



## Claim Form

### BEFORE YOU BEGIN

Before starting your application for assistance under GEERS you should read the GEERS Operational Arrangements, which can be accessed at [deewr.gov.au/geers](http://deewr.gov.au/geers).

The Department of Education, Employment and Workplace Relations uses the GEERS Operational Arrangements to work out if you are eligible and the amount of any GEERS advance.

To get further information on eligibility for GEERS and the claim process:

- > contact the insolvency practitioner managing your former employer's business affairs
- > telephone the GEERS Hotline on 1300 135 040
- > visit [deewr.gov.au/geers](http://deewr.gov.au/geers)
- > send an email to [GEERS@deewr.gov.au](mailto:GEERS@deewr.gov.au)

### WHAT IS GEERS?

GEERS is a basic payment scheme established to assist employees who have lost their employment due to the insolvency of their employer, and who are owed certain employee entitlements.

By carefully completing this form, you will help the Department of Education, Employment and Workplace Relations to assess your claim as quickly as possible.

### WHAT GEERS COVERS

You may be eligible to receive assistance under GEERS for the following employee entitlements:

- > unpaid and underpaid wages
- > unpaid annual leave
- > unpaid long service leave
- > unpaid payment in lieu of notice, and
- > unpaid redundancy pay.

#### Important! Remember:

1. The information you provide in this form must be correct to the best of your knowledge. Giving false or misleading information is a serious offence.
2. It is in your interest to include with your claim form copies of all documents that may help the Department to assess your claim. A decision may be made on the information you have provided.
3. Please keep a copy of the completed claim form and any copies of supporting documents for your own records.

### HOW TO FILL OUT YOUR CLAIM FORM

1. Complete this form in English.
2. Read questions carefully and follow the instructions beside each question.
3. If you are filling in a PRINTED copy of this form please use blue or black pen only, print clearly and use only one claim form per person.
4. If you are filling in this form and submitting this form **ONLINE** please go to [deewr.gov.au/geers](http://deewr.gov.au/geers):
  - a. enter your response to questions by typing them into the relevant fields of the form
  - b. note that at any time you can save the form to your computer by clicking the 'Save to my computer' button
  - c. submit the completed form by clicking the 'Submit to DEEWR'. If any fields are not completed accurately, an error message will be displayed at the end of the form. At this point you must correct each error before you can submit your application online
  - d. note that you will be advised of the successful submission of your application.
5. Try to fill out all sections of the form. 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.
6. To get help filling out this form, speak with the insolvency practitioner managing your former employer's affairs or call the GEERS Hotline on 1300 135 040.
7. If you require an interpreter, call the Translating and Interpreting Service on 131 450. This is a free service.
8. If you filled out a printed copy of this form, please send your completed form to:  
**Department of Education, Employment and Workplace Relations  
Employee Entitlements Branch  
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 [deewr.gov.au/geers](http://deewr.gov.au/geers) or call the GEERS Hotline on 1300 135 040.

# LANGUAGE

assistance for non-English speakers

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 **GEERS Hotline on 1300 135 040**. If you need language assistance to complete this form call the **Translating and Interpreting Service on 131 450**.

## ARABIC:

على المستخدمين الذين أنهى توظيفهم بسبب إفلاس ربّ العمل ولهم إستحقاقات لم يتم تسديدها إكمال إستمارة الطلب هذه. وقد كتبت الإرشادات الخاصة بكيفية تعبئة هذه الإستمارة بجانب الأسئلة. للمزيد من المعلومات والمساعدة إتصل بخط **GEERS الساخن على الرقم 1300 135 040**. إذا كنت تحتاج إلى مترجم لمساعدتك في إكمال هذه الإستمارة إتصل بمكتب خدمات الترجمة الخطية والشفهية على الرقم **131 450**.

## KOREAN:

이 신청 양식은 고용주 파산으로 인해 고용이 중단되었으며 그리고 체불 임금이 발생한 고용인들이 작성하도록 되어 있습니다. 각 질문 옆에 이 양식을 작성해야 하는 방법에 대한 설명이 나와 있습니다. 보다 자세한 정보와 지원이 필요하신 분들은 **GEERS Hotline 1300 135 040**으로 전화하시기 바랍니다. 만일 이 양식을 작성하기 위한 통역 서비스가 필요하시면 통번역 서비스 **131 450**로 전화하시면 됩니다.

