



Claim Form

BEFORE YOU BEGIN

Please note: The *Fair Entitlements Guarantee Act 2012* 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*.

The *Fair Entitlements Guarantee Act 2012* governs eligibility for FEG assistance, the categories of entitlement covered, and the amount you may be entitled to (the advance).

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

- › see the fact sheet outlining eligibility for assistance – available at www.deewr.gov.au/FEG
- › contact the insolvency practitioner managing your former employer's business affairs
- › telephone the FEG Hotline on 1300 135 040
- › visit the website at www.deewr.gov.au/FEG
- › send an email to FEG@deewr.gov.au.

WHAT IS FEG?

FEG is a basic payment scheme intended to operate as a scheme of last resort, providing financial assistance 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 we make an advance under FEG, the Commonwealth assumes the individual's right to recover these amounts through the winding up or bankruptcy process.

WHAT FEG COVERS

You may be eligible to receive assistance under FEG for the following employment entitlements:

- › wages (to a maximum of 13 weeks)
- › annual leave
- › long service leave
- › payment in lieu of notice (to a maximum of 5 weeks)
- › redundancy pay (to a maximum of 4 weeks per year of service).

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 www.deewr.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 use only one form per person.
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. Send your completed form to:

**Employee Entitlements Branch
Department of Education, Employment and
Workplace Relations
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 www.deewr.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 and no decision will be made on the claim 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 be 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 accepted under any circumstances
 - > some classes or workers, such as contractors, and some classes of employees are not eligible for assistance under FEG. Please refer to the Eligibility for FEG assistance fact sheet available at www.deewr.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: 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 ختاج إلى مترجم مساعدتك في تعبئة هذه الإستمارة اتصل بـ Translating and Interpreting Service (خدمة الترجمة الخطية والشفهية) على الرقم 131 450.</p>	<p>KOREAN: 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) 1300 135 040으로 연락하십시오. 이 양식을 작성하기 위해 언어 지원 서비스가 필요하시면 Translating and Interpreting Service (통번역 서비스) 131 450으로 전화하시면 됩니다.</p>
<p>CROATIAN: 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 prevodjenja, nazovite Translating and Interpreting Service (Službu prevoditelja i tumača) na 131 450.</p>	<p>SIMPLIFIED CHINESE: 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: 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: 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: Αυτή η αίτηση αποζημίωσης πρέπει να συμπληρωθεί από τους εργαζόμενους που έχουν απολυθεί λόγω πτώχευσης του εργοδότη τους και τους οφείλονται 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: 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: 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: यह दावा फार्म उन कर्मचारियों द्वारा भरा जाना है जिनकी नौकरी उनके नियोजक 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: 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: 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 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 www.abr.business.gov.au.

A5: EEES - 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?

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

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, 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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YOUR DATE OF BIRTH

* **B3** What is your date of birth?

D	D	/	M	M	/	Y	Y	Y	Y
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PART B – PERSONAL DETAILS

CITIZENSHIP OR RESIDENCY

* **B4** 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 B5
- No If No, go to question B4.1

B4: If you have answered 'Yes' at question B4, acceptable evidence to prove citizenship includes a certified copy of one of the following categories of documents:

- > Australian Passport (including a certified copy of the page which includes your name, date of birth and photograph) issued before the time your employment ended.
- > Australian Birth Certificate. However, please note if you were born **after** 20 August 1986, your birth certificate alone is not evidence of Australian citizenship and you will need to provide further certified evidence to verify that you are an Australian citizen. This may include certified copies of documents proving that at least one of your parents was an Australian citizen at the time of your birth. Go to www.citizenship.gov.au/current/ for more information about additional documents that may be provided to prove citizenship.
- > Certificate of Australian Citizenship (or other Australian citizenship documentation which verifies that you were an Australian citizen at the time your employment ended). For examples of other documents that may prove Australian citizenship please go to www.citizenship.gov.au/current/proof_of_citizenship/.

Please note your driver's licence is not evidence of citizenship. Information about how to have your documents certified is included in the Claim Form Checklist at the end of this claim form.

* **B4.1** Were you the holder of a permanent visa, or special category visa issued 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 B5
- 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

B4.1: If you have answered 'Yes' at question B4.1, you must include a certified copy of one of the following categories of documents as evidence of your residency status:

- > your visa(s) for Australia (current as at the end of the period of employment in respect of which you are claiming) and a certified copy of the face page of your passport (the page which includes your name, date of birth and photograph).
- > Other supporting documentation in support of your claim that you were the holder of a permanent or special category visa at the time your employment ended.

Please note your driver's licence is not evidence to show you are 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.

PART B – PERSONAL DETAILS

YOUR HOME AND POSTAL ADDRESS

Postcode
If you are unsure of your postcode,
please visit www.auspost.com.au

*** B5** What is your street address?

*** Number and street**

*** Suburb / City**

*** State / Territory**

*** Postcode**

*** Country**

*** B6** Is your postal address the same as your street address?

- Yes If Yes, go to question B8
- No If No, go to question B7

*** B7** What is your postal address?

*** Number and street or Post Office Box number**

*** Suburb / City**

*** State / Territory**

*** Postcode**

*** Country**

YOUR CONTACT DETAILS

Provide a way for us to contact you during
working hours.

*** B8** Daytime contact phone number (include area code)

Alternative contact phone number (include area code)

Email

PART C – YOUR JOB DETAILS

YOUR OCCUPATION

C2: Examples of 'industry' types include: transport, manufacturing, hospitality, construction, etc.

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 might be 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

* **C7** What was the working arrangement with your 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 your formal employment arrangement:

- > call the Fair Work Infoline on **13 13 94**
- > visit 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 our website.

