Agent's email address

PART I – PRIVACY STATEMENT AND DECLARATION (please read carefully before submitting)

The Department of Employment is authorised under the *Fair Entitlements Guarantee Act 2012* to collect personal information for the purposes of administering FEG.

The Department of Employment manages information given by you in this claim form in accordance with the *Privacy Act 1988*. It collects this information, and other information in relation to your claim to facilitate the effective operation of the FEG, and for the purposes of determining what employment entitlements you may be owed by your former employer. The Department of Employment also uses the information for statistical research, monitoring and evaluation that may be carried out by it or by external commercial researchers.

The Department of Employment usually discloses some or all of the information which relates to your claim for purposes outlined above to:

- › the insolvency practitioner who is administering your former employer's affairs or an independent FEG contractor appointed by the Department of Employment to verify entitlements
- › your authorised agent (if specified in the claim form)
- › your alternative contact (if specified in this claim form)
- › to a third party distributor engaged to distribute FEG funds
- › other Commonwealth Agencies as required for the purposes of their regulatory role including Centrelink, the Australian Taxation Office, the Australian Securities and Investments Commission, the Australian Financial Security Authority, the Fair Work Ombudsman, the Administrative Appeals Tribunal, and the Commonwealth Ombudsman.

For further information about the Department of Employment's privacy policy including access, correction and complaint procedures, please go to the Department of Employment's website (www.employment.gov.au/privacy) or request a full copy of the policy by emailing us at privacy@employment.gov.au.

DECLARATION

1. I declare that the information provided in this application form is true and correct. I understand that providing false or misleading information to the Commonwealth is a serious offence and may result in a range of administrative, civil and/or criminal sanctions, including criminal prosecution.
2. I acknowledge and agree that the Department of Employment may seek to verify the information I have provided to support my application with other Australian Government agencies, including the Department of Immigration and Border Protection.
3. I confirm that I have provided the information contained in this application form either personally or through the assistance of a representative.
4. I authorise my employer (or the insolvency practitioner on behalf of my employer) to disclose to the Department of Employment for the purpose of my claim for FEG assistance, information in relation to my employment entitlements. I understand that the Department of Employment may use this information when determining my claim for FEG assistance or for statistical research, monitoring and evaluation.
5. I authorise the Department of Employment or its agents to exercise, on my behalf, any statutory rights I have to require the employer (or insolvency practitioner) to provide me with access to, or copies of, my employment records, where those records are required to determine my claim for FEG assistance.
6. I confirm that I have provided relevant certified documentary evidence proving my identity and citizenship/residency status and that these have been certified as true copies of the original documents.
7. I authorise the Department of Immigration and Border Protection to disclose to the Department of Employment, information in relation to any Australian Visas I hold or have held. I understand that the Department of Employment may use this information when determining my claim for FEG assistance.
8. I authorise the Fair Work Commission, the Fair Work Ombudsman and Fair Work Inspectors to disclose to the Department of Employment for the purpose of determining my claim for FEG assistance, information in relation to any Workplace Agreement and/or employment agreement to which I am, or have been, a party. I understand that the Department of Employment may use this information when determining my claim for FEG assistance.
9. I authorise the Fair Work Ombudsman to disclose to the Department of Employment for the purpose of my claim for FEG assistance, information in relation to me that it has collected as a result of any investigation by the Fair Work Ombudsman. I understand that the Department of Employment may use this information when determining my claim for FEG assistance.
10. I authorise the Department of Employment or its agents to exercise, on my behalf, any rights I have to require the organisations listed in question G2.1 and G3.1 to provide me with access to, or copies of, my records, where those records are required to determine my claim for FEG assistance.
11. Where I have not provided information in relation to my claim for FEG assistance, I accept and agree that the Department of Employment will usually rely on the information provided by the relevant insolvency practitioner, or as otherwise independently verified, as the basis for determining my claim for FEG assistance.
12. I accept that I am not entitled to receive or retain any money paid as a result of any error on my behalf; on the part of an insolvency practitioner acting for my insolvent employer; on the part of a third party engaged to distribute FEG funds; on the part of a third party accountant who has been engaged to verify information; or on the part of a person administering FEG for the Commonwealth. I further accept that any sums paid under FEG in the above circumstances will constitute a debt owed by me and will be immediately repayable in full. Interest may be payable on this amount.
13. I confirm that any copies I have provided are true copies of the original documents.

YOU MUST SIGN AND DATE YOUR CLAIM FORM

* Print your full name

* Your signature

* Date

D D / M M / Y Y Y Y

Claim Form Checklist

BEFORE SENDING IN YOUR CLAIM FORM, CAREFULLY CHECK THAT YOU HAVE COMPLETED ALL MANDATORY QUESTIONS, UNLESS YOU CAN SEE AN INSTRUCTION TO GO TO ANOTHER QUESTION