## CROATIAN:

Ovu zahtjevnicu ispunjavaju zaposlenici čiji je radni odnos prestao zbog stečaja poslodavca i prema kojima postoje nenamirena dugovanja. Upute kako ispuniti ovaj obrazac nalaze se pokraj pitanja. Za dodatne obavijesti i pomoć nazovite dežurni telefon **GEERS Hotline na 1300 135 040**. Ako vam je potrebna jezična pomoć da ispunite ovaj obrazac, nazovite **Translating and Interpreting Service** (Službu za prijevode i tumačenje) na **131 450**.

## SIMPLIFIED CHINESE:

因雇主无偿债能力, 遭雇主解雇及拖欠薪酬和福利的雇员, 请填写该索偿表。表格填写说明位于问题的旁边。如需了解更多详情和需要协助, 请拨打**GEERS 热线: 1300 135 040**。如需翻译服务, 请致电翻译与传译服务: **131 450**。

## GERMAN:

Dieser Antrag ist von Beschäftigten auszufüllen, deren Arbeitsvertrag auf Grund von Zahlungsunfähigkeit des Arbeitgebers beendet wurde und denen Zahlungsansprüche zustehen. Anweisungen zum Ausfüllen des Formulars befinden sich neben den einzelnen Fragen. Für weitere Informationen und Hilfestellungen rufen Sie das **GEERS-Infotelefon unter der Nummer 1300 135 040** an. Sollten Sie beim Ausfüllen dieses Formulars linguistische Hilfe benötigen, so setzen Sie sich bitte mit dem **Übersetzer- und Dolmetscherdienst unter der Nummer 131 450 in Verbindung**.

## TRADITIONAL CHINESE:

因僱主無償債能力, 遭僱主解僱及拖欠薪酬和福利的僱員, 可填妥這索償表格。填寫表格的指示列於問題的旁邊。如需瞭解更多詳情和需要協助, 請撥打**GEERS 熱線: 1300 135 040**。如需翻譯服務, 請致電翻譯與傳譯服務: **131 450**。

## 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 **GEERS Hotline στο 1300 135 040**. Αν χρειάζεστε γλωσσική βοήθεια για να συμπληρώσετε την αίτηση αυτή τηλεφωνήστε στην **Υπηρεσία Μετάφρασης και Διερμηνείας στο 131 450**.

## SPANISH:

Los empleados que hayan sido despedidos por insolvencia de su empleador y a quienes les adeuden aportes deberán completar este formulario de reclamo. Al lado de las preguntas se incluyen instrucciones para completar este formulario. Para mayor información y para obtener asistencia, llame a la **Línea Gratuita del Esquema General de Indemnización de Aportes de Empleados (GEERS, por sus siglas en inglés) al 1300 135 040**. Si necesita asistencia en su idioma para completar este formulario, llame al **Servicio de Traducción e Interpretación al 131 450**.

## ITALIAN:

Questo modulo di domanda deve essere compilato da tutti i dipendenti che sono stati licenziati a causa di fallimento del proprio datore di lavoro e a cui spettano dei diritti. Per ulteriori informazioni e assistenza chiamate la **Linea di Assistenza Telefonica della GEERS al numero 1300 135 040**. Se avete bisogno di aiuto per completare questo modulo chiamate il **Servizio di Traduzione e Interpretariato al numero 131 450**.