C13: Relatives may include your spouse (including de facto spouse), parents, grandparents and great grandparents, children, grandchildren, brothers or sisters. For a complete list see s. 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 within 12 months prior 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 your options as a creditor
- 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 within 12 months prior 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 your options as a creditor
- 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 D4.1.1, go to question E1.

* **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

* **D4.1.1** What was the reason for your resignation?

D4.1.1: After you answer this question go to question E1.

* **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?

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

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?

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 **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 G4
 Don't Know If you Don't Know, go to question G4

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

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

G4 How did you find out about FEG? Tick all relevant boxes.

- Insolvency practitioner
 Employer
 Internet
 Centrelink
 Other If Other, please indicate where the information came from.

PRIVACY NOTICE

The Department of Education, Employment and Workplace Relations (DEEWR) is authorised under the *Fair Entitlements Guarantee Act 2012* to collect personal information for the purposes of administering FEG.

DEEWR 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. DEEWR also uses the information for statistical research, monitoring and evaluation that may be carried out by it or by external commercial researchers.

DEEWR 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; to an independent FEG contractor appointed by DEEWR to verify entitlements; to a third party distributor engaged to distribute FEG funds; to Centrelink for the calculation of entitlements; to the Australian Taxation Office, the Australian Securities and Investments Commission and the Insolvency and Trustee Service of Australia to facilitate the recovery of FEG advances and to support compliance activities; to the Fair Work Ombudsman for investigations under the *Fair Work Act 2009*; to the Administrative Appeals Tribunal in the event that a decision is subject to an appeal, and to the Commonwealth Ombudsman where a complaint is made in relation to a FEG claim.

DECLARATION

1. The information provided in this claim form is true and correct to the best of my knowledge.
2. I confirm that I have provided the information contained in this application form either personally or through the assistance of a representative.
3. I authorise my employer (or the insolvency practitioner on behalf of my employer) to disclose to DEEWR for the purpose of my claim for FEG assistance, information in relation to my employment entitlements. I understand that DEEWR may use this information when determining my claim for FEG assistance or for statistical research, monitoring and evaluation.
4. I authorise DEEWR 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.
5. I authorise the Department of Immigration and Citizenship (DIAC) to disclose to DEEWR information in relation to any Australian Visas I hold or have held, including the disclosure of information about my visa status available through the DIAC Visa Entitlement Verification Online system. I understand that DEEWR may use this information when determining my claim for FEG assistance.
6. I authorise the Fair Work Commission, the Fair Work Ombudsman and Fair Work Inspectors to disclose to DEEWR 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 DEEWR may use this information when determining my claim for FEG assistance.
7. I authorise the Fair Work Ombudsman to disclose to DEEWR 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 DEEWR may use this information when determining my claim for FEG assistance.
8. I authorise DEEWR 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.
9. Where I have not provided information in relation to my claim for FEG assistance, I accept and agree that DEEWR will usually rely on the information provided by the insolvency practitioner, or as otherwise independently verified, as the basis for determining my claim for FEG assistance.
10. 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.
11. I confirm that any copies I have provided are true copies of the original documents.
- 12. I acknowledge that the giving of false or misleading information has serious consequences.**

YOU MUST SIGN AND DATE YOUR CLAIM FORM

*** Print your full name**

*** Your signature**

*** Date**

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 B8 (your personal details) including:
 - Full name
 - 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 in processing 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 **certified** supporting documents.

Yes

No

If you are an Australian citizen, you must include a certified copy of one of the following categories of documents:

- › Australian Passport (including a certified copy of the page which includes your name, date of birth and photograph) issued before the time your employment ended.
- › Australian Birth Certificate. However, please note if you were born after 20 August 1986, your birth certificate alone is not evidence of Australian citizenship and you will need to provide further certified evidence to verify that you are an Australian citizen. This may include certified copies of documents proving that at least one of your parents was an Australian citizen at the time of your birth. Go to **www.citizenship.gov.au/current/** for more information about additional documents that may be provided to prove citizenship.
- › Certificate of Australian Citizenship (or other Australian citizenship documentation which verifies that you were an Australian citizen at the time your employment ended). For examples of other documents that may prove Australian citizenship please go to **www.citizenship.gov.au/current/proof_of_citizenship/**.

Please note your driver's licence is not evidence of citizenship.

If you are the holder of a permanent residency visa or special category visa, you must include a certified copy of one of the following categories of documents as evidence of your residency status:

- › your visa(s) for Australia (current as at the end of the period of employment in respect of which you are claiming) and a certified copy of the face page of your passport (the page which includes your name, date of birth and photograph).
- › Other supporting documentation in support of your claim that you were the holder of a permanent or special category visa at the time your employment ended.

Please note your driver's licence is not evidence to show you are the holder of a permanent or special category visa.

HOW TO CERTIFY ORIGINAL DOCUMENTS

Persons authorised to certify documents include: a Justice of the Peace, Medical Practitioner, Pharmacist, Police Officer and bank officer with more than 5 years of service. A full list of authorised persons is available at **www.deewr.gov.au/FEG**.

Certified documents must:

- › be sighted by the authorising person
- › be initialled on every page by the authorised person
- › include a dated and signed statement by the authorised person that the copy being certified is a complete and true copy e.g. "I certify this is a true and complete copy of..."
- › include the full name and occupation, and telephone number or address of the authorised person.

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
- Your Workplace Agreement, signed employment contract 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 www.deewr.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:

**Employee Entitlements Branch
Department of Education, Employment and Workplace Relations
GPO Box 9880
CANBERRA ACT 2601**