- Question A1 (former employer's legal name)
- Questions A5 and A5.1 (previous claims)
- Questions B1 to B9 (your personal details) including:
 - Name(s)
 - Date of birth
 - Australian citizenship or residency status
 - Address
 - Contact details
- Questions C1 to C7 (which state or territory were you employed, what industry you worked in, your job title, duties, employment type)
- Questions C12 to C13 (relationship, if any, to director or owner/principal)
- Questions D1 to D5.1.1 (when you started and finished work with your former employer and how your employment ended)
- Questions E1 to E2.2, if applicable (sale or transfer of business, or transfer of employment)
- Questions F2 to F2.4 (any employment entitlements received or expected to receive)
- Question F3 and F3.2 (are you owed employment entitlements)
- Questions G1 and G1.1 (changes in employment conditions)
- Questions G2 to G3.1.1 (any employment entitlements received from other sources)
- Read the Privacy Notice
- Read the Declaration
- Signed and dated your claim form noting that giving false or misleading information has serious consequences
- Attached relevant documents (see Supporting Documents section on next page)

Important: It is in your interest to include the ABN or ACN of your former employer. This will assist the Department of Employment process your claim for FEG assistance as soon as possible.

Claim Form Checklist

MANDATORY AND SUPPORTING DOCUMENTS— SEND COPIES ONLY, ORIGINALS WILL NOT BE RETURNED

MANDATORY DOCUMENTS

* If you have claimed to be an Australian citizen or holder of a permanent visa or Special category visa at the time your employment ended, please confirm that you have attached relevant supporting documents that have been certified as true copies of the original by a person authorised to do so.

Yes

No

Acceptable evidence of your citizenship or residency status includes a copy of **at least one** of the following categories of documents that has been certified as a 'true copy' of the original document by a person authorised to do so:

- › an Australian passport current at the end of your employment
- › a full Australian birth certificate
- › an Australian citizenship certificate issued prior to the end of your employment
- › a document of identity issued by the Australian Government prior to the end of your employment
- › an appropriate Australian visa issued prior to the end of your employment which may be recorded in your passport
- › a certificate of evidence of resident status issued by the Department of Immigration and Border Protection prior to the end of your employment (or confirming from what date the person held the resident status)
- › where appropriate, for the purpose of proving you hold a Special category visa, a New Zealand passport.

Please note: your drivers licence is not acceptable evidence of your citizenship or residency status.

HOW TO CERTIFY COPIES OF ORIGINAL DOCUMENTS

You need to photocopy your document, ensuring any writing and photographs are clear and identifiable. Take that copy, along with your original document to a person authorised to certify documents—for example: Justice of the Peace, legal practitioner, medical practitioner, pharmacist, police officer, clerk of a court or bank officer with at least five years continuous service. A full-list of those able to act as certifiers is available in the factsheet *How do I certify documents?* at the FEG website (www.employment.gov.au/FEG).

The certified copy must be signed by the certifier (and stamped, if a stamp is available). The stamp should show the certifier's contact details including telephone number and reference number. If the certifier does not use a stamp or the stamp does not include their name, they should print their name underneath their signature. All pages (front and back) should be initialled by the certifier.

Documents being certified overseas need to be certified by a person employed in one of the professions above or in the full-list of recognised professions or occupations listed at the FEG website (www.employment.gov.au/FEG). An equivalent certifying officer to a Justice of the Peace in Australia—for example, a Notary Public or Commissioner for Oaths would also be acceptable.

A certifier should never witness documents connected with matters in which they have an actual or perceived personal or pecuniary interest. For example a family member or business client.

The certifying officer must be:

- › currently employed in one of the recognised professions or occupational groups
- › contactable by telephone during normal working hours.

The certifying officer should:

- › write on the copy, words to the effect 'this is a true copy of the original documents sighted by me'
- › sign and print their name
- › provide a daytime contact telephone number
- › state their profession or occupation group
- › write on the copy the date that the document was certified
- › affix the official stamp (if available) or seal of the certifier's organisation on the copy.

Example of an authorised statement on a document:

This is a true copy of the original documents sighted by me

Jane Smith

Signature

01-2345-6789

Lawyer

01.07.2013

OTHER SUPPORTING DOCUMENTS

It is in your interest to attach copies of documents that may help assess your claim for FEG assistance. These documents may help us to assess your claim, particularly if your former employer's records are in poor condition or incomplete. These documents may include:

- Documents evidencing your working arrangement (as mentioned in question C7)
 - payslips
 - letter of termination
 - timesheets
 - payment summaries
 - separation certificate
- The instrument governing your employment e.g. award, determination, contract of employment, order, or letter of appointment (as mentioned in question C8)
- Bank statements for the 13 weeks prior to the initial appointment of the insolvency practitioner (or if your employment ended before the appointment of an insolvency practitioner, bank statements for the 13 weeks prior to the end of your employment)
- Bank statements for the 30 days immediately after your employment ended
- Letter offering you new employment if applicable (as mentioned in question E1.2)
- Your workers compensation payment statement (if applicable) and/or your most recent redundancy trust or any other industry-based entitlement protection scheme statement, if you are a member (as mentioned in questions G2 to G3.1.1)

Please go to the FEG website (www.employment.gov.au/FEG) or contact the **FEG Hotline on 1300 135 040** for further assistance.

Please keep a copy of the completed claim form and any copies of supporting documents for your own records. Please do not attach original documents as they will not be returned.

Send your completed form and supporting documents to:

**Fair Entitlements Guarantee Branch
Department of Employment
GPO Box 9880
CANBERRA ACT 2601**

www.employment.gov.au/FEG