## HINDI:

यह दावा फार्म उन कर्मचारियों द्वारा भरा जाना है जिनकी नौकरी उनके नियोक्ता के दिवालिया होने के कारण खूट गई है और उनकी हकदारियां चाकी हैं। इस फार्म को भरने के निर्देश प्रश्नों के साथ दिए गए हैं। और अधिक जानकारी व सहायता के लिए **GEERS** हॉटलाईन को **1300135 040** पर फोन करें। यदि इस फार्म को भरने के लिए आपको भाषा की सहायता चाहिए तो अनुवाद व दुभाषिया सेवा को **131 450** पर फोन करें।

## MACEDONIAN:

Ovoј формулар треба да се потполни од страна на вработените на кои им има престанато работниот однос заради неликвидност на работодавачот и на кои им се должат плаќања. Упатствата како да се потполни формуларов се наоѓаат позади прашањата. За повеќе информации и помош јавете се на **GEERS Hotline на 1300 135 040**. Ако ви треба помош со јазикот за потполнување на формуларов јавете се на **Translating and Interpreting Service на 131 450**.

## VIETNAMESE:

Nhân viên nghỉ việc vì hãng xuống bị phá sản và chưa được thanh toán quyền lợi phải tự điền đơn này. 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 cho Đường Dây Thường Trục **GEERS số 1300 135 040**. Nếu muốn nhờ người giúp điền đơn vì trở ngại ngôn ngữ, xin điện thoại cho Dịch Vụ thông Phiên Dịch số **131 450**.



## PART B – PERSONAL DETAILS

### CITIZENSHIP OR RESIDENCY

\* **B4** Are you an Australian citizen?

Yes If Yes, go to question B5

No If No, go to question B4.1

\* **B4.1** Are you entitled to reside permanently in Australia?

Yes If Yes, go to question B4.1.1

No If No, go to question B5

\* **B4.1.1** If Yes, how are you entitled to reside permanently in Australia?

### YOUR ADDRESS

Your street address

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

\* Number and street

\* Suburb / City

Postcode

If you are unsure of your postcode,  
please visit [auspost.com.au](http://auspost.com.au)

\* State or territory

\* Postcode

\* Country

Your postal address

\* **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

Postcode

If you are unsure of your postcode,  
please visit [auspost.com.au](http://auspost.com.au)

\* 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 address

## PART C – YOUR JOB DETAILS

### YOUR OCCUPATION

C2: Examples of 'industry' types include: transport, 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.

### 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 want to include these with your claim form, do not attach original documents as they will not be returned. 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 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 or educational qualifications you were required to hold 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

### EMPLOYMENT INSTRUMENT

C8: Examples of employment instruments include awards, agreements, contracts and letters of appointment.

**If you are unsure of your formal employment arrangement:**

- > call the Fair Work Infoline on 13 13 94
- > visit fairwork.gov.au
- > contact the insolvency practitioner.

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

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

### DIRECTORS AND RELATIVES

C13: Relatives include your spouse (including de facto spouse), parents, grand parents and great grandparents, children, grandchildren, brothers or sisters.

Do not list relatives such as aunts, uncles, nieces, nephews, cousins or any in-laws.

**C8** What type of employment instrument were you employed under? Tick all relevant boxes.

Award

What award were you employed under?

Workplace Agreement (for example, collective agreement, Australian Workplace Agreement, certified agreement) ◆

Employment contract ◆

Letter of appointment ◆

**C9** What was your **weekly** wage before tax, excluding commissions or regular 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?

Yes If Yes, go to question D1

No If No, go to question C13

\* **C13** Were you a relative of a director, owner or principal of the business within 12 months prior to the appointment of an insolvency practitioner?

Yes If Yes, go to question C13.1

No If No, go to question D1

\* **C13.1** If Yes, state who you were related to as well as your relationship with that person (for example, Mr Jones, a Director who is my brother).









## PART E – TRANSFER OF BUSINESS AND/OR 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 to 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 commenced employment with those employers.

\* **E2** Did you commence 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 employee 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.

**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 employee entitlements from any organisation or person (other than from GEERS)?

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

**\* F2.1** If Yes, 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  
 No

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

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

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

	Number of weeks owed	Amount before tax
<b>Wages</b>		\$
<b>Commission</b>		\$
<b>Regular allowances</b>		\$
<b>Annual leave</b>		\$
<b>Annual leave loading</b>		\$
<b>Payment in lieu of notice</b>		\$
<b>Redundancy</b>		\$
<b>Long service leave</b>		\$
<b>TOTAL</b>		\$

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

**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, monthly).

## PART G – OTHER COMMENTS

### CHANGES IN EMPLOYMENT CONDITIONS

G1: For example, a pay rise, pay cut, change of duties or change of job title?

\* **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, how?

### 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 GEERS? Tick all relevant boxes.

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

# PART H – AGENT DETAILS

## AGENT

H1: Complete this section if there is someone you authorise to speak with the Department about your GEERS claim on your behalf, for example a person over 18 years of age such as your husband, wife, brother, sister or child.

**If you wish to authorise an agent, please ensure that all parts of the agent authorisation are completed.**

Postcode  
If you are unsure of the postcode, please visit [auspost.com.au](http://auspost.com.au)

**H1** Do you want someone else to speak with the Department on your behalf?

Yes If Yes, complete the details below and advice will be sent to your agent confirming that they will receive correspondence in relation to your claim for GEERS assistance

No If No, go to Part I – Privacy Statement and Declaration

**H1.1** Agent's title

Mr  Mrs  Ms  Miss  Dr

**H1.2** Agent's first name

Agent's family name

**H1.3** Relationship with agent

**H1.4** Agent's postal address (number, street, Suburb / City or Post Office Box number, Suburb / City)

Number and street or Post Office Box number

Suburb / City

State / Territory

Postcode

Country

**H1.5** Agent's contact details

Agent's phone number (include area code)

Agent's email address

## PRIVACY NOTICE

The Department of Education, Employment and Workplace Relations (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, for the purposes of determining what employee 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 GEERS contractor appointed by DEEWR to verify entitlements; to a third party distributor engaged to distribute GEERS 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 GEERS advances and to support compliance activities; to the Fair Work Ombudsman for investigations under the *Fair Work Act 2009*; and to the Commonwealth Ombudsman where a complaint is made in relation to a GEERS 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 GEERS assistance, information in relation to my employee entitlements. I understand that DEEWR may use this information when determining my claim for GEERS 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 GEERS 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 GEERS assistance.
6. I authorise Fair Work Australia, the Fair Work Ombudsman and Fair Work Inspectors to disclose to DEEWR for the purpose of determining my claim for GEERS 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 GEERS assistance.
7. I authorise the Fair Work Ombudsman to disclose to DEEWR for the purpose of my claim for GEERS 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 GEERS assistance.
8. I authorise DEEWR or its agents to exercise, on my behalf, any rights I have to require the organisations listed in questions 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 GEERS assistance.
9. Where I have not provided information in relation to my claim for GEERS 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 GEERS 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 GEERS funds; on the part of a third party accountant who has been engaged to verify information; or on the part of a person administering GEERS for the Commonwealth. I further accept that any sums paid under GEERS 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 is a serious offence.**

## YOU MUST SIGN AND DATE YOUR CLAIM FORM

\* Print your full name

\* Your signature

\* Date

# GEERS

General Employee Entitlements  
& Redundancy Scheme

## Claim Form Checklist

**BEFORE SENDING IN YOUR 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 GEERS 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 C13.1 (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 employee entitlements received or expected to receive, other than from GEERS)
- Question F3 (are you owed employee entitlements?)
- Questions G1 and G1.1 (changes in employment conditions)
- Questions G2 to G3.1.1 (any employee 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 is a serious offence
- 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 GEERS assistance as soon as possible.**



# GEERS

General Employee Entitlements  
& Redundancy Scheme

## Claim Form Checklist

### **SUPPORTING DOCUMENTS—SEND COPIES ONLY, ORIGINALS WILL NOT BE RETURNED**

It is in your interest to attach copies of documents that may help the Department assess your claim for GEERS assistance. These documents may include:

- Your working arrangement (as mentioned in question C7)
  - payslips
  - a signed contract of employment
  - letter of termination
  - timesheets
  - payment summaries
  - separation certificate
- Your Workplace Agreement, employment contract or letter of appointment (as mentioned in question C8)
- 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)

If you are unsure of which documents you will be required to send to the Department in support of your claim for GEERS assistance, please go to [deewr.gov.au/geers](http://deewr.gov.au/geers) or contact the GEERS Hotline on **1300 135 040**.

---

**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:**

